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Department of the Treasury Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning JUL 1, 2012 and ending	JUN 30, 2013	
В	Check if	C Name of organization	D Employer identificat	ion number
а	pplicable			
	Addres	FALL RIVER ROTARY CLUB FOUNDATION		
	Name change	D D	11-003	32110
[o]	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
	Termin			74.3114
	Tated Amend		G Gross receipts \$	60,076.
E	return Applica			
9 5	tion pendin	F Name and address of principal officer. James Collins	H(a) Is this a group retui	Yes X No
DATE	•	Finalitie and address of philopal officer. Dattles COTITIES	for affiliates?	
		33 Swindells Street, Fal River, MA 02720	H(b) Are all affiliates includ	
			527 If "No," attach a list	•
		e: N/A	H(c) Group exemption n	
			ear of formation: 1990 M S	tate of legal domicile: MA
_	art I	Summary		
Sovernance	1	Briefly describe the organization's mission or most significant activities AWARDS G	IFTS AND GRANTS	TO LOCAL
%	;	CHARITIES		
ern	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	nore than 25% of its net asse	
ું જુ	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u> </u>
& @ 8 & @	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	0
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
MAK © © 20 Activities &	ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
≨			Prior Year	Current Year
⊇ .	8	Contributions and grants (Part VIII, line 1h)	86,661.	48,713.
₩ 2	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,358.	11,363.
₹ď.		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<u> </u>		Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,019.	60,076.
<u> </u>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	96,057.	51,229.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Ses	15	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.	
ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2 254	937.
	1		2,354.	52,166.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	98,411.	
_ 8	19	Revenue less expènsés. Subtract line 18 from line 12	<1,392.>	7,910.
Net Assets or Fund Balances		- · · · · · · · · · · · · · · · · · · ·	Beginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	376,485.	410,823.
ag P	21	Total liabilities (Part X, line 26)	0.	0.
		Net assets or fund balances Subtract line 21 from line 20	376,485.	410,823.
	art II	Signature Block		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		nowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
		The TT		
Sig	n	Signature of officer	Date	2 111
Her	е	James Collins, President	d.1:	3-14
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check X	PTIN
Paid	d	Walter V. Gordon	12/19/13 "self-employed	P01384541
Pre	parer	Firm's name WALTER V. GORDON JR., CPA	Firm's EIN	04-2627884
Use	Only	Firm's address 56 NORTH MAIN STREET		
		FALL RIVER, MA 02720	Phone no. 508	3.674.3114
Mar	the IF	RS discuss this return with the preparer shown above? (see instructions)		Yes No

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

		11-0032110 Page 2
Par	t'III. Statement of Program Service Accomplishments	,—,
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: None	
2	Did the organization undertake any significant program services during the year which were not listed on	
2	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
5	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	,
4a	(Code) (Expenses \$ 52,166. including grants of \$ 51,229.) (Revenue	s 60,076.)
	SUPPORT OF LOCAL CHARITABLE ORGANIZATIONS	,
	0011011 01 20012 011211222 011012122	
4b	(Code) (Expenses \$	\$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue	\$)
	Other program approach (Decembe in School 12 C)	
4d	Other program services (Describe in Schedule O.)	,
A	(Expenses \$ Including grants of \$) (Revenue \$ Total program service expenses ▶ 52,166.	
<u>4e</u>	Total program service expenses ► 52,166.	

Form **990** (2012)

Form 990 (2012) FALL RIVER ROTARY CLUB FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	-110
	If "Yes," complete Schedule A	1	Х	ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X_
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		_X_
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ļ		İ
	Schedule D, Part III	8		X
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?	i		
	If "Yes," complete Schedule D, Part IV	9		X
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	<u>10</u>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	: . '	`.a	l
а	• • • • • • • • • • • • • • • • • • • •	· ·	, ,	· ·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		_
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	ļ	<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		X
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	 	+ <u>~</u>
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	ŀ	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	1	X
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	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		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(0010)
		F		(0040)

				(2012)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a		35a		X
	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	If "Yes," complete Schedule N, Part I	31		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	contributions? If "Yes," complete Schedule M	30_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
-	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_==_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions):	ا-,	,	, -
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	i	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	Schedule L, Part I	25b	l	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		İ	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Schedule K. If "No", go to line 25	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	-21		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
				

The Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1s. Enter the number of Forms W-2G included on line 1s. Enter 0- if not applicable 1c. Did the organization comply with backup withholding nules for reportable payments to vendors and reportable garning (gambling) withing the backup withholding nules for reportable payments to vendors and reportable garning (gambling) withing the backup withholding nules for reportable payments to vendors and reportable garning (gambling) withing the backup withholding nules for reportable payments to vendors and reportable garning (gambling) withing the backup withholding nules for reportable payments to vendors and reportable garning (gambling) withing the payments reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. If it sites at one is reported on the 2s, did the organization fleval in report deferal employment tax returns? Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions). 3b. Old the organization have winested business gross encome of \$1,000 or more dumpt leval? 3c. If the sum of lines 1s and 2s is greater than 250, you may be required for all the year? 3g. X. 3g. X. 3g. Y.	Par	t V Statements Regarding Other IRS Filings and Tax Compliance		11-0032	110	Pi	age S
1a Enter the number reported in Box 3 of Form 1096. Enter 0-1 not applicable b Enter the number of Forms W-20 included in line 1a. Enter 0-1 not applicable b Enter the number of Porms W-20 included in line 1a. Enter 0-1 not applicable c Did the organization comply with Dackup withholding rules to reportable payments to vendors and reportable gaming (gambing) withoutings to prax withholding rules to reportable payments to vendors and reportable gaming (gambing) withoutings to prax withholding rules to reportable payments to vendors and reportable gaming (gambing) withoutings to prax withholding rules to reportable payments to vendors and reportable gaming (gambing) withoutings to prax withholding rules to reportable payments to vendors and reportable gaming (gambing) withoutings to receive the vendors and reportable payments to report the vendors and reportable gaming (gambing) withouting to report the vendors and reportable payments to report the vendors and reportable gaming (gambing) with reportable ga	<u> </u>						\Box
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be Enter the number of Forms W-23 inclusion in first 1a. Enter Out not applicable Obt the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with mind the provided of the provided of the calendar year ending with or within the year covered by this return. 22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. Feel of the calendar year ending with or within the year covered by this return. 3 If If Year, I saw in of lines 1 and 2 as greater than 250, you may be required to enfile (see instructions). 3 Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3 If Year, I saw if filed a form 990 To for the year If 170, provide an explanation in Schoedule O. 4 A I 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 accountly. 4 If Year, enter the name of the foreign country. 5 If Year, enter the name of the foreign country. 5 If Year, to line 5 acr 50, did the organization that it was or is a party to a prohibited tax shellor transaction at any time during the tax year? 5 If Year, to line 5 acr 50, did the organization that it was or is a party to a prohibited ax shellor transaction of the promition	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	12	ol		163	140
De the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) without prize with the prize w		•		0			
(gambing) winnings to prize winners? Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return If at least one is reported on line 2 a, did the organization field if required federal employment tax returns? Note. If the sum of lines 1 a and 2 as ignated than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 31. If Yes, 1 as if filed a form 990 To for the year? If 1/70, "provide an explanation in Schadule O 32. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If 1/70, "provide an explanation is control to the fire 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 accounts? 33. If Yes, "enter the name of the foreign country \$\frac{1}{2}\$ as bank account, securities account, or other financial accounts? 34. If Yes, a financial Accounts of the fire grant output (such as a bank account, sequenties account, or other financial Accounts. 35. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 36. Did any taxible party nority the organization file Form 8886.TP 37. Did any taxible party nority the organization file Form 8886.TP 38. If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 38. The organization shall reavy receive deductible contributions on under section 170(c). 39. Did the organization selected eductible contributions on under section 170(c). 39. Did the organization selected appropriation in express of \$\frac{1}{2}\$ as a conscribition on a party of the organization selected in the party of the organization received and the receiv		· ·			,	,	
2e Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, 2a 0 0 b If at least one is reported on the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3	•		-	gag	10		
feled for the calendary year endung with or within the year covered by this return 2a 0 b b tal least one is reported on the 2a, did the organization file all required federal employment tax returns? 2b b tal least one is reported on the 2a, did the organization file all required federal employment tax returns? 2b b the organization have unrelated business gross ancome of \$1,000 or more during the year? 3a X 3a X and the organization have unrelated business gross ancome of \$1,000 or more during the year? 3b x x 3b the organization have unrelated business gross ancome of \$1,000 or more during the year? 3b x x x x x x x x x	2a		1 1				
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the velocity of \$3 at \$2 \times \$1 \times \$1 \times \$1 \times \$1 \times \$1 \times \$2 \times \$2 \times \$2 \times \$3 \times \$2 \times \$3 \times \$2 \times \$3 \times \$2 \times \$3 \time		•	2a	ol		İ	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	ь	·			2h		
3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has a filled a Form 990T for this year? If "No," provide an explanation in Schedule O 4a Al 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, secunities account, or other financial account)? 5b If "Yes," enter the name of the foreign country Such as a bank account, secunities account, or other financial account)? 5c If "Yes," to lime 5a or 5b, od the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c If "Yes," to lime 5a or 5b, od the organization file form 8861? 5c If "Yes," to lime 5a or 5b, od the organization file form 8861? 6c If "Yes," to lime 5a or 5b, od the organization file form 8861? 6d Dest the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9d Organizations that may receive deductible contributions under section 170(c). 9d If the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 7a X 7b If "Yes," did the organization only the donor of the value of the goods or services provided? 9d If the organization receive apyment in excess of \$75 made parity as a contribution of promise statement that such contributions or gifts were not tax deductible contributions under section 170(c). 9d If "Yes," did the organization neture apyment in excess of \$75 made parity as a contribution of the sources of the goods or services provided? 9d If the organization received a contribution of qualified intelligent of the source	-	•				· · ·	
b if "Yes," has at filled a Form 990-T for this year? If "No," provide an explanation in Schedule O A All any time during the calendary evar, 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	За	•	-,		За		x
4a Al any time during the calendary 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)? 5b If "Yes," either the name of the foreign country \$\infty\$ 5c Was the organization aparty to a prohibited tax shelter transaction of tary time during the tax year? 5d Was 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? 5d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation are express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organization shart may receive deductible contributions under section 170(c). 8d If "Yes," did the organization ordity the donor of the value of the goods or services provided? 9d If "Yes," did the organization ordity the donor of the value of the goods or services provided? 9d If "Yes," did the organization ordity the donor of the value of the goods or services provided? 9d If "Yes," did the organization ordity the donor of the value of the goods or services provided? 9d If "Yes," did the organization ordity the donor of the value of the goods or services provided? 9d If "Yes," did the organization ordity the donor of the value of the goods or services provided? 9d If "Yes," did the organization ordity the goods of services provided? 9d If "Yes," did the organization ordity the goods		- · · · · · · · · · · · · · · · · · · ·	-				
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	~	•	13b				.
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c					1	1
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			le O				

Form 990 (2012) FALL RIVER ROTARY CLUB FOUNDATION 11-0032110 Page
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						X			
sec	tion A. Governing Body and Management									
				-		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14	, ,	-				
	If there are material differences in voting rights among members of the governing body, or if the governing	1		1						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ı		- 1						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		14						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	n any other		1					
	officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customarily performed by or under to	he dire	ct supervision	- 1						
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		1	5		X			
6	Did the organization have members or stockholders?				6		_X_			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoin	t one or	Į.	İ					
	more members of the governing body?			1	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stock	nolders, or							
	persons other than the governing body?				7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by t	he following:				,			
а	The governing body?			l	8a	X				
b	Each committee with authority to act on behalf of the governing body?			[8b	Χ_				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	- Re <u>veni</u>	ue Code)							
•				_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			L	10a		X			
þ	If "Yes," did the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,	ĺ						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			į	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bet	ore filing the fo	rm?	11a	X				
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?	- [12b					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes,"	describe	[
	ın Schedule O how this was done			Į	12c					
13	Did the organization have a written whistleblower policy?				13		X			
14	Did the organization have a written document retention and destruction policy?				14		X			
15	Did the process for determining compensation of the following persons include a review and appro-	val by	ındependent	[, ~					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			İ	1		,			
а	The organization's CEO, Executive Director, or top management official				15a		X			
b	Other officers or key employees of the organization				15b		X			
	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 arrang	ement	with a							
	taxable entity during the year?			1	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	iate its	participation				· .			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anızat	ion's			- 1				
	exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Se	ction 501(c)(3)	s only) a	vailab	le				
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (expla	ın ın S	chedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,			licy, and	finar	icial				
	statements available to the public during the tax year.		•							
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the o	rganızat	ion. 🕨	·				
	PLIMOTH INVESTMENT ADVISORS - 508.675.4310									
	1 Par-Great Plane 220 Greates Wall Price Greates	м	A 0277	7						

	(2012)

FALL RIVER ROTARY CLUB FOUNDATION

11-0032110

Part VII 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 persons in the following order, individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons.

Check this box if neither the organization	nor any related	orga	nıza	tion	con	nper	rsat	ed any current officer, of	irector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	tion	than	nne l	Reportable	Reportable	Estimated
	hours per	box.	. unle	ss pe	rsoni	s bot	h an	compensation	compensation	amount of
	week		er an	dad I	recto	r/trus	tee)	from	from related	other
	(list any	ecto		'				the	organizations	compensation
	hours for	or di	8	1		ated		organization	(W-2/1099-MISC)	from the
	related	ustee	TUS		, S	De la		(W-2/1099-MISC)	'	organization and related
	organizations below	ual tr	ional		e e	E 2				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бугше			Organizations
(1) JAMES COLLINS	0.50							_	_	
PRESIDENT				_	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(2) ROGER CABRAL	0.50	<u> </u>				Ì	1			
VICE PRESIDENT		<u> </u>	ļ	_	<u> </u>	↓	<u> </u>	0.	0.	0.
(3) PAULA RAPOSA	0.50							_		
SECRETARY		ļ	L	ļ	ļ	<u> </u>	<u> </u>	0.	0.	0.
(4) CHARLENE JAREST	0.50							_		
TREASURER	·	_		<u> </u>		↓_	<u> </u>	0.	0.	0.
(5) ROBERT LAWRENCE	0.50				ł					
BOARD MEMBER				<u> </u>	ļ	<u> </u>	<u> </u>	0.	0.	0.
(6) DOUGLAS RODERIGUES	0.50							İ	<u> </u>	
BOARD MEMBER			<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
(7) MARIA CARVALHO	0.50									
BOARD MEMBER		<u> </u>	<u>L</u>	_	<u> </u>	<u> </u>		0.	0.	0.
(8) PAULA RAPOSA	0.50						l			
BOARD MEMBER		<u> </u>	ļ	<u> </u>	<u> </u>	<u> </u>	_	0.	0.	0.
(9) TRACY IBBOTSON	0.50		ļ						_	
BOARD MEMBER		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(10) ROBERT BOISSELLE	0.50	}	}	1		1	1		_	
BOARD MEMBER		<u> </u>	<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.
(11) BETTY-ANN MULLINS	0.50			1		1				
BOARD MEMBER		_	Ļ_	ļ	 	↓_	 	0.	0.	0.
(12) BETH FAY	0.50	4			ı		1	_		
BOARD MEMBER		<u> </u>	├ -		ļ	↓_	-	0.	0.	0.
(13) JO ANN BENTLEY	0.50			ŀ						
BOARD MEMBER		_	↓_	╄-	↓	↓_	↓	0.	0.	0.
(14) ZELMA BRAGA	0.50	4								
BOARD MEMBER		├		-	\vdash	-	\vdash	0.	0.	0.
(15) ROGER CABRAL	0.50	4		İ						
BOARD MEMBER		┼	╄-	-	╂	╁┈	╁	0.	0.	0.
5		+								
		 	+	+	\dagger	+	\dagger			<u> </u>
		<u>L</u>	<u>L</u>	1					<u></u>	

Form	990 (2 t VII		FALL RIV									11-0	032	110	Pa	ge 8
<u>rai</u>	(VIII	Section A. Officer (A) Name and titl	(B) Average hours per week	(B) (C) Position (do not check more than one box, unless person is both an					one han	Ompensated Employe (D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mate		
				(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organization (W-2/1099-MI	ıs	comp fro orgai	m the nızatı relate	e on ed
					-											
					1											
		······································			-											
					 											 -
С		total from continuation (add lines 1b and		 /II, Section A					A A A		0.		0. 0.			0. 0.
2		number of individua pensation from the c		not limited to th	hose	liste	ed al	bove	e) wh	no re	eceived more than \$10	0,000 of reportab	ole	1,	Yes	0 No
3	line 1	a? If "Yes," comple	te Schedule J for	such individual	1			•			highest compensated e			3	,	X
4 5	and r	elated organization:	s greater than \$1	50,000? <i>If</i> "Yes	," cc	mpl	ete S	Sche	edule	e J f	her compensation from for such individual ed organization or indiv	-		4		<u>x</u>
Sec	tion B	ered to the organiza I. Independent Con	itractors											5		<u>X</u>
1		•	compensation fo	-	_						that received more than the organization's tax		npens			
		N	(A) lame and busines	s address	N	ON	E			-	(B) Description of	services	C	(C) compen		n
					 -											
								•								
					.											
2		number of indepen			not I	ımıte	ed to		se II	stec	d above) who received i	more than	î û		<u></u>	

		Check if Schedule O conta	ains a response t	to any question	ın this Part VIII			
- ' ,	- ,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					,-
irar	b	Membership dues	1b					<i>£</i> .'
اغ ي	С	Fundraising events	1c		经国际公共			•
# 1	d	Related organizations	1d					
S,E	e	Government grants (contribution					1	., +
Ē	f	All other contributions, gifts, grant						
E E		similar amounts not included abov		48,713.				
ΞÒ	g							, '
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	48,713.	The state of the state of		* , -
				Business Code	404 11- 41 12 1 . + 1 4 PTV		(1)	
ا بو	2 a		1		A 175 A 1 A 175 A			•
Program Service Revenue	b							
	С							
	d							
<u>6</u>	e							
ď	f	All other program service rever	nue					
	g	Total. Add lines 2a-2f					التي المعاربين التي والتي	<u> </u>
[3	Investment income (including	dıvıdends, ıntere	est, and			[
		other sımılar amounts)		. •	11,363.			<u>11,363.</u>
	4	Income from investment of tax	exempt bond p	roceeds				
	5	Royalties						
			(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses			基 認致決。今	[1] · · · · · · · · · · · · · · · · · · ·		
	Ç	Rental income or (loss)	L	<u> </u>			14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	d	Net rental income or (loss)	r	_ _	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 1 a 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	
	7 a		(ı) Securities	(II) Other				Particular S
		assets other than inventory					The state of the s	
	b	Less, cost or other basis					Harris San	
		and sales expenses						
i	С	Gain or (loss)		L	心感的域。	The second of th	British St. 10	2 + 24" +4" +
	d	• • •		> _	To 11 6 60 60 1 62 5 82 -		The second	<u> </u>
e	8 a	•					(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	55
en en		including \$	of					
Re		contributions reported on line						
Other Revenu	١.	Part IV, line 18	а					
õ	l	Less direct expenses	b	L	1. 10 10 10 10 10 10 10 10 10 10 10 10 10	English The State of	Primerus,	1
		 Net income or (loss) from fund Gross income from gaming ac 	-	·	影響小四門鹿田街	BLOX PROPERTY.	11 (34) 11 14 17 38 4	1849. 4 E
	g a	Part IV, line 19	a a				经 国际企业	The state of
	h	Less direct expenses	a				·爱尔·克勒·克	
		: Net income or (loss) from gam	•		with married and the strategies of	State of a South College State of a	Been Australia Committee	
	1	Gross sales of inventory, less	-		(四)等。注意提供	NOTES (NEW YORK)	100000000000000000000000000000000000000	F-12-11-11-11-11-11-11-11-11-11-11-11-11-
		and allowances	a					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	l b	Less. cost of goods sold	. b					, i , ' ' '
	1	: Net income or (loss) from sale		>	TOTAL TRACTORY OF CONTROL OF			
		Miscellaneous Revenu		Business Code	THE WORK SEEDS	The state of the s	1 5 5 May 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	11 a				1			
	b							
	e	Total. Add lines 11a-11d	-	. >		经模型的法	是自己的任何	1 the 1/2 1
	12	Total revenue. See instructions.			60,076.	0.	0.	11,363.
2320 12-10	09 0-12							Form 990 (2012)

Section	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			omplete column (A)	
Do r	not include amounts reported on lines 6b,	(A)		(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	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	51,229.	51,229.	C. San J. C	
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1 m
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified		ii		
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	· · · · · · · · · · · · · · · · · · ·			
7	Other salaries and wages				<u></u>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				ii
	Other employee benefits				
9	Payroll taxes				
10	Fees for services (non-employees).				
11	Management				
a b	Legal				
D	Accounting				
d	Lobbying				
4	Professional fundraising services. See Part IV, line 17		Section of the sectio	State Barrier	
f	Investment management fees			***************************************	
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	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 0.)				
а		884.	884.		
b	foreign taxes	53.	53.		<u> </u>
C			<u></u>		
d				<u> </u>	ļ
е	All other expenses				ļ
25	Total functional expenses. Add lines 1 through 24e	52,166.	52,166.	0.	0.
26	Joint costs. Complete this line only if the organization				1
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		I	1	

Check if Schedule O contains a response to any guestion in this Part X (B) (A) Beginning of year End of year 50,851. 60,032. 1 Cash · non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 instr). Complete Part II of Sch L Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less. accumulated depreciation 10b 350,791. 325,634 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 410,823 376.485 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 410,823. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 376,485. 33 33 Total net assets or fund balances 410,823. 376,485 Total liabilities and net assets/fund balances

	990 (2012) FALL RIVER ROTARY CLUB FOUNDATION	11-0	032110	Pag	_{je} 12
Pa	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		0,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			66.
3	Revenue less expenses. Subtract line 2 from line 1	3			10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>85.</u>
5	Net unrealized gains (losses) on investments	5	26	5, 4	<u> 28.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	 			
	column (B))	10	410	<u>8, (</u>	<u>23.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u></u> _
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		[İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	} \	1	
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 reviewe	d on a	, , ,		1.
	separate basis, consolidated basis, or both.				٠ .
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		i
þ	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 separa	te basıs,		٠.	-
	consolidated basis, or both:			-	İ
	Separate basis Consolidated basis Both consolidated and separate basis		[']	- {	-
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		-	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	البيد	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audr	: [, [1	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 ((2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Name of the organization

FALL RIVER ROTARY CLUB FOUNDATION

Employer identification number

11-0032110

<u> </u>		<u> </u>									
Part J	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.			
he organ	ization is not a	private foundation	because it is. (For lines 1	through 1	11, check d	only one b	ox.)				
1 🖳	A church, cor	nvention of churches	s, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🗀	A hospital or	a cooperative hospi	tal service organization (described	n section	170(b)(1)(A)(in).				
4			operated in conjunction					(b)(1)(A)(ii), Enter	the hospital's name,	
	city, and state				•		,		•	•	
5 🔲	An organization	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governn	nental unit	describ	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6	A federal, sta	te, or local governm	ent or governmental unit	described	in sectio	n 170(b)(1)(A)(v).				
7 X	An organizati	on that normally rec	eives a substantial part (of its supp	ort from a	governme	ntal unit o	r from the	general	public described in	
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8	A community	trust described in s	section 170(b)(1)(A)(vi). ((Complete	Part II.)						
9 🔲	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contril	outions, m	embershij	o fees, a	nd gross receipts from	n
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptii	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investmen	nt
	income and u	inrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nızatıon	after June 30, 1975	
		509(a)(2). (Complete			•						
10	An organizati	on organized and or	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	1).			
11			perated exclusively for th						out the	purposes of one or	
	_	-	ations described in section				•			•	
			organization and comple		· =		,, 500 550		<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	a Type I	· · · · · · · · · · · · · · · · · · ·			nctionally i		d	тур	e III - No	n-functionally integrate	ed
e			at the organization is not	•	•	•		• •		-	
•		· ·	han one or more publicly		=	-	-				
f		•	tten determination from t		•				(4)(1) 01	000000000000000000000000000000000000000	
•		rganization, check th			21 11 13 CL 1 Y	po i, Typo	ii, or Type	, ,,,		Γ	
_	• • •	-		walt or o	antribilitian	from one	of the fall	awana nore	one?	<u></u>	
g	_		organization accepted ar			-		•		Va- N	_
		-	lirectly controls, either al	one or log	euter with	persons u	escribed i	n (n) anu (ii) below	L	<u>-</u>
	•	- ,	upported organization?	•						11g(ı)	
		•	n described in (i) above?					•		11g(ii)	_
		•	ı person described in (i) o	• •						[11g(ni)]	
h	Provide the fo	ollowing information	about the supported or	ganızatıonı	(s)						
413.43				(iv) Is the c	organization	(v) Did voi	notify the	(vi) ls	the	(**) 6	
` '	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) la	•	organizati	•	organizatio	on in col.	(vii) Amount of moneta	ıy
or y	anization		above or IRC section		document?	(i) of your		(i) organız U.S	.?	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
				163	140	163	140	163	110		_
				 	1						_
		 		 					 		
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						1 July 18		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
<u>Fotal</u>		2 34 -3 3.67	「場合にはいる」は	1	المجانبة الموروعية	/师:秦行	2,44,53		و و آدر		

Schedule A (Form 990 or 990-EZ) 2012 FALL RIVER ROTARY CLUB FOUNDATION 11-00321 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	31,490.	47,312.	30,135.	86,661.	48,713.	244,311.
2	Tax revenues levied for the organ-						
	ization'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	31,490.	47,312.	30,135.	86,661.	48,713.	244,311.
5	The portion of total contributions			er set in the second of the se		. 1,1,	
	by each person (other than a					[4] [4]	
	governmental unit or publicly					1	i
	supported organization) included	The state of the state of			a.然识别的记忆		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				Compared to the second		ı
	column (f)	1. 12 医第	[等]為國際。		Transfer of the second		
6	Public support. Subtract line 5 from line 4	Car Ship By Kangarasar San Car All States	一時の機能を	はいいでは はばら	海南河南湖		244,311.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	31,490.	47,312.	30,135.	86,661.	48,713.	244,311.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	11,469.	10,257.	10,868.	10,358.	11,363.	54,315.
9	Net income from unrelated business						
	activities, whether or not the			İ			
	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		。 注:"就不知道	The state of the s	Con Contract	Marine Strange	298,626.
12	Gross receipts from related activities	, etc. (see instructi	ons)	•		12	
13	First five years. If the Form 990 is fo	=	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
<u></u>	organization, check this box and store	here	roontogo	<u>.</u>			
	ction C. Computation of Publ					r	01 01 ~
	Public support percentage for 2012 (• • • • • • • • • • • • • • • • • • • •	•	column (f))	•	14	81.81 %
	Public support percentage from 201	,	•	•		15	81.16 %
16a	33 1/3% support test - 2012. If the	-			14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies		-	•		,	▶ X
Ľ	33 1/3% support test - 2011. If the				l line 15 is 33 1/3%	or more, check to	nis dox
4-	and stop here. The organization qua		· -	•	40.40405		
178	10% -facts-and-circumstances tes						
	and if the organization meets the "facts and organizations"			=	=	rt iv now the orgai	iization
	meets the "facts-and-circumstances"	_	•		•	170 0-11 15	100/ 0-
t	10% -facts-and-circumstances tes	_	=				
	more, and if the organization meets t				•		,
10	organization meets the "facts-and-cir		-	•			
18	Private foundation. If the organization	on did not check a	DUX OIT line 13, 16	a, 100, 1/a, or 1/1	D, CHECK THIS DOX (and see instruction	S P 🔛

Schedule A (Form 990 or 990-EZ) 2012 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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year 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.")						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-			į	l		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to			•			
	the organization without charge						
	• • • • • • • • • • • • • • • • • • • •			 	 	 	
	Total. Add lines 1 through 5					 	
/a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			 	 	 	
U	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						
_	Add lines 7a and 7b						
_		表示不同。 图 次中 级	域人是不透過意告	一型。国际公司会员	12 . T. 13. 13. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Sec	etion B. Total Support	10.30		1 454 BAN 4 644-2	4 1.6 3.7	77-17	
	tion by Total Capport						
A-1-	adad waan (an financia waan ba ainaina in 1818	() 0000	# \ 0000	110010	1 11 2011	() 0040	(f) T-1-1
	ndar year (or fiscal year 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	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a b	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	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a b	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	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a b	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,	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a b c 11	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	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10a b c 11	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.)						
9 10a b c 11	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 lines 9, 10c, 11, and 12)						
9 10a b c 11 12 13 14	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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	s first, second, the				
9 10a b c 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization'	s first, second, the	rd, fourth, or fifth		on 501(c)(3) organiz	
9 10a b c 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here	r the organization	s first, second, the	rd, fourth, or fifth		on 501(c)(3) organiz	eation,
9 10a b c 11 12 13 14 Sec 15 16	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 lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Etion C. Computation of Public support percentage for 2012 (Public support percentage from 2017).	r the organization' lic Support Pe	s first, second, the ercentage divided by line 13, t III, line 15	rd, fourth, or fifth		on 501(c)(3) organiz	eation,
9 10a b c 11 12 13 14 Sec 15 6	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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2012 (Public support percentage from 201-2ction D. Computation of Inve	r the organization' lic Support Pelline 8, column (f) of Schedule A, Partstment Incorr	s first, second, the ercentage divided by line 13, t III, line 15 ne Percentage	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	eation,
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9 10a b c 11 12 13 14 Sec 15 16 Sec 17 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is fo check this box and stop here extion C. Computation of Public support percentage for 2012 (Public support percentage from 2011) Investment income percentage from 2011	r the organization' lic Support Pelline 8, column (f) of Schedule A, Paristment Incomon 12 (line 10c, colu 2011 Schedule A,	s first, second, the ercentage divided by line 13, t III, line 15 ne Percentage mn (f) divided by I Part III, line 17	column (f))	tax year as a secti	15 16 17 18	2ation, % % % % %
9 10a b c 11 12 13 14 Sec 15 16 Sec 17 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 lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage from 2012 (Public support percentage from 2012 (Investment income percentage from 2013 1/3% support tests - 2012. If the	r the organization' lic Support Pelline 8, column (f) of 1 Schedule A, Part Stment Incompose 12 (line 10c, column 2011 Schedule A, e organization did	s first, second, the ercentage divided by line 13, t III, line 15 ne Percentage mn (f) divided by I Part III, line 17 not check the box	column (f)) ine 13, column (f) on line 14, and line	tax year as a secti	15 16 17 18 33 1/3%, and line	2ation, % % % % %
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SCHEDULE 1

Grants and Other Assistance to Organizations,

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nber 10

(Form 990)			Government	Governments, and Individuals in the United States	in the United Stat	tes		2102
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	on answered "Yes" to For ► Attach to Form 990.	" to Form 990, Par m 990.	t IV, line 21 or 22.		Open to Public
	on FALL RIVER ROTARY	ا ہا	CLUB FOUNDATION	TION				Employer identification number $11-0032110$
Part I. General In	General Information on Grants and Assistance	Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of th	substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or ass	ie grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
	criteria used to award the grants or assistance?	nce?	:	. 4				X Yes No
ភា	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for monit	oring the use of grant	funds in the Uniter	d States			
Partity Grants and	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	wernments and	Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(a)	(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
Fall Biver MA Police Department	ice Department							Two hand held
Dlessant Street								FLIR(Forward Looking
Fall River 02720				5.724.	0			Infra Red) devices
							i	
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government or	ganizations listed in th	ne line 1 table				•

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

232101 12-18-12

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2012) FALL RIVER ROTARY CLUB FOUNDATION

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. This committe also allocation committee reviews applications and makes recommendations (d) Amount of non-cash assistance 13,000 (c) Amount of cash grant of Directors based on grants approved. (b) Number of recipients grant funds (a) Type of grant or assistance Procedures for use of monitors the grants Board Scholarships 232102 12-18-12 to the The

Page 2

11-0032110

Schedule I (Form 990) (2012)

Part III.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization Employer identification number FALL RIVER ROTARY CLUB FOUNDATION 11-0032110 Form 990, Part VI, Section B, line 11: Board reviews the 990 at their board meeting. Form 990, Part VI, Section C, Line 19: By request.