

EXTENDED TO MAY 15, 2019

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Do not enter social security numbers on this form as it may be made public Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No 1545-0047

A	For the	\simeq 2017 calendar year, or tax year beginning $$ JUL $$ 1 , $$ $$ 2017 $$ and	ending	<u>JUN 30, 201</u>	.8				
В	Check if	C Name of organization		D Employer iden	tification number				
	Addre	ROTARY DEL SOL FOUNDATION INC.							
	Name			85-	0447910				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sı	lite E Telephone num	E Telephone number				
	Final return/	P.O. BOX 3763		505	<u>-266-5904</u>				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	G Gross receipts \$ 200,003.				
	Amend	ALBUQUERQUE, NM 8/130		H(a) Is this a group					
L	Applic tion pendir		1	for subordina					
		ORGANIZATION ADDRESS) -/	H(b) Are all subordinate					
		empt status X 501(c)(3)	or L		n a list (see instructions)				
		te: WWW.ROTARYDELSOL.ORG	[]. v	H(c) Group exemp	M State of legal domicile: NM				
	art I	Summary							
به		Briefly describe the organization's mission or most significant activities $\ \ \overline{THE} \ \ $							
Governance		RECEIVE AND SOLICIT CONTRIBUTIONS, GRANT							
ern	_	Check this box If the organization discontinued its operations or dispo	sed of m		_				
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3 9				
ಷ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2017 (Part V, line 2a)	RECE	:tVFD } ⊦	<u>4</u> <u>9</u> <u>5</u>				
Activities		, re-	LOL	1()()	5 <u>U</u>				
Ϊ	1 -	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	A	[Q ; ` ⊢	7a 0.				
Ą	1	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34	JEC Z	6 2018 O	7b 0.				
-	<u> </u>			1	Current Year				
4	8	Contributions and grants (Part VIII, line 1h)	GDE	N. U 25,549					
ΛŞ		Program service revenue (Part VIII, line 2g)	Marie and Alexander		0.				
S		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,514	41,677.				
2	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		93,275					
SCANNED.	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		140,338					
Ö		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		71,489					
E	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.				
Sesuedx:	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.				
a se	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0		0.				
ᅜ	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	11,360	11,661.				
้ วาก กับ		Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e) Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		82,849					
Ď		Revenue less expenses Subtract line 18 from line 12		57,489					
٥	3	heveride less expenses odditact line to nom line 12		Beginning of Current Ye					
ets	20	Total assets (Part X, line 16)		796,350					
Net Assets or	21	Total liabilities (Part X, line 26)		8,000					
Sel	22	Net assets or fund balances Subtract line 21 from line 20		788,350	873,867.				
P	art II	Signature Block							
		ilties of perjury, I declare that I have examined this return, including accompanying schedul			f my knowledge and belief, it is				
true	e, correc	ct, and complete Declaration of preparer (other than officer) is based on all information of w	hich prep	arer has any knowledge.					
		Superius of officer		Date /					
12/12/R									
He	re	JIM QUICK, PRESIDENT Type or print name and title		· · · · · · · · · · · · · · · · · · ·	775				
_				Date / Check	PTIN				
Pai	Print/Type preparer's name Paid JOHN GORDON Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name								
	parer	Firm's name PATTILLO, BROWN & HILL, L.L.P.		Firm's EIN					
	Only	Firm's address 6743 ACADEMY (RD NE STE B			<u> </u>				
	,	ALBUQUERQUE, NM 87109		Phone no.	505-266-5904				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
	001 11-2		ions.		Form 990 (2017)				

Form 990 (2017) ROTARY DEL SOL FOUNDATION INC.

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)?			
	If "Yes," complete Schedule A	1	X	
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		<u> </u>
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		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	İ		
	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			
	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?			
	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	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			
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		X
þ	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	11b		<u> X</u>
С				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	_11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		v
	Schedule D, Parts XI and XII	12a		X
b	· · · · · · · · · · · · · · · · · · ·	406		v
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14a		14a		X
Þ	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	146		х
4-	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 other assistance to or for any	14b	_	
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
46	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	 ''		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	├ ``		
19	complete Schedule G, Part III	19		x
	Complete denedule 0,1 art III		990	(2017)
				· · · /

	rt IV Checklist of Required Schedules (continued)	7910		age 4
Га	Checklist of Nequired Schedules (continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete	1		
	Schedule J	23		X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
ь	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	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		X
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)		i	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	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	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31_	ļ	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	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a		35a	 	X
b	If "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	-	
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	ļ <u> </u>	X
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 nartnership for federal income tax nurnoses? If "Yes " complete Schedule R. Part VI	37	1	X

Form **990** (2017)

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

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Form 990 (2017) ROTARY DEL SOL FOUNDATION INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		Check if Schedule O contains a response or note to any line in this Part V									
b Enter the number of Forms W.2G included in line 1a Enter O-I find applicable C Did the organization comply, with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) wrinings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendary year entiting with or within the year covered by this return b If at least one is reported on line 2a, did the organization file as required federal employment tax returns? Abot. If the sum of lines 1 and 42 is greater than 250, you may be required to e-file (see instructions) 3b Id the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, "and tifed a Form 990 of for the year? "("h", to file 98), provide an explanation in Schedule O 4d A ray time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account if year and a signature or their authority over, a financial account if year and a signature or their authority over, a financial account if year as a shark account, secretic and a signature or other authority over, a financial account if year as a shark account, secretic and a signature or other financial accounts (EBAR) 5d Was the organization aparty to a prohibited tax shelter fransaction at any time during the tax year? 5d D d any taxable party nority the gragination that it was or a a party to a prohibited tax shelter transaction? 5d D d any taxable party nority the gragination that it was or as a party to a prohibited tax shelter transaction? 5d D d with the organization related aparty or the gragination that was or as a party to a prohibited tax shelter transaction? 5d D d with taxable party nority the gragination that the was or as a party to a prohibited tax shelter transaction? 6d D district the organization shelt was devictible as charitable contributions? 6d D district the organization shelt was devictible as charitable contributio		•				Yes	No				
Uit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2 Enter the number of employees 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 3 If all teast one is reported on line 22, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five (see instructions) 3 Loft the organization have unretated business gross incine of \$1,000 or more dumpt by year? 3 Loft the organization have unretated business gross incine of \$1,000 or more dumpt by year? 3 Loft the organization have unretated business gross incine of \$1,000 or more dumpt by year? 3 Loft the organization have unretated business gross incine of \$1,000 or more dumpt by year? 3 Loft the organization have amplitude by year? 4 Loft the organization in Schedule O 3 Loft the organization of the year? If 'No,' to line 3b, provide an explanation in Schedule O 3 Loft the organization of the organization have an interest in, or a signature or other authority over, a financial account, or other financial	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0							
(agambing) winnings to prae winners? 2	þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0							
2a Enter the number of employees reported on Form W.3, Transmittat of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 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 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 D dit the organization have unretided bosiness gross income of \$1,000 or more dumpt the year? 3 A X X 5 If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, proude an explanation in Schedule O 8 If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, proude an explanation in Schedule O 9 If "Yes," and the name of the foreign country 8 If "Yes," enter the name of the foreign country 8 If "Yes," enter the name of the foreign country 8 If "Yes," to line 5a or 5b, did the organization like form 8986 1? 8 Uses the organization as party to a prohibited tax shelter transaction at any time duming the tax year? 9 If "Yes," to line 5a or 5b, did the organization like Form 8986 1? 9 If "Yes," and the organization name and years are the semilar year and the organization name and years are the semilar years and years are not tax deductible? 9 If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If "Yes," and the organization excess of 515 made party sa contribution and party for goods and services provided? 10 If the organization excess a payment in excess of 515 made party sa contribution and party for goods and services provided to the payor? 10 If the organization excess of 515 made party sa contributions on a personal benefit contract? 11 If yes," and the organization excess of 515 made party sa contributions on a personal benefit contract? 12 If yes, "or the organization received a contribution or care should be presonal property for which it was required to the payor and year p	С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming							
filed for the calendar year ending with or within the year covered by this return 2 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have urrelated business gross income of \$1,000 or more during the year? 3b. If Yes, 1 has it tide a form 950 or for this year? If "Thin, 15 in its 3b, provide an explanation in Schedule 0 3b. If Yes, 1 has it tide a form 950 or for this year? If "Thin, 15 in its 3b, provide an explanation in Schedule 0 3c. At a ray 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)? 4c. 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)? 5c. If Yes, 1 one 5a or 5b, did the organization that it was or is a party to a prohibitions of any orthorison for filing requirements for FincREN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5c. If Yes, 1 one 5a or 5b, did the organization that it was or is a party to a prohibition at a white the properties of the organization solicit any contributions that were not tax deductables a charable contributions? 5c. If Yes, 1 one 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charable contributions? 6c. If Yes, 1 one 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a charable contributions and party for goods and services provided to the payor? 7c. X 7d. Did the organization state and a services and the properties of the properties		(gambling) winnings to prize winners?			1c						
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it field a Form 990. To critis year? If "No," it o line 3b, provide an explanation in Schedule O 3b If "Yes," has it field a Form 990. The this year? If "No," it o line 3b, provide an explanation in Schedule O 3c If "Yes," in a fire the name of the foreign country (such as a bank account, securities account, or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions? 5b If "Yes," do the organization noticule with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 5c If "Yes," do the organization noticule with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(c). 5c If the organization seller applies the expression of the value of the goods or services provided? 5c If the organization receive a payment in excess of \$75 made party as a contribution of party for goods and services provided to the payor? 5c If "Yes," do the organization network applies the sonial party for goods and services provided to the payor? 5c If the organization receive a payment in excess of \$75 made party as a contribution of payor the organization free the payor that the organization receive and payor the organizati	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Description of the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explination in Schedule 0 All At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? (and the organization country to the same of the foreign country look has a bank account, or other financial account)? See instructions for filing requirements for FinchEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for thing requirements for FinchEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for thing requirements for FinchEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? See instructions for thing requirements for FinchEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions for thing requirements for FinchEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit arry contributions that the foreign End foreign Seed for the Seed foreign Seed for		filed for the calendar year ending with or within the year covered by this return	2a	_ 0							
3.a Did the organization have unreliated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990 F1 for this year? if "No," to line 3b, provide an explanation in Schedule O d 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, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial account)? See instructions for filting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sale was the organization of the organization file Form 8886 T? b If any taxable party notify the organization file Form 8886 T? c If "Yes," to line 5 or 5b, did the organization file Form 8886 T? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chantable contributions? b If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? or Organizations that may receive deductible contributions under section 170(c). b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? b If "Yes," did the organization necesses all \$75 made partly sa contribution and partly for goods and services provided in the payor? b If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? b If the organization in receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f If the organization in received a contribution of qualified intellectual property, did the organization file a Form 1098-C? f If the organization intellectual property, did the organization file a Form 1098-C? f If the organization intellectual property, and the or	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b						
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Form 990 (2017) ROTARY DEL SOL FOUNDATION INC. 85-0447910 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 or note to any line 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 9	:					
	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 1b 9	- 1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		<u> </u>			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	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?	4		_X_			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	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 appoint one or	ļ					
	more members of the governing body?	7a		<u> </u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or]					
	persons other than the governing body?	7b		<u> </u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		.,				
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			Х			
C	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No			
40-	Did the experimentary have level charters branches or effiliates?	10a	162	X			
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		X			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
·	ın Schedule O how this was done	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 approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
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 arrangement with a						
	taxable entity during the year?	16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			ŀ			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b		<u> </u>			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►NM						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	le				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial				
	statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and records						
	THE ORGANIZATION - 505-266-5904						
	P.O. BOX 3763, ALBUQUERQUE, NM 87190	Eorm	aan	(2017)			

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. 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 organize	d organization compensat					nsat	ted any current officer, director, or trustee					
(A)	(B)		(C) Position					(D)	(E)	(F)		
Name and Title	Average	(do				than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week	-	cer ar	10 a 0	recio	or/trus	iee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	0.0	8			Sie		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization		
	related organizations	ustee	1 1 2		8	e e		(44-2/1099-14113C)		and related		
	below	層	tona		gle	를 함	_			organizations		
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Forms					
(1) MITCH SELKING	1.00											
BOARD MEMBER		X		L				0.	0.	0.		
(2) BRAD EKHOFF	1.00											
BOARD MEMBER		X	<u> </u>		<u> </u>			0.	0.	0.		
(3) DON KAUFMAN	1.00	1								_		
BOARD MEMBER		X	 		<u> </u>	_	_	0.	_0.	0.		
(4) JULIE FRENDLE	1.00	↓								_		
BOARD MEMBER		X		_		<u> </u>		0.	0.	_0.		
(5) KERI STEWART	1.00						ĺ					
BOARD MEMBER	1 22	X					_	0.	0.	0.		
(6) JIM QUICK	1.00	4										
PRESIDENT		_		X	<u> </u>	ļ		0.	0.	0.		
(7) DEAN CONSTANTINE	1.00	-										
VICE PRESIDENT		1	<u> </u>	X		-		0.	0.	0.		
(8) BILL ROTHWEILER	1.00	4										
SECRETARY	1 00			Х		├	_	0.	0.	0.		
(9) BRAD SACKETT	1.00	-	l							_		
TREASURER		_	-	X	_	┼	ļ	0.	0.	_0.		
		-										
	_	 	t					<u>-</u>				
		-										
		<u> </u>					-					
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	_	-	₽-	├	-	-	_			<u> </u>		
	-	$\left\{ \right.$										
						_	\vdash					
	<u> </u>	+										
	l		Ц.	Ц		1	l	<u> </u>	<u> </u>			

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hı	ghes	st C	ompensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per	(do box	not cl	OSI Posi neck i ss per	tion more rson i	than i	one h an	(D) Reportable compensation	(E) Reportable compensation		(F) Estimato amount	
	we (list hour rela organi be lir		Individual trustee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	a	other ompensa from th rganizat and relat ganizati	ation e tion ted
												-	
											 		-
											+	<u></u> _	
			_								_		
	-												
											+		
											+		
										ı			
	Sub-total	_						•	0.	0			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						▶	0.	0			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	oove	e) wh	no re	eceived more than \$100	0,000 of reportable			0
	compensation from the organization											Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		ıste	e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on	3		x
4	For any individual listed on line 1a, is the su	ım of reportab								the organization			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a									idual for services	4		Х
	rendered to the organization? If "Yes," com										5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of compe	nsatio	n from	
-	the organization Report compensation for (A)	the calendar y	ear	endı	ng v	vith	or w	ithir	n the organization's tax (B)	year		(C)	
	Name and business	address	N	INC	<u> </u>				Description of s	services	Com	pensatio	n
-					_								
				_				1					
								\dashv					
												<u> </u>	
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)		ot li	mıte	d to		se li: O	sted	d above) who received n	nore than			
	wide of compensation from the organia	Lanon P									For	m 990 (2017)

OIIII 330 (201	TOTIME DEE
Part VIII	Statement of Revenue
	Check if Schedule O contains airesno

		Check if Schedule O cont.	ains a-response	or note to any line	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
듄		Membership dues	1b					
المَّ أَنَّ		Fundraising events	1c					1
T A		Related organizations	1d					
<u>0,</u> ≝		Government grants (contribut						
Š		All other contributions, gifts, gran						
돌	•	similar amounts not included abor	1 1	18,191.				
1 0 1		Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	1a-11 4		18,191.			
		Total Total Total	-	Business Code				
ه ا	2 a							
Š	_ b	48.						1
Sel	c							
e a	d							
Program Service Revenue	e							
P	f	All other program service reve	nue					
	q	Total. Add lines 2a-2f				. <u></u>		
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	30,204.			30,204.
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	=					
	d	Net rental income or (loss)		>				
ŀ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	11,473.	,				
	b	Less cost or other basis						
		and sales expenses	0.					
	C	Gain or (loss)	11,473.					
	d	• • •		<u> </u>	11,473.	11,473.		
e	8 a	Gross income from fundraisin	g events (not					
Ē		including \$	of					
<u>è</u>		contributions reported on line		40 405				
Other Reven		Part IV, line 18	а	140,135.				
₹		Less direct expenses	. b	69,637.	70 400			70 400
		Net income or (loss) from fund		P	70,498.			70,498.
	9 a	Gross income from gaming ac						
	-	Part IV, line 19	a					
		Less direct expenses	b				-	
-		Net income or (loss) from gam		<u> </u>				+
ł	то а	Gross sales of inventory, less						
	_	and allowances	а					
		Less cost of goods sold Net income or (loss) from sale	b s of inventory		•			
ŀ	C	Miscellaneous Revenu		Business Code				
	11 a			Duamesa Code		-		
	b				-			
	c				-		J	
	d							
		Total. Add lines 11a-11d		•				
	12	Total revenue. See instructions.		•	130,366.	11,473.	0	. 100,702.
						<u> , </u>	-	Form QQN (2017)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respons		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	52,268.	52,268.	<u> </u>	
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals 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 403(b) employer contributions)				·
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				·
b	Legal				
С	Accounting	*			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	7,551.		7,551.	
f	Investment management fees	1,331.			
9	Other (If line 11g amount exceeds 10% of line 25,	ļ			
	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				
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	Interest				
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses, Itemize expenses not covered				
24	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	OTHER ROTARY PROGRAM SU	4,000.	4,000.		
b	OTHER OFFICE EXP	110.		110.	
C	OTHER OTTICE BILL				
d					-
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	63,929.	56,268.	7,661.	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)				
				·	

Par	T X	Balance Sheet				
		Check if Schedule O contains a response or note to	any line in this Part X			
		•		(A) Beginning of year		(B) End of year
	1,	Cash - non-interest-bearing	-	60,844.	1	42,266.
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net	1		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and forme	er officers, directors,	-		
		trustees, key employees, and highest compensated				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified	persons (as defined under			
		section 4958(f)(1)), persons described in section 49				
		employers and sponsoring organizations of section	ľ			
S		employees' beneficiary organizations (see instr) Co			6	
Assets	7	Notes and loans receivable, net		7		
As	8	Inventories for sale or use		<u> </u>	8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other	1			
		1	Da			
	ь	·	Ob		10c	
	11	Investments - publicly traded securities		735,506.	11	836,6 <u>01</u>
	12	Investments other securities See Part IV, line 11	<u> </u>	12	· ·	
	13	Investments program-related See Part IV, line 11	·	13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal lin	796,350.	16	878,867	
	17	Accounts payable and accrued expenses		1,000.	17	0.
	18	Grants payable		18		
	19	Deferred revenue	Ī		19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part	: IV of Schedule D		21	
ģ	22	Loans and other payables to current and former off	icers, directors, trustees,			
턀	ļ	key employees, highest compensated employees, a				
Liabilities		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated	I third parties		23	
	24	Unsecured notes and loans payable to unrelated th			24	
	25	Other liabilities (including federal income tax, payab	les to related third			
		parties, and other liabilities not included on lines 17				
		Schedule D	į	7,000.	25	5,000
	26	Total liabilities. Add lines 17 through 25		8,000.	26	5,000
		Organizations that follow SFAS 117 (ASC 958), c	heck here			
S		complete lines 27 through 29, and lines 33 and 3				
ĕ	27	Unrestricted net assets		788,350.	27	873,867.
ele ele	28	Temporarily restricted net assets			28	
<u>ш</u>	29	Permanently restricted net assets		<u></u>	29	
5	1	Organizations that do not follow SFAS 117 (ASC	958), check here ▶☐			
ō		and complete lines 30 through 34.				
ets.	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equip	ment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incor	i i		32	
ž	33	Total net assets or fund balances	Ţ	788,350.	33	873,867.
	34	Total liabilities and net assets/fund balances		796,350.	34	878,867.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Employer identification number

				FOUNDATION				5-044/910				
Pa	rt l	Reason for Public (Charity Status (A	All organizations must co	mplete th	is part) Se	e instructions					
he	organ	ization is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)						
1		A church, convention of chi	urches, or associatio	n of churches described	ın sectio	n 170(b)(1	I)(A)(i).	$A \setminus A$				
2		A school described in secti	on 170(b)(1)(A)(II). (/	Attach Schedule E (Form	990 or 99	90-EZ))						
3		A hospital or a cooperative					iı).					
4	一	A medical research organiza	,					the hospital's name,				
•		city, and state		,				•				
5	\Box		or the benefit of a col	llege or university owner	l or operat	ed by a n	nvernmental unit describ	ned in				
5	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
_	$\overline{}$	section 170(b)(1)(A)(iv). (Complete Part II)										
6	믉	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	· · · · · · · · · · · · · · · · · · ·										
	_	section 170(b)(1)(A)(vi). (Co	omplete Part II)									
8	\square	A community trust describe										
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a land-grant	college				
		or university or a non-land-g	rant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the colleg	e or				
		university										
10		An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from				
		activities related to its exem										
		income and unrelated busin										
		See section 509(a)(2). (Cor		(1000 000 10 11 12 1) III	J 500	0000 0040	mod by mio organization					
44		An organization organized a	•	waly to tost for public sa	faty Saa	raction EC)O(a)(A)					
11	H	•	-					nurnoses of one or				
12	ш	An organization organized a										
		more publicly supported org						neck the box in				
	_	lines 12a through 12d that o										
а	<u> </u>											
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority (of the dire	ctors or trustees of the s	upporting				
		organization You must c	omplete Part IV, Se	ections A and B.								
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	ving				
		control or management of	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
		organization(s) You mus										
c		Type III functionally inte	•		ın connec	tion with, a	and functionally integrate	ed with.				
Ū		its supported organization	=					,				
		Type III non-functionally						zation(s)				
d												
		that is not functionally into	_					iveriess				
	_	requirement (see instructi	•	=								
е		∴ Check this box if the organic					i Type I, Type II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organi	zation						
f	Ente	er the number of supported o	organizations									
_ 9		vide the following information			Gill le the erro	nization lieted						
	(i) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
				•				-				
					V							
			_									
				 -								
			_			<u> </u>						
Γota	al							<u> </u>				

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	91,347.	4,372.	43,197.	25,549.	18,191.	<u> 182,656.</u>
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			ŀ			
	furnished by a governmental unit to						
	the organization without charge	,					
4	Total. Add lines 1 through 3	91,347.	4,372.	43,197.	25,549.	18,191.	<u> 182,656.</u>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		•				
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,			ŀ			
	column (f)						
	Public support. Subtract line 5 from line 4						<u> 182,656.</u>
Sec	ction B. Total Support			-		· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	91,347.	4,372.	43,197.	25,549.	18,191.	182,656.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						454 000
	and income from similar sources	30,923.	17,237.	59,857.	21,514.	41,677.	171,208.
9	Net income from unrelated business					3	
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain		•				
	or loss from the sale of capital						
	assets (Explain in Part VI)					,	252 254
	Total support. Add lines 7 through 10						<u>353,864.</u>
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. \Box
<u></u>	organization, check this box and stor		roontogo				
	ction C. Computation of Publ			- (0)			E1 62 %
	Public support percentage for 2017 (olumn (f))		14	51.62 %
	Public support percentage from 2016					15	58.34 %
16a	33 1/3% support test - 2017. If the c			line 13, and line 1	4 is 33 1/3% or m	nore, check this bo	
	stop here. The organization qualifies		-				. ►\X
b	33 1/3% support test - 2016. If the				line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	•	• • •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t VI how the organ	nization
	meets the "facts-and-circumstances"	_		• • • •	-		▶ □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ		-				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2017

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

qualify under the tests listed be	low, please comp	plete Part II)			· · · · · · · · · · · · · · · · · · ·	
Section A. Public Support			· · · · · · · · · · · · · · · · · · ·		Υ	
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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 business 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 furnished by a governmental unit to the organization without charge						
6 Total, Add lines 1 through 5		· · · · · · · · · · · · · · · · · · ·				
7a Amounts included on lines 1, 2, and		_		/	†	
3 received from disqualified persons				1		
b 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) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(4) 444	(2)		(4)		
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	4	/				
acquired after June 30, 1975	/					
c Add lines 10a and 10b 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 VI)						
13 Total support (Add lines 9, 10c, 11, and 12)		L	_			L
14 First five years. If the Form 990 s for check this box and stop here	the organization's	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ration,
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2017 (III			column (fl)		15	%
16 Public support percentage for 2017 (III			Column (1))		16	
Section D. Computation of Inves			· · · · · · · · · · · · · · · · · · ·	·	101	
					42	0/
17 Investment income percentage for 20			ne 13, column (1))		17	<u>%</u>
18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2017. If the omore than 33 1/3%, check this box and b 33 1/3% support tests - 2016. If the o	d stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	ightharpoons
line 18 is not more than 33 1/3%, chec	ck this box and st	t op here . The orga	ınızatıon qualıfıes	as a publicly supp	orted organization	▶Щ
20 Private foundation. If the organization	ı dıd not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
732023 10-06-17				Sch	edule A (Form 990	or 990-EZ) 2017

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A.	All	Supporting	Organizations
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Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer За (b) and (c) below b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Зс 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10b

determine whether the organization had excess business holdings)

732025 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

6 Distributable Amount. Subtract line 5 from line 4, unless subject to
emergency temporary reduction (see instructions)

6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

1

3

4

5

Current Year

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

3

5

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	ROTARY DEL SOL FOUN	NDATION INC.	85-044/910
Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
	_	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	anızatıon answered <u>"Yes" on Form 990, F</u>	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or ec	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
đ	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic structi	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easi	sement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		∟ Yes ∟ No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
_	conservation easements	And Hindamical Transcriptor on O	they Cimilan Accets
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
ь	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items		. .
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		ıı gaın, provide
	the following amounts required to be reported under SFAS 11	To (ASC 958) relating to these items	• •
	Revenue included on Form 990, Part VIII, line 1		\$
<u> </u>	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

	dule D (Form 990) 2017 ROTARY	DEL SOL F	<u>OUNDA</u>	TION I	NC.					Page 2
Par	t III Organizations Maintaining C	collections of	Art, His	torical Tr	easures, or C	ther	Simil	ar Asse	ts (contini	ıed)
3	Using the organization's acquisition, accessi	on, and other reco	ords, chec	k any of the	following that are	a sign	ıfıcant	use of its	collection	items
	(check all that apply)									
а	Public exhibition		a 🖳	Loan or exc	hange programs					
b	Scholarly research		e 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Pari	t XIII	
5	During the year, did the organization solicit o	r receive donation	is of art, hi	storical trea	sures, or other si	milar as	sets	<u></u>	,	
	to be sold to raise funds rather than to be ma								Yes _	No_
Par	t IV Escrow and Custodial Arran		plete if the	organization	on answered "Yes	" on Fo	rm 990	D, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other interm	ediary for	contributio	ns or other assets	not inc	cluded		_	
	on Form 990, Part X?							Ļ	」Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table						
									Amount	
С	Beginning balance						1c			
đ	Additions during the year						1d			
е	Distributions during the year						<u>1e</u>			
f	Ending balance						1f		٦.,	
	Did the organization include an amount on F						,	<u> </u>	Yes	⊢ No
Par	t V Endowment Funds. Complete								-	
Гаі	Lindowinient i dilus. Complete i				(c) Two years ba		Thron	voare back	(a) Four	
	Decrease of week belongs	(a) Current year	(0) F	rior year	(C) Two years bar	CK (a)	THIEE	years back	(e) Four	years back
1a	Beginning of year balance		 		 					
D	Contributions									
C	Net investment earnings, gains, and losses		+		 	+				
a	Grants or scholarships		-							
е	Other expenditures for facilities									
	and programs Administrative expenses				 					
'	End of year balance						-			
2	Provide the estimated percentage of the curi	rent vear end hala	nce (line 1	a column (all held as				<u> </u>	
a	Board designated or quasi-endowment	rent year end bald	%	g, co.a (a,, moia as					
h	Permanent endowment	 %	— <i>'</i> "							
c	Temporarily restricted endowment									
Ŭ	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		nization the	at are held a	and administered	for the	organi	zation		
	by .	•					•			Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as rec	juired on S	Schedule R7	•				3b	
4	Describe in Part XIII the intended uses of the	e organization's er	dowment	funds						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 9	990, Part I	V, line 11a	See Form 990, Pa	rt X, lın	e 10			
	Description of property	(a) Cost o	r other	(b) Cos	t or other (c) Accı	umulat	ed	(d) Book	value
	×	basis (inve	stment)	basis	(other)	depre	ciation	1		
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			ļ						
e	Other									
Total	. Add lines 1a through 1e (Column (d) must e	equal Form 990, P	art X, colui	nn (B), line	10c)					0.

Schedule D (Form 990) 2017

Part VII Investments -			<u> </u>	I COMPANIE TON	
Schedule D (Form 990) 2017	ROTARY	DET.	SOL	FOUNDATION	TNC

Complete if the organization a (a) Description of security or category (including		(b) Book value	(c) Method of va	luation Cost or end	-of-year market value
1) Financial derivatives					
2) Closely-held equity interests	Γ				
3) Other	Γ				
(A)					<u> </u>
(B)			-		· <u>·</u>
(C)		-			
(D)					-
(E)					
(F)					
(G)				_	
			-	-	
(H)	/B) line 12)			-	
otal (Col. (b) must equal Form 990, Part X, col. Part VIII Investments - Program		<u>-</u>			
		- Fa 000 Dart IV line	11a Caa Farm 000 F	Part V. Iraa 12	
Complete if the organization a (a) Description of investment		(b) Book value	(c) Method of va	Part X, line 13	-of-year market value
		(b) Book value	(C) INICIAIGO OF VE	TOOL OF CHE	or year market value
(1)				<u></u>	
(2)					
(3)		· <u> </u>			
(4)					···
(5)					
(6)		<u> </u>			
(7)		*****			
(8)				·	
(9)				_	
Fotal. (Col. (b) must equal Form 990, Part X, col	. (B) line 13) 📐				
Part IX Other Assets.					
Complete if the organization a			11d See Form 990, F	Part X, line 15	
	(a) C	Description			(b) Book value
(1)					
(2)					·
(3)		,			
(4)					
(5)					
(6)					<u> </u>
(7)			_		
(8)			-		-
(9)	-		_		_
Total. (Column (b) must equal Form 990, Pa	art Y col (R) line	15)		<u> </u>	
Part X Other Liabilities.	art A, COI (D) line	10)	· · · · · · · · · · · · · · · · · · ·		
Complete if the organization a	newored "Vee" (on Form 900 Part IV line	11e or 11f See Form	990 Part X line 25	
(a) Description			(b) Book value	1 330, 1 211 7, 1116 23	
· · · · · · · · · · · · · · · · · · ·	or naomey		(b) Book Value		
(1) Federal income taxes			E 000		
(2) PAYABLE KELSEY			5,000.		
(3)					
* * *					
(4)					
(5)					
(5)			_		
(5) (6)					
(5) (6) (7)			5,000.		

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Part I

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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atest information.	
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to www.irs.gov/Form990	
ž	I

2017	Open to Public	Inspection

OMB No 1545-0047

Employer identification number

2 85-0447910 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ROTARY DEL SOL FOUNDATION INC. General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	S5,000 Part II can	be duplicated if additi	omestic governments, com I if additional space is needed	ompiete ii trie orga led	inzation answered	es OII OIII 550, 1 an	, me 2., of any
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 noncash assistance	(h) Purpose of grant or assistance
THE RANCHES							
6209 HENDRIX RD NE							ASSIST IN ACCOMPLISHING
ALBUQUERQUE, NM 87110	85-0328251	501(C)(3)	22,729.	0.			ORGANIZATION'S MISSION
RANCHITOS DE LOS NINOS P.O. BOX 2400							ASSIST IN ACCOMPLISHING
LOS LUNAS, NM 87031	26-3208502	501(C)(3)	11,365.	0			ORGANIZATION S MISSION
PROSPERITY WORKS 909 COOPER AVE NW ALBUOUEROUE, NM 87102		501(C)(3)	11,365.	0			ASSIST IN ACCOMPLISHING DRGANIZATION'S MISSION
ROADRUNNER FOOD BANK							
P.O. BOX 21456							ASSIST IN ACCOMPLISHING
ALBUQUERQUE, NM 87111	85-0278525	501(C)(3)	6 809.	0			ORGANIZATION'S MISSION

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information THE BOARD REQUIRES AN ACCOUNTING FROM THE ORGANIZATIONS THAT RECEIVE THE (d) Amount of non-cash assistance 26 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: 732102 11-01-17 GRANTS Part IV

Page 2

85-0447910

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

ROTARY DEL SOL FOUNDATION INC.

Schedule I (Form 990) (2017)

Part III

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

Go to www.irs.qov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ROTARY DEL SOL FOUNDATION INC.

Employer identification number 85-0447910

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RELATED INCOME EXCLUSIVELY FOR CHARTIABLE, SCIENTIFIC AND EDUCATIONAL
PURPOSES AND TO CONDUCT ACTIVITES IN FURTERANCE OF SUCH PURPOSES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD REVIEWS THE FORM 990 BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGNAIZATION MAKES ANY DOCUMENTS AVAILABLE UPON REQUEST

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

Schedule O (Form 990 or 990-EZ) (2017)