

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

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[X] Annual Reporting [] Initial Registration

FEDERAL EIN NUMBER: 41-1483324

FOR YEAR ENDING: 12/31/2010

SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: ROCHESTER SENIOR CENTER FOUNDATION

If annual reporting, is this a new name since the organization's last filing? [] Yes [X] No

If so, please state former name:

2. List all names under which the organization solicits contributions:
ROCHESTER SENIOR CENTER FOUNDATION

3. Mailing Address of Organization: 121 NORTH BROADWAY ROCHESTER, MN 55906
Physical Address of Organization: 121 NORTH BROADWAY ROCHESTER, MN 55906

4. Contact Person: SALLY GALLAGHER
Tel. No.: (507) 287-1404
E-mail:
Fax No.: (507) 280-4719

5. Complete the following for the most recent twelve-month accounting year. While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.

INCOME

Contributions from the public
Government Grants
Other revenue
TOTAL REVENUE

For Year Ending: 12/31/2010
\$ 8,859.
\$
\$ 64,540.
\$ 73,399.

EXPENSES

Amount spent for program or charitable purposes
Management/general expense
Fund-raising expense
TOTAL EXPENSES

\$ 74,628.
\$ 33,547.
\$ 24,313.
\$ 132,488.

EXCESS or DEFICIT \$ -59,089.
TOTAL Assets \$ 1,120,400.
TOTAL Liabilities \$ 192,241.

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 928,159.

6. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

Yes No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. **Attach schedule if more than one.**

Name _____

Address _____

City _____ State ____ ZIP _____ Compensation _____

7. Does this professional fund-raiser solicit or consult in Minnesota? Yes No

8. Month and day accounting year ends: 12/31

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? Yes No

For Office Use Only: \$25 \$50 \$75 A/R/F SIG 990 EZ PF F/E/S B/D SAL Audit

SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY

ALL organizations MUST complete questions 1-5.

1. Has the organization's accounting year changed since the last report was filed? Yes No
 If yes, provide the new year-end date: _____

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. None Attached

3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18.

| | Name/Title | Compensation |
|---|--|--------------|
| 1 | SALLY GALLAGHER EXECUTIVE DIRECTOR | 75,310. |
| 2 | DEAN STENEHJEM DEVELOPMENT DIRECTOR | 63,384. |
| 3 | | |
| 4 | | |
| 5 | | |

4. **Attach** a list of organization's board of directors. Attached Included in IRS return
5. **Attach a GAAP audit** if total revenue exceeds \$750,000. Attached
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).
6. Minnesota law requires that an organization file a copy of any IRS Form 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)? Yes No

NOTE: By answering YES to the above question, you are attesting that the IRS information return filed with this office is an exact copy, including all schedules and attachments, of the IRS information return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. The following organizations must complete and return the statement of functional expenses below: 1) organizations that do not file a return with the IRS; 2) organizations that file a 990-EZ or 990-PF; and 3) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

| Statement of Functional Expenses | | | | |
|---|-----------------------|------------------------------------|---|--------------------------------|
| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to governments and organizations in the U.S. | 50,315. | 50,315. | | |
| 2 Grants and other assistance to individuals in the U.S. | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 63,384. | 21,128. | 21,128. | 21,128. |
| 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 contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 4,124. | 1,375. | 1,374. | 1,375. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 1,286. | | 1,286. | |
| c Accounting | 6,550. | | 6,550. | |
| d Lobbying | | | | |
| e Professional fundraising services | | | | |
| f Investment management fees | | | | |
| g Other | 250. | | 250. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 97. | 33. | 32. | 32. |
| 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 | 2,976. | 992. | 992. | 992. |
| 23 Insurance | 124. | 41. | 42. | 41. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a MISCELLANEOUS | 1,984. | 661. | 662. | 661. |
| b INSURANCE | 1,148. | | 1,148. | |
| c SUBSCRIPTIONS | 175. | 58. | 58. | 59. |
| d All other expenses | 75. | 25. | 25. | 25. |
| 25 Total functional expenses. Add lines 1 through 24d | 132,488. | 74,628. | 33,547. | 24,313. |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Must be prepared in accordance with generally accepted accounting principles.

SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

**BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

DEVELOPMENT DIRECTOR _____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20____, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We

further state that the information supplied is true, correct and complete to the best of our knowledge.

DEAN STENEHJEM

Name (Print)

Signature

DEVELOPMENT DIRECTOR

Title

Date

Name (Print)

Signature

Title

Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #2497885-v1