	_		** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From		OMB No. 1545-0047
Form <b>990</b>			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		s) <b>901</b> /
	Open to Public				
		of the Treasury nue Service	Information about Form 990 and its instructions is at www	.irs.aov/form990.	Inspection
AF	or th	e 2014 calenda		JUN 30, 2015	
	heck if pplicab	le: <b>C</b> Name of	organization	D Employer identific	ation number
	Addre	ROTA	RY FUND OF LOUISVILLE, INC.		
	Name Chang		usiness as	61-60	029858
	Initial return Final return	101	and street (or P.O. box if mail is not delivered to street address) Room/sui W. MAIN STREET, SUITE 810		589-1800
	termir ated	-	own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	280,059.
	Amen return	TOOT	SVILLE, KY 40202	H(a) Is this a group re	turn
	Applic tion	F Name a	nd address of principal officer: JOHN HAMPTON	for subordinates	? Yes X No
	pendi	401 W	<u> </u>	<b>H(b)</b> Are all subordinates inc	cluded? Yes No
		empt status: [		If "No," attach a	list. (see instructions)
			LOUISVILLEROTARY.ORG	H(c) Group exemption	
			X Corporation	ar of formation: 1951 🛛	State of legal domicile: KY
Pa	rt I	Summary			
Governance	1		e the organization's mission or most significant activities: <u>TO SUPPOR</u> HOME (METRO LOUISVILLE, KENTUCKY) AND		N EFFORTS
rnai	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of mo	re than 25% of its net ass	ets.
INC	3	Number of vot	ing members of the governing body (Part VI, line 1a)	3	10
ğ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)	4	10
Activities &			of individuals employed in calendar year 2014 (Part V, line 2a)		0
/itie	6	Total number	of volunteers (estimate if necessary)	6	175
cti	7a	Total unrelated	d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	7b	0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	185,618.	66,361.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)	0.	0.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)	127,144.	143,289.
æ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-6,079.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	312,762.	203,571.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1·3)	311,024.	66,075.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)	0.	0.
S			compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	17,074.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)	0.	0.
xpe			ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 0 .		
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)	9,237.	10,976.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	320,261.	94,125.
	19	Revenue less	expenses. Subtract line 18 from line 12	-7,499.	109,446.
s or				Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F		2,184,936.	2,240,737.
st As	21		(Part X, line 26)	5,500.	4,079.
			fund balances. Subtract line 21 from line 20	2,179,436.	2,236,658.
	rt II				
			I declare that I have examined this return, including accompanying schedules and state Declaration of preparer (other than officer) is based on all information of which prepar		knowledge and belief, it is
<u>u ue</u> ,	COLLE		שלטמומנוטון טו אווערון איז	inas any Kilowieuge.	
Sigr	ı	Signature	e of officer	Date	

Oigii						
Here	JOHN HAMPTON, TREASURE	R				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date Check PTIN			
Paid	SCOTT M. OWENS, CPA	SCOTT M. OWENS, CPA	self-employed P01458346			
Preparer	Firm's name 🕨 BLUE & CO., LLC		Firm's EIN <b>35-1178661</b>			
Use Only	Firm's address 🖕 2650 EASTPOINT P	KWY # 300				
	LOUISVILLE, KY 4	0223	Phone no. (502) 992-3500			
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
432001 11-07	32001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)					

	990 (2014) ROTARY FUND OF LOUISVILLE, INC. 61-6029858 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEA OF SERVICE AS
	A BASIS OF WORTHY ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND
	FOSTER: FIRST, THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR
	SERVICE; SECOND, HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS;
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	the prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$56, 575 •including grants of \$56, 575 •) (Revenue \$)
ти	GRANTS TO SUPPORT PUBLIC CHARITIES (IRC 501(C)(3)) WORKING IN THE METRO
	LOUISVILLE AREA INCLUDING COLLEGE SCHOLARSHIPS FOR QUALIFIED YOUTH. IN
	ADDITION, THE FUND MAKES GRANTS TO CHARITABLE ORGANIZATIONS SUPPORTED
	BY ROTARY INTERNATIONAL.
	0.500
4b	(Code:) (Expenses \$9,500. including grants of \$9,500. (Revenue \$) THEODORE BUERCK SCHOLARSHIPS - RENEWABLE SCHOLARSHIPS TO LOCAL COLLEGES
	GIVEN TO 'UNSUNG HEROES' STUDENTS.
	GIVEN TO ONSONG HERCES STODENTS:
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses     66,075.
432002	Form <b>990</b> (2014)
11-07-	14
	2

Form	990	(201)	4)

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u>X</u>
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		<u> </u>
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			
	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			37
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
Ŀ	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4.4%		х
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		- 21
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

432003 11-07-14

14491216 310879 113003

			Vaa	Ne
01	Did the organization report more than \$5,000 of grants or other assistance to any demostic organization or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of Rat IX, column (A), ling 12, if IV/column (A) approximation of the second domestic organization or other second domestic organization organi	21	х	
22	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	- 23	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22	- 11	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
2.14	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		х
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		Х
b	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		X
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			
	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):			37
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	- 30		
0.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

432004 11-07-14

	990 (2014) ROTARY FUND OF LOUISVILLE, INC. 61-602	9858	Р	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a		2		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	<u>ਪ</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	<u>)</u>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN 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?	<u>5</u> a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a	X X	<u> </u>
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<b> </b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b> </b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	4.		v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		<u> </u>

432005 11-07-14

atements	Regarding	Other IH
eck if Schedu	ule O contains	a response

Form	990	(2014)

ROTARY FUND OF LOUISVILLE, INC.

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

age 6

61-	602	98.	58	Pa

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. X

	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	10		100	110
	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 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any o	other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th					
	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 file	d?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		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 ap	opoint one (	or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders	s, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the follo	owing:			
а	The governing body?			8a	X	L
b	Each committee with authority to act on behalf of the governing body?			8b	Х	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Cod	le.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•	-			
	· · · · · ·			10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before fill	ng the form?	11a	Δ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>			120	~	
C		,		12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written whistleblower policy? 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 approva			17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	a by mucpe				
а	The organization's CEO, Executive Director, or top management official			15a		X
h	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).			100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	nent 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 evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	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 $\blacktriangleright KY$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Gection 5	01(c)(3)s only) av	ailable	Э	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n in Schedu	le O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			financ	ial	
	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 bo	oks and rec	ords: 🕨			
	COMPANY OFFICIALS - 502-589-1800					
	401 W. MAIN STREET, SUITE 810, LOUISVILLE, KY 402	02				
432006	11-07-14			Form	990	(2014
	6					

ROTARY FUND OF LOUISVILLE, INC.

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 (Ď), (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 organization compensated any current officer, director, or trustee. 

Number and Theorematic house and the and the box, unless person is both an officer and a director/trustee)     The portable compensation from related organizations     The portable compensation from related organizations     Compensation from related organizations     Compensation from related organizations     Compensation from the organizations     Compensation organization     Compensation from the organizations     Compensation organization     Compensation     Compensation<	(A)	(B)			(0	C)			(D)	(E)	(F)
weak (list any related organizations below line)     officer and a director/tustee) by any below line)     from the organizations (W-2/1099-MISC)     from related organizations (W-2/1099-MISC)     other compensations (W-2/1099-MISC)       (1) RANDY COE     0.10     X     X     0.     0.       (2) JULIE SCHNIDT     0.10     X     X     0.     0.       VICE-CHAIRMAN     0.10     X     X     0.     0.       SECRETARY     0.10     X     X     0.     0.       (3) CRAIG SCHERMAN     0.10     X     X     0.     0.       SECRETARY     0.10     X     X     0.     0.       (4) JOIN HAMPTON     0.10     X     X     0.     0.       TREASURER     0.10     X     X     0.     0.       (5) KEVIN WARDELL     0.10     X     X     0.     0.       DIRECTOR     0.10     X     0.     0.     0.       (6) PAUL BICKEL     0.10     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       (8) KEN MIDDLETON     0.10     X     0.     0.     0.       DIRECTOR     X     0.     0.     0.     0.       (9) GREG BRAUN	Name and Title	-					ore than one				Estimated
(iist any hours for related organizations below line)and organizations organization below line)and the organization (W-2/1099-MISC)compensati from the organization (W-2/1099-MISC)(1) RANDY COE PRESIDENT0.10 XXX0.0.(1) RANDY COE PRESIDENT0.10 XXX0.0.(2) JULIE SCHNIDT (G) CECHAIRMAN0.10 XXX0.0.VICE-CHAIRMAN0.10 XXX0.0.SCRETARY0.10 XXX0.0.(4) JOHN HAMPTON TREASURER0.10 XXX0.0.(5) KEVIN WARDELL DIRECTOR0.10 XXX0.0.(6) PAUL BICKEL DIRECTOR0.10 XX0.0.0.(7) AIMEE JOHNSON DIRECTOR0.10 XX0.0.0.(8) KEN MIDDLETON DIRECTOR0.10 XX0.0.0.(9) GREG BRAUN DIRECTOR0.10 XX0.0.0.(10) BOB SLIDER (11) DEBE SKIDMORE0.10 XX0.0.0.(11) DEBE SKIDMORE5.000.0.0.0.										•	
(1) RANDY COE       0.10       X       X       X       0.00       0.00         PRESIDENT       0.10       X       X       0.00       0.00         (2) JULIE SCHMIDT       0.10       X       X       0.00       0.00         VICE-CHAIRMAN       0.10       X       X       0.00       0.00         (3) CRAIG SCHERMAN       0.10       X       X       0.00       0.00         SECRETARY       X       X       0.00       0.00       0.00         (4) JOHN HAMPTON       0.10       X       X       0.00       0.00         TREASURER       0.10       X       X       0.00       0.00         (5) KEVIN WARDELL       0.10       X       X       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00         (6) PAUL BICKEL       0.10       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       <			tor								compensation
(1) RANDY COE       0.10       X       X       X       0.00       0.00         PRESIDENT       0.10       X       X       0.00       0.00         (2) JULIE SCHMIDT       0.10       X       X       0.00       0.00         VICE-CHAIRMAN       0.10       X       X       0.00       0.00         (3) CRAIG SCHERMAN       0.10       X       X       0.00       0.00         SECRETARY       X       X       0.00       0.00       0.00         (4) JOHN HAMPTON       0.10       X       X       0.00       0.00         TREASURER       0.10       X       X       0.00       0.00         (5) KEVIN WARDELL       0.10       X       X       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00         (6) PAUL BICKEL       0.10       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       <			r direc				eq			<b>v</b>	from the
(1) RANDY COE       0.10       X       X       X       0.0.0.         PRESIDENT       0.10       X       X       0.0.0.       0.0.         (2) JULIE SCHMIDT       0.10       X       X       0.0.0.       0.0.         VICE-CHAIRMAN       0.10       X       X       0.0.0.       0.0.         (3) CRAIG SCHERMAN       0.10       X       X       0.0.0.       0.0.         (4) JOHN HAMPTON       0.10       X       X       0.0.0.       0.0.         (4) JOHN HAMPTON       0.10       X       X       0.0.0.       0.0.         TREASURER       0.10       X       X       0.0.0.       0.0.         (5) KEVIN WARDELL       0.10       X       X       0.0.0.       0.0.         DIRECTOR       X       X       0.0.0.       0.0.       0.0.         (6) PAUL BICKEL       0.10       X       0.0.0.       0.0.       0.0.         DIRECTOR       X       0.10       0.0.0.       0.0.       0.0.       0.0.         (8) KEN MIDDLETON       0.10       X       0.0.0.       0.0.       0.0.       0.0.         URECTOR       X       0.10       0.0.0.       0.0. <td></td> <td>related</td> <td>tee or</td> <td>ustee</td> <td></td> <td></td> <td>ensat</td> <td></td> <td>(W-2/1099-MISC)</td> <td></td> <td>organization</td>		related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
(1) RANDY COE       0.10       X       X       X       0.00       0.00         PRESIDENT       0.10       X       X       0.00       0.00         (2) JULIE SCHMIDT       0.10       X       X       0.00       0.00         VICE-CHAIRMAN       0.10       X       X       0.00       0.00         (3) CRAIG SCHERMAN       0.10       X       X       0.00       0.00         SECRETARY       X       X       0.00       0.00       0.00         (4) JOHN HAMPTON       0.10       X       X       0.00       0.00         TREASURER       0.10       X       X       0.00       0.00         (5) KEVIN WARDELL       0.10       X       X       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00         (6) PAUL BICKEL       0.10       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       <		-	al trus	onal tr		loyee	comp				and related
(1) RANDY COE       0.10       X       X       X       0.00       0.00         PRESIDENT       0.10       X       X       0.00       0.00         (2) JULIE SCHMIDT       0.10       X       X       0.00       0.00         VICE-CHAIRMAN       0.10       X       X       0.00       0.00         (3) CRAIG SCHERMAN       0.10       X       X       0.00       0.00         SECRETARY       X       X       0.00       0.00       0.00         (4) JOHN HAMPTON       0.10       X       X       0.00       0.00         TREASURER       0.10       X       X       0.00       0.00         (5) KEVIN WARDELL       0.10       X       X       0.00       0.00         DIRECTOR       X       X       0.00       0.00       0.00         (6) PAUL BICKEL       0.10       X       0.00       0.00       0.00       0.00         DIRECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       X       0.00       0.00       0.00       0.00         01RECTOR       X       0.10       <			dividu	stitutio	fficer	ey em p	ghest	ormer			organizations
PRESIDENTXXX0.0.(2) JULIE SCHMIDT $0.10$ XX0.0.(3) CRAIG SCHERMAN $0.10$ XX0.0.SECRETARYXX0.0.0.(4) JOHN HAMPTON $0.10$ XX0.0.TREASURERXX0.0.0.(5) KEVIN WARDELL $0.10$ DIRECTOR0.0.(6) PAUL BICKEL $0.10$ 0.0.0.DIRECTORXX0.0.(7) AIMEE JOHNSON $0.10$ 0.0.0.DIRECTORX0.0.0.(8) KEN MIDDLETON $0.10$ 0.100.0.DIRECTORX0.0.0.(9) GREG BRAUN $0.10$ 0.100.0.DIRECTORX0.0.0.(10) BOB SLIDER $0.10$ 0.0.0.(11) DEBE SKIDMORE $5.00$ 0.0.0.	(1) RANDY COE	,	<u> </u>	<u> </u>	6	ž	포늄	Fe			
(2) JULIE SCHMIDT       0.10       X       X       X       0.00       0.10         VICE-CHAIRMAN       0.10       X       X       0.00       0.10         (3) CRAIG SCHERMAN       0.10       X       X       0.00       0.10         SECRETARY       0.10       X       X       0.00       0.10         (4) JOHN HAMPTON       0.10       X       X       0.00       0.10         TREASURER       0.10       X       X       0.00       0.10         DIRECTOR       0.10       X       X       0.00       0.10         DIRECTOR       0.10       X       X       0.00       0.10         OIRECTOR       0.10       X       0.00       0.10       0.10         DIRECTOR       0.10       X       0.00       0.10       0.10         DIRECTOR       0.10       X       0.00       0.10 <td>PRESIDENT</td> <td></td> <td>x</td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	PRESIDENT		x		x				0.	0.	0.
VICE-CHAIRMANXXX0.0.(3) CRAIG SCHERMAN0.10XXX0.0.SECRETARYXXX0.0.0.(4) JOHN HAMPTON0.10XXX0.0.TREASURERXXX0.0.0.(5) KEVIN WARDELL0.10XX0.0.DIRECTORXXX0.0.(6) PAUL BICKEL0.10X0.0.DIRECTORX0.0.0.(7) AIMEE JOHNSON0.10X0.0.DIRECTORX0.0.0.(8) KEN MIDDLETON0.10X0.0.DIRECTORX0.0.0.(9) GREG BRAUN0.10X0.0.DIRECTORX0.0.0.(10) BOB SLIDER0.10X0.0.DIRECTORX0.0.0.(11) DEBE SKIDMORE5.000.0.	(2) JULIE SCHMIDT	0.10									
(3) CRAIG SCHERMAN       0.10       X       X       X       0.00         SECRETARY       0.10       X       X       0.00       0.00         (4) JOHN HAMPTON       0.10       X       X       0.00       0.00         TREASURER       0.10       X       X       0.00       0.00         (5) KEVIN WARDELL       0.10       X       X       0.00       0.00         DIRECTOR       0.10       X       X       0.00       0.00         (6) PAUL BICKEL       0.10       0.10       0.00       0.00         DIRECTOR       0.10       X       0.00       0.00         (7) AIMEE JOHNSON       0.10       0.10       0.00       0.00         DIRECTOR       X       X       0.00       0.00         (8) KEN MIDDLETON       0.10       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00         (10) BOB SLIDER       0.10       X       0.00       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00       0.00       0.00	VICE-CHAIRMAN		x		x				0.	0.	0.
SECRETARY         X         X         X         X         0.         0.           (4) JOHN HAMPTON         0.10         X         X         X         0.         0.           TREASURER         X         X         X         0.         0.         0.           (5) KEVIN WARDELL         0.10         X         X         0.         0.         0.           DIRECTOR         X         X         X         0.         0.         0.         0.           (6) PAUL BICKEL         0.10         X         X         0.         <	(3) CRAIG SCHERMAN	0.10									
TREASURER         X         X         X         X         0.         0.           (5)         KEVIN WARDELL         0.10         X         X         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           (6)         PAUL BICKEL         0.10         X         X         0.         0.           DIRECTOR         X         0.10         0.         0.         0.         0.           (7)         AIMEE JOHNSON         0.10         X         0.         0.         0.           DIRECTOR         X         0.10         0.         0.         0.         0.           (8)         KEN MIDDLETON         0.10         X         0.         0.         0.           DIRECTOR         X         0.10         0.         0.         0.         0.         0.           (9)         GREG BRAUN         0.10         X         0.         0.         0.         0.           DIRECTOR         X         0.10         0.         0.         0.         0.         0.           (10)         BOB SLIDER         0.10         0.         0.         0.	SECRETARY		х		x				0.	0.	0.
(5) KEVIN WARDELL       0.10       X       X       X       0.00         DIRECTOR       0.10       X       X       0.00       0.00         (6) PAUL BICKEL       0.10       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (7) AIMEE JOHNSON       0.10       X       0.00       0.00         DIRECTOR       0.10       X       0.00       0.00         (8) KEN MIDDLETON       0.10       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (9) GREG BRAUN       0.10       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (10) BOB SLIDER       0.10       X       0.00       0.00         DIRECTOR       X       0.00       0.00       0.00         (11) DEBE SKIDMORE       5.00       0       0       0.00	(4) JOHN HAMPTON	0.10									
DIRECTORXXX0.0.(6) PAUL BICKEL0.10X0.0.0.DIRECTORX0.0.0.0.(7) AIMEE JOHNSON0.10X0.0.0.DIRECTORX0.0.0.0.(8) KEN MIDDLETON0.10X0.0.0.DIRECTORX0.0.0.0.(9) GREG BRAUN0.10X0.0.0.DIRECTORX0.0.0.0.(10) BOB SLIDER0.10X0.0.0.DIRECTORX0.0.0.0.(11) DEBE SKIDMORE5.0000.0.0.	TREASURER		Х		X				0.	0.	0.
(6) PAUL BICKEL0.10X0.00DIRECTORX0.100.10(7) AIMEE JOHNSON0.10X0.00DIRECTORX0.100.10DIRECTORX0.000.10(8) KEN MIDDLETON0.100.10DIRECTORX0.00(9) GREG BRAUN0.100.10DIRECTORX0.00(10) BOB SLIDER0.100.10DIRECTORX0.00(11) DEBE SKIDMORE5.000.10	(5) KEVIN WARDELL	0.10									
DIRECTORX0.0.(7) AIMEE JOHNSON0.10X0.0.DIRECTORX0.0.0.(8) KEN MIDDLETON0.10X0.0.DIRECTORX0.0.0.(9) GREG BRAUN0.10X0.0.DIRECTORX0.0.0.(10) BOB SLIDER0.10X0.0.DIRECTORX0.100.0.(11) DEBE SKIDMORE5.000.0.	DIRECTOR		Х		Х				0.	0.	0.
(7) AIMEE JOHNSON0.10X0.000.10DIRECTORX0.100.100.100.10(8) KEN MIDDLETON0.10X0.000.10DIRECTOR0.10X0.000.10DIRECTORX0.100.100.10DIRECTORX0.100.100.10DIRECTORX0.100.100.10(10) BOB SLIDER0.100.100.10DIRECTORX0.100.10(11) DEBE SKIDMORE5.000.10	(6) PAUL BICKEL	0.10									
DIRECTOR         X         0.         0.           (8) KEN MIDDLETON         0.10         .	DIRECTOR		Х						0.	0.	0.
(8)         KEN MIDDLETON         0.10         X         0.         0.           DIRECTOR         X         0.10         0.         0.         0.           (9)         GREG BRAUN         0.10         X         0.         0.           DIRECTOR         X         0.10         0.         0.         0.           (10)         BOB SLIDER         0.10         0.         0.         0.           DIRECTOR         X         0.0         0.         0.         0.           (11)         DEBE SKIDMORE         5.00         0         0         0.	(7) AIMEE JOHNSON	0.10									
DIRECTORX0.0.(9) GREG BRAUN0.10X0.DIRECTORX0.0.(10) BOB SLIDER0.100.DIRECTORX0.(11) DEBE SKIDMORE5.000			Х						0.	0.	0.
(9) GREG BRAUN       0.10         DIRECTOR       X         (10) BOB SLIDER       0.10         DIRECTOR       X         (11) DEBE SKIDMORE       5.00	(8) KEN MIDDLETON	0.10									
DIRECTOR         X         0.         0.           (10) BOB SLIDER         0.10         0.         0.         0.           DIRECTOR         X         0.         0.         0.           (11) DEBE SKIDMORE         5.00         0         0         0.	DIRECTOR		Х						0.	0.	0.
(10) BOB SLIDER         0.10         X         0.         0.           DIRECTOR         X         0.         0.         0.           (11) DEBE SKIDMORE         5.00         0         0         0	(9) GREG BRAUN	0.10									
DIRECTOR         X         0.         0.           (11) DEBE SKIDMORE         5.00			Х						0.	0.	0.
(11) DEBE SKIDMORE 5.00		0.10									
			Х						0.	0.	0.
EXEC DIRECTOR 35.00 X X 0. 62,000.											
	EXEC DIRECTOR	35.00	Х		X				0.	62,000.	0.
			1								
											Form <b>990</b> (2014)

432007 11-07-14

7

	990 (2014) ROTARY FU									61-60	)298	58	Ра	ge <b>8</b>
Par	(A) Name and title	<b>(B)</b> Average hours per week	(do box,	not c	eck r (C Posi heck r ss pers	) ition nore f son is	than o s both	ne an	<b>(D)</b> Reportable compensation	(E) Reportable compensation		Esti amc	(F) mateo ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	6 6C)	compe froi orgar	m the nizatio relate	on ed
	Sub-total Total from continuation sheets to Part VI							<b>&gt;</b>	0.	62,00	0.			0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							> re	0 • eceived more than \$100,	62,00 000 of reportable				0.
3	Did the organization list any <b>former</b> officer,	,		<i>,</i>		• •			0	, ,		۱ 3	/es	No X
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl ,000? If "Yes,	e co " <i>co</i> i	mpe mple	ensat ete S	tion Sche	and dule	oth <i>J f</i> e	ner compensation from t	he organization		4		x
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> <b>ion B. Independent Contractors</b>											5		X
1	Complete this table for your five highest con the organization. Report compensation for t (A)	•	•								ensatio	n from		
	Name and business	address	NC	ONE	2				Description of s	ervices	Cor	mpens		
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	l to t	hos 0		ed	above) who received me	ore than	F.	orm <b>9</b> !	90 /0	014)

432008 11-07-14

Form	990	(2014) ROTAR	Y FUND O	F LOUISVI	ILLE, INC.		61-6029	858 Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
រ រ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Ū, G		Fundraising events		32,025.				
ifts ar A		Related organizations						
s, G nila		Government grants (contribut						
Sii		All other contributions, gifts, gran						
buti		similar amounts not included abo		34,336.				
d Of	g	Noncash contributions included in lines						
Col	h	Total. Add lines 1a-1f		🕨	66,361.			
				Business Code				
é	2 a							
e vic	b							
Se	с							
Program Service Revenue	d							
ogr B	е	·						
Ъ	f	All other program service reve	enue					
	g							
	3	Investment income (including						
		other similar amounts)			99,853.			99,853.
	4	Income from investment of tax		1				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
	c	( )						
	7 a	Gross amount from sales of	(i) Securities 100,000.	(ii) Other				
	L.	assets other than inventory	<u>100,000</u> .					
	D	Less: cost or other basis	56,564.					
		and sales expenses Gain or (loss)						
		Net gain or (loss)			43,436.	43,436.		
		Gross income from fundraising			10,1000	15/1501		
Other Revenue	0 4	including \$ 32,0						
ver		contributions reported on line						
. Re		Part IV, line 18	,	13,845.				
the	b	Less: direct expenses		19,924.				
ō		Net income or (loss) from func			-6,079.			-6,079.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		🕨				
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	s of inventory	····· ►				
		Miscellaneous Revenu	e	Business Code				
	11 a							
	b	·						
	С							
	d							
		Total. Add lines 11a-11d			202 571	12 126		02 774
43200	<u>12</u> 9	Total revenue. See instructions.		▶	203,571.	43,436.	0.	
11-07	14							Form <b>990</b> (2014)

<sup>14491216 310879 113003</sup> 

ROTARY FUND OF LOUISVILLE, Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		enpencee	general expenses	
	and domestic governments. See Part IV, line 21	27,000.	27,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	39,075.	39,075.		
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	17,074.		17,074.	
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):				
a	Management				
b	Legal				
c	Accounting	4,700.		4,700.	
d		177000			
u e	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees	4,229.		4,229.	
f		4,223.			
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	275.		275.	
13	Office expenses	275.		275.	
14	Information technology				
15	Royalties				
16					
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					
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.)	1 770		1 770	
a	BAD DEBT	1,772.		1,772.	
b					
С					
d					
e	All other expenses	01 105			^
25	Total functional expenses. Add lines 1 through 24e	94,125.	66,075.	28,050.	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)				- 000
43201	0 11-07-14	10			Form <b>990</b> (2014

INC.

\_

\_

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	25,236.	1	28,966.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	63,256.	3	58,894.
	4	Accounts receivable, net	2,680.	4	0.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		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 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	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		10c	
	11	Investments - publicly traded securities	2,093,764.	11	2,152,877.
	12	Investments - other securities. See Part IV, line 11		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 line 34)	2,184,936.	16	2,240,737.
	17	Accounts payable and accrued expenses	5,500.	17	4,079.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iab.		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	5,500.	25	4,079.
	26	Total liabilities. Add lines 17 through 25	5,500.	26	4,079.
		Organizations that follow SFAS 117 (ASC 958), check here <b>X</b> and			
ses	07	complete lines 27 through 29, and lines 33 and 34.	2,179,436.	27	2,233,458.
ano	27 28	Unrestricted net assets	2,17,450.	28	3,200.
Ba	20 29			20 29	5,200:
pu	29	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
гF		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t As	32	Detained complete and even and a complete discourse of the stands		32	
Ne	33	Total net assets or fund balances	2,179,436.	33	2,236,658.
	34	Total liabilities and net assets/fund balances	2,184,936.	34	2,240,737.
			=,===,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•1	Eorm <b>990</b> (2014)

Form 990 (2014)

	1 990 (2014) ROTARY FUND OF LOUISVILLE, INC.	61-602	<u>29858</u>	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,17		
5	Net unrealized gains (losses) on investments	5			98.
6	Donated services and use of facilities	6	1.	7,0	74.
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,		0 0 0		
De	column (B))	10	2,230	5,6	58.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		0	Х	
D	Were the organization's financial statements audited by an independent accountant?		. 2b	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
-		audit			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	-	2c	Х	
			. 20	22	
26	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Ja		0	3a		x
F	Act and OMB Circular A-133?		Ja		-
a	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		1
				990	 (2014)

432012 11-07-14

(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.

2014	
Open to Public Inspection	

61-6029858

OMB No. 1545-0047

Department of the freasury	
Internal Revenue Service	

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

Name of t	he organization
	ROTARY FUND OF LOUISVILLE, INC.
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions
The organ	ization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

3 [	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
	city, and state:

5	An organization	operated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b)	(1)(A)(iv). (Complete Part II.)

3	A federal, sta	te, or local	government or	governmental u	unit described in	section	170(b)(1)(A)(v)
---	----------------	--------------	---------------	----------------	-------------------	---------	-----------------

7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in
	section 170(b)(1)(A)(vi). (Complete Part II.)

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8

9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
	 organization. You must complete Part IV, Sections A and B.

b	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having
	control or management of the supporting organization vested in the same persons that control or manage the supported
	organization(s). You must complete Part IV, Sections A and C.

С	Type III functionally integrated. A supporting	organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions).	You must complete Part IV, Sections A, D, and E.

L	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness
	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organization	กร
--	----

d

е

g Provide the following information about the supported organization(s).									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization listed in your governing document? Yes No		support (see	(vi) Amount of other support (see			
		(see instructions))			Instructions)	Instructions)			
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

13

# Schedule A (Form 990 or 990-EZ) 2014 ROTARY FUND OF LOUISVILLE, INC. 61-6029 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

61-6029858 Page 2

(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.)

See	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	257,055.	259,646.	283,436.	185,618.	34,336.	1020091.	
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	257,055.	259,646.	283,436.	185,618.	34,336.	1020091.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						140,638. 879,453.	
	Public support. Subtract line 5 from line 4.						879,453.	
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	257,055.	259,646.	283,436.	185,618.	34,336.	1020091.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources $\dots$	31,957.	37,044.	43,802.	65,319.	99,853.	277,975.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	935.					935.	
11	Total support. Add lines 7 through 10						1299001.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)		
800	organization, check this box and stor	o here					·····	
	ction C. Computation of Publi						<u>(7</u> 70	
	Public support percentage for 2014 (I					14	<u>67.70 %</u>	
15	Public support percentage from 2013					15	71.34 %	
16a	33 1/3% support test - 2014. If the c	0						
	stop here. The organization qualifies		-					
b	<b>33 1/3% support test - 2013.</b> If the c							
47-	and <b>stop here.</b> The organization qual							
1/8	10% -facts-and-circumstances test							
	and if the organization meets the "fac							
L.	meets the "facts-and-circumstances"	-				7a and line 15 is 1		
D D	10% -facts-and-circumstances test more and if the organization mosts the	-						
	more, and if the organization meets the						, ►	
18	organization meets the "facts-and-circ Private foundation. If the organization		•	-				
10	Trivate roundation. In the organizatio			a, 100, 17a, 01 170		dule A (Form 990		
					00110			

# Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, ar	ıd					
membership fees received. (De	o not					
include any "unusual grants.")	·					
2 Gross receipts from admission merchandise sold or services formed, or facilities furnished i any activity that is related to th organization's tax-exempt purport	per- in he					
<b>3</b> Gross receipts from activities are not an unrelated trade or b						
iness under section 513						
4 Tax revenues levied for the orgization's benefit and either pai	°					
or expended on its behalf						
5 The value of services or faciliti furnished by a governmental u the organization without chard	unit to					
6 Total. Add lines 1 through 5	· · · ·					
<b>7a</b> Amounts included on lines 1, 2						
3 received from disqualified pe	,					
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	ved : e					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from I						
Section B. Total Support	ine 6.)					
Calendar year (or fiscal year beginning	g in) ▶ (a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	, , , , , , , , , , , , , , , , , , , ,		(0) 2012			
<ul> <li>10a Gross income from interest, dividends, payments received securities loans, rents, royaltie and income from similar source</li> </ul>	on					
b Unrelated business taxable incom (less section 511 taxes) from busi acquired after June 30, 1975						
c Add lines 10a and 10b						
<ol> <li>Net income from unrelated bu activities not included in line 1 whether or not the business is regularly carried on</li> </ol>	siness Ob, S					
12 Other income. Do not include or loss from the sale of capital assets (Explain in Part VI.)	gain I					
13 Total support. (Add lines 9, 10c, 11, a		L				
<b>14 First five years.</b> If the Form 99	90 is for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organi:	zation,
check this box and stop here						
Section C. Computation of					1 1	
<b>15</b> Public support percentage for			olumn (f))		15	%
16 Public support percentage fro					16	%
Section D. Computation of	Investment Income	• Percentage				
17 Investment income percentage					17	%
18 Investment income percentage					18	%
19a 33 1/3% support tests - 2014	If the organization did r	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this b <b>33 1/3% support tests - 201</b> 3						
line 18 is not more than 33 1/3	-					
20 Private foundation. If the org						

## Schedule A (Form 990 or 990-EZ) 2014 ROTARY FUND OF LOUISVILLE, INC.

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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.
- **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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **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.*
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 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).*
- **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.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) 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.*
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

432024 09-17-14

1		
2		
3a		
3b		
Зc		
4a		
4b		
4c		
5a		
04		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		

Yes No

Schedule A (Form 990 or 990-EZ) 2014

10b

16

# Schedule A (Form 990 or 990-EZ) 2014 ROTARY FUND OF LOUISVILLE, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<b>Raa</b>	supported organizations played in this regard.	3		
	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	00		
h	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations Approach (b) below	20		
	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U	of its supported organizations? If "Yes," describe in <i>Part VI the role played by the organization in this regard.</i>	3b		
		00	1	L

17

432025 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

14491216 310879 113003

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970. See instru	uctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integrat	ted Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

instructions).

Schedule A (Form 990 or 990-EZ) 2014 ROTARY FUND OF LOUISVILLE, INC. 61-6029858 Page 6

## Schedule A (Form 990 or 990-EZ) 2014 ROTARY FUND OF LOUISVILLE, INC.

Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	5		
9	Distributable amount for 2014 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
ect	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			, and and for 2011
2	Underdistributions, if any, for years prior to 2014			
-	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributions of phot years			
i	Carryover from 2009 not applied (see instructions)			
+	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
4				
_	·			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
_	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

t VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).

432028 09-17-14		Schedule A (Form 990 or 990-EZ) 2014
	20	- · · · · ·

Schedule A

# **Identification of Excess Contributions** Included on Part II, Line 5

Total Excess Contributions to Schedule A, Part II, Line 5 423171 05-01-14

Contributor's Name	Total	Excess
	Contributions	Contributions
	166,618.	140,638.

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

140,638

61-6029858

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

**2014** 

Employer identification number

_	ROTARY FUND OF LOUISVILLE, INC.	61-6029858
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year exclusively religious.

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Schedule B	(Form 99	0, 990-EZ,	or 990-PF)	(2014)
------------	----------	------------	------------	--------

Name	of	organ	nization

Employer identification number

ROTARY FUND OF LOUISVILLE, INC.

61-6029858

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional effects of the second secon	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Payroll Payroll Payroll Point Payrol Payro
423452 11-05	j-14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Page 3

Employer identification number

61-6029858

ROTARY FUND OF LOUISVILLE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

24

## 14491216 310879 113003

Name of org	anization		Employer identification number				
BOWABA	FUND OF LOUISVILLE, I	NC	61-6029858				
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described i	in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 or l	less for the year. (Enter this info. once.) <b>\$</b>				
(a) No.	Use duplicate copies of Part III if addition	al space is needed. I					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Farti							
F		e) Transfer of gift	l				
		(c) manaler of gin	L				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
			<u> </u>				
		(e) Transfer of gift	t				
	Transferee's name, address, a	nd <b>7I</b> P + 4	Relationship of transferor to transferee				
F							
		[					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
F	(e) Transfer of gift						
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Falli							
F		e) Transfer of gift	<u> </u>				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
423454 11-05-	14	1	Schedule B (Form 990, 990-EZ, or 990-PF) (20				

	HEDULE D n 990)		al Financial Statements anization answered "Yes" to Form 990,		OMB No. 15	45-0047 1 <b>1</b>
•	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to	
Interna	ll Revenue Service		m 990) and its instructions is at <u>www.irs.gov</u>		0. Inspection	
Nam	e of the organizat	ROTARY FUND OF LOU	ISVILLE, INC.		61-60298	
Pa	rt I Organiz		d Funds or Other Similar Funds or A	ccoun	Its. Complete if th	ne
	organizatio	on answered "Yes" to Form 990, Part IV, line				
			(a) Donor advised funds	<b>(b)</b> Fun	ds and other accou	nts
1		nd of year				
2		of contributions to (during year)				
3		of grants from (during year)				
4 5		at end of year	L I I I I I I I I I I I I I I I I I I I	nde		
5	-		exclusive legal control?		Yes	No
6			dvisors in writing that grant funds can be used			
			r donor advisor, or for any other purpose confe			
	impermissible priv		·		Yes	No
Pa	rt II Conserv	vation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	/, line 7.		
1		servation easements held by the organization				
		n of land for public use (e.g., recreation or e		•		
		of natural habitat	Preservation of a certified	historic s	structure	
2		n of open space	ind concentration contribution in the form of a c	opeoniet	tion accoment on th	
2	day of the tax yea	<b>.</b> .	ied conservation contribution in the form of a c	onserva	tion easement on tr	le last
	day of the tax yea	41.			Held at the End of th	e Tax Year
а	Total number of c	onservation easements		2a		
b	Total acreage rest			2b		
с	Number of conser		ucture included in (a)			
d	Number of conser	rvation easements included in (c) acquired a	after 8/17/06, and not on a historic structure			
				2d		
3		rvation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization	during the tax	
	year					
4 5		where property subject to conservation eas ation have a written policy regarding the per				
5	6	forcement of the conservation easements it			Yes	No
6	,		and enforcing conservation easements during			
7			enforcing conservation easements during the year			
8	-		e satisfy the requirements of section 170(h)(4)(E			-
	and section 170(h	n)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·		Yes	No No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense state	ment, an	nd balance sheet, ar	nd
			tion's financial statements that describes the or	ganizatio	on's accounting for	
Da	conservation ease		Art, Historical Treasures, or Other	Similar	r Accoto	
га		if the organization answered "Yes" to Form		Similar	A55615.	
10	•	•	GC 958), not to report in its revenue statement a	nd balar	neo shoot works of	ort
Ia	•		nibition, education, or research in furtherance o			
		othote to its financial statements that descri				art Mil,
b			C 958), to report in its revenue statement and I	balance s	sheet works of art. I	nistorical
	-		ducation, or research in furtherance of public se			
	relating to these it		· · · ·	<i>,</i> ,	5	
	-			🕨 :	\$	
					\$	
2	If the organization	n received or held works of art, historical trea	asures, or other similar assets for financial gain	, provide	9	
	•	ounts required to be reported under SFAS 1				
а					\$	
b	Assets included ir	n Form 990, Part X		🕨 :	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. <sup>432051</sup> <sup>10-01-14</sup>

Schedule D (Form 990) 2014

Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets			UND OF LOU				_		61-60			age <b>2</b>
cenck all that apply: <ul> <li>□ Public exhibition</li> <li>□ Construction</li> <l< td=""><td>Par</td><td>t III   Organizations Maintaining Co</td><td>llections of Ar</td><td>t, Histori</td><td>cal Tre</td><td>easures, o</td><td>r Other</td><td>Similar</td><td><sup>-</sup> Assets</td><td>(contir</td><td>nued)</td><td></td></l<></ul>	Par	t III   Organizations Maintaining Co	llections of Ar	t, Histori	cal Tre	easures, o	r Other	Similar	<sup>-</sup> Assets	(contir	nued)	
a       Public schittion       d       □ an or exchange programs         b       Scholary research       e       □ Otter	3	Using the organization's acquisition, accession	n, and other records	s, check an	y of the f	following that	t are a sig	nificant u	se of its c	ollection	items	
b       Scholarly research       e       Other         c       Preservation for future generations       4       Provide a description of the organization socilicat or receive domations of art, historical treasures, or other similar assets       to be soft orise funds rating and the organization socilication and explain how they further the organization socilication?       Yes       No         Part U       Escrow and CutSofdial Arrangements. Complete if the organization socilication?       Yes       No         Part U       Escrow and CutSofdial Arrangements. Complete if the organization answered "Yes" to form 990, Part X, line 21.       Ta is the organization and part to be maintained as part of the organization answered "Yes" to form 990, Part X, line 21.       Ta is the organization and part to be maintained as part of the organization answered "Yes" to form 990, Part X is an organization included on form 900, Part X, line 21.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Int       Int       Int       Int       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Int       Int <td< td=""><td></td><td>(check all that apply):</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>		(check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they turber the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they turber the organization's exempt purpose in Part XIII.         5       Dering the year, did the organization is collection?       Yes         7       No         7       Perint V       Exercement AC Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part X, line 21.         7       16       Is the organization an agent, trustee, custodial or orther intermediaty for contributions or other assets not included on form 990, Part X, line 21.         7       16       Amount         16       0       If 'yes," explain the arrangement in Part XIII and complete the following table:         17       14       14         18       Dering the year       14         19       Diff 'yes," explain the arrangement in Part XIII and complete the following table:       14         10       Dering table and the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liabitry?       Yes       No         10       Hore the arrangement in Part XIII.       16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16, 263, 16	а	Public exhibition	d		an or exc	hange progra	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization alloit or receive donations of at, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrew and Custodial Arrangements. Complete if the organization answered "Ves" to Form 980, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 980, Part X 2     Beginning balance	b	Scholarly research	е	Otł	ner							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solid to raise hands carter than to be maintained as part of the organization's collection?     Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part N, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     If 'Yes,' explain the arrangement in Part XIII and complete the following table:         Andonut         Additions during the year         In         Call the organization and organization answered "Yes" to Form 990, Part X, line 21, for secrow or custodial account liability?         Yes         No         H' Yes,' explain the arrangement in Part XIII and complete the following table:         Additions during the year         In         Ending balance         Additions during the year         In         Ending balance         In         Comparization anawered "Yes" to Form 990, Part X, line 21, for secrow or custodial account liability?         Yes         No         b If 'Yes', explain the arrangement in Part XIII         Additions during the year         In         Call current year         (b) Prior year         (c) Troy years back         (d) Finer years back         (d) Fineryears         (d) Finer years back         (d) Finer years	С	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization scalection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization include an amount on Form 990, Part X, line 21.       Amount       Is a diations during the year       Is a diation in the arrangement in Part XIII. Check here if the explanation has been growided in Part XIII       In the organization in agent, its addiates and addiates and addiates and addiates and addiates and programs       Is a diation is a diation in the organization answered 'Yes' to Form 980, Part V, line 10.       Is a diation of part black (d) Three years back (d) four years back in the organization and programs       Is a diation of part IV. In the part Addiates and programs       Is a diation of part NII in the inform of part	4	Provide a description of the organization's coll	ections and explair	how they	further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Ta       Is the organization an agent, trustee, custodial ar other intermediary for contributions or other assets not included on Form 990, Part XP.       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>1d</li> </ul> 2a         Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liability?         Ves         No           b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII                       Part V         Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X. Im 10. <li> <li></li></li></li></li></li></li></li></li></li></li></li></li></li></li>	5			-			er similar a	assets		_	_	-
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete												No
1a       is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par			ete if the or	ganizatio	n answered	"Yes" to F	orm 990,	Part IV, li	ne 9, or		
on Form 990, Part X?		· · ·		on for con	tribution	o or other co	aata nat in					
b If "Yes," explain the arrangement in Part XIII and complete the following table:	18									7 ¥ • •		<b>.</b>
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       ft "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided in Part XIII       Image: Complete if the organization answered "Yes" to Form 900, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 900, Part X, line 10.       Image: Complete if the organization answered "Yes" to Form 900, Part X, line 10.         1a       Beginning of year balance       Image: Complete if the organization answered "Yes" to Form 900, Part X, line 10.         1b       Contributions       3, 200.       Image: Complete if the organization answered "Yes" to Form 900, Part X, line 10.         1a       Beginning of year balance       Image: Complete if the organization answered "Yes" to Form 900, Part X, line 10.         1a       Administrative expenditures tor facilities and programs       Image: Complete if the organization answered "Yes" to Form 900, Part X, line 10.         2       Provide the estimated procentage of the current year do balance (line 1g, column (a)) held as:       Image: Complete if the organizations         3       And the inse 2a, 2b, and 2c should equal 100%.       Sa       S	L								∟	_ res		
c       Beginning balance       1c         d       Additions during the year       1c         f       Ending balance       1f         Distributions during the year       1c         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       The explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part X, line 10.       (e) Four years back (e) Four years back (e) Four years back (e) Four years back in the explanation has been provided in Part XIII.         a       Beginning of year balance       16, 263.       16, 263.         b       Contributions       3, 200.       16, 263.       16, 263.         c       Not the estimated parcentage of the current year end balance (line 1g, column (a) held as:       a Board designated or quasi-endowment ▶ 16, 00 %         b       Pervice the estimated parcentage of the current year end balance (line 1g, column (a) held as:       a Board designated or quasi-endowment ▶ 16, 00 %         The percentages in lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment ▶ 16, 00 %       3a(i) X <td>D</td> <td>If "Yes," explain the arrangement in Part XIII al</td> <td>na complete the fol</td> <td>lowing tabl</td> <td>e:</td> <td></td> <td></td> <td></td> <td></td> <td>A.m.o.u.m</td> <td></td> <td></td>	D	If "Yes," explain the arrangement in Part XIII al	na complete the fol	lowing tabl	e:					A.m.o.u.m		
d Additions during the year       id         e Distributions during the year       id         f Ending balance       if         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b if 'Yes,''explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       Image: Complete if the organization answered 'Yes' to Form 990, Part V, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         1a Grants or scholarships       3, 200.	•	Paginning balance						10		Amoun	ι	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Image: Complete if the organization newered "Yes' to Form 990, Part IV, line 10.         1a       Beginning of year balance       16, 263, 16, 264,												
f Ending balance       1f         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part V, line 10.       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back       four foursear back       four four years back<												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.       Image: Complete if the organization answered "Yes" to Form 990, Part X, line 21, for escrow or custodial account liability?         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       16, 263.       16, 263.       Image: Complete if the organization answered "Yes" to Form 990, Part X, line 21, for escrow or custodial account liability?         a       Contributions       3, 200.       Image: Complete if the organization answered "Yes" to Form 990, Part X, line 21, for escrow or custodial account liability?         a       Other expenditures for facilities       3, 200.       Image: Complete if the organization facilities         and programs       19, 463.       16, 263.       Image: Complete if the organization facilities         a       Board designated or quasi-endowment ▶       84.00       %         b       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: Co												
b. If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Grants or scholarships										Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       16, 263.       16, 263.       16, 263.       16, 263.         b       Contributions       3, 200.								.,	······			1
(a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       16, 263,       16, 263,       1       1         b       Contributions       3, 200.       1       1       1       1         c       Net investment earnings, gains, and losses       1	_							).				_
1a       Beginning of year balance       16, 263, 16, 263, 3, 200, 3		· · ·							ears back	(e) Four	vears	back
b       Contributions       3,200.	1a	Beginning of year balance									<u> </u>	
c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs 19,463.   f Administrative expenses   g End of year balance   19,463. 16,263.   Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 84.00 % Permanent endowment ▶ 16.00 % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations 3a(ii) X 3a(ii) X 3a(ii) X 3a(iii) R 2 Description of property (a) Cost or other (b) Cost or other (c) Accumulated (c) Accumulated (d) Book value basis (investment) basis (other) basis (other) (d) Book value basis (other) c) Leasehold lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.			3,200.									
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f       Administrative expenses       19, 463.       16, 263.         g       End of year balance       19, 463.       16, 263.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶       84.00         %       b       Permanent endowment ▶       16,00         %       Temporarily restricted endowment ▶       16.00         %       The percentages in lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations         (i)       unrelated organizations       3a(ii)       X         3a(iii)       ret here related organizations       3a(ii)       X         3a(ii)       ix       is       is       is         b       If "Yes" to 3a(ii), are the related organization's endowment funds.       3a(i)       X         Bescribe in Part XIII the intended uses of the organization's endowment funds.       3a(i)       X         Obscription of property       (a) Cost or other       (b) Cost or other       (c) Accumulated         Description of property       (a) Cost or other       basis (other)       (c) Accumulated <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>												
g End of year balance       19,463.       16,263.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶       84.00       %         b Permanent endowment ▶	f	-										
a Board designated or quasi-endowment ▶       84.00 %         b Permanent endowment ▶      %         c Temporarily restricted endowment ▶       16.00 %         3a Are there endowment Images in lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> Part VI Land, Buildings, and Equipment.           Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (d) Book value           Description of property         (a) Cost or other         (b) Cost or other         (c) Accumulated           4 Land			19,463.		16,263.							
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶       16.00       %         The percentages in lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations	2	Provide the estimated percentage of the curre	nt year end balance	e (line 1g, c	olumn (a	)) held as:						
c       Temporarily restricted endowment ▶ 16.00 %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property         <ul> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(e) Other</li> <li>(f) Equipment</li> <li>(f) Equipment</li> <li>(h) Cost or (h) (h) must equal Form 990, Part X, column (B), line 10c.)</li> </ul></li>	а	Board designated or quasi-endowment 🕨 _	84.00	_%								
The percentages in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <ul> <li>Part VI</li> <li>Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other depreciation</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(e) Cost or other</li> <li>(f) Book value</li> <li>(g) Cost or other</li> <li>(h) Cost or other</li> <li< td=""><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></li<></ul>		· · · · · · · · · · · · · · · · · · ·										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       X         (ii) related organizations       3a(ii)       X         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       basis (investment)       basis (other)       (d) Book value         b Buildings	с	Temporarily restricted endowment  16	<u>.00 %</u>									
by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Version (C) Accumulated (C)		The percentages in lines 2a, 2b, and 2c should	d equal 100%.									
(i)       unrelated organizations       3a(i)       X         (ii)       related organizations       3a(ii)       X         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b       3c         Part VI       Land, Buildings, and Equipment.       3b       3c       3c       3c         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation       (d) Book value         Description of property       (a) Cost or other basis (other)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	3a	Are there endowment funds not in the posses	sion of the organiza	tion that ar	e held ar	nd administer	red for the	e organiza	ation	,		
(ii) related organizations       3a(ii)       X         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       3b       3b       3b         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         a       Land       1a       Land       1a       1a       Land       1a         b       Buildings       1a       Land       1a       1a </td <td></td> <td>by:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Yes</td> <td></td>		by:									Yes	
b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         Image: Description 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       0.		(i) unrelated organizations								3a(i)		
4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       (d) Equipment         e Other       (d) must equal Form 990, Part X, column (B), line 10c.)										3a(ii)		X
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b	If "Yes" to 3a(ii), are the related organizations I	isted as required or	n Schedule	R?					3b		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	4			wment fund	ls.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par					_						
basis (investment)     basis (other)     depreciation       1a Land		· · · · · · · · · · · · · · · · · · ·										
1a Land		Description of property			. ,				d	( <b>d)</b> Boo	k valu	e
b Buildings	4-	Land		iony	04315		uep	Colation				
c       Leasehold improvements         d       Equipment         e       Other         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)         •       0.	-											
d Equipment												
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
				X column i	B) line 1	00)	1					0.
			uari unii 330, Edil J		ן אווו וע	<u>vo./</u>			Schedule	D (Forn	n 990)	

Schedule D (Form 990) 2014 ROTARY FUND OF LOUIS	VILLE,	INC.
---	--------	------

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990 Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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) 2014

432053 10-01-14

Sche	dule D (Form 990) 2014 ROTARY FUND OF LOUISVILLE,	INC.		61-6029858	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	turn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1 167	,041.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-69,299.		
b	Donated services and use of facilities	2b	17,074.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	15,695.		
е	Add lines 2a through 2d			2e - 36	,530.
3	Subtract line 2e from line 1			3 203	,571.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 203	,571.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	l.		1.0.0	
1	Total expenses and losses per audited financial statements			1 109	,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	<b>2</b> a		-	
b	Prior year adjustments			-	
С	Other losses		1	-	
d	Other (Describe in Part XIII.)	2d	15,695.		<u> </u>
е	Add lines 2a through 2d			2e 15	<u>,695.</u>
3	Subtract line 2e from line 1			3 94	,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5 94	,125.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ROTARY FUND OF LOUISVILLE, INC	C. IS A NONPROFIT ORGANIZATION AND IS EXEMPT
FROM INCOME TAXES UNDER SECTIO	ON 501(C)(3) OF THE INTERNAL REVENUE CODE.
ACCOUNTING PRINCIPLES GENERALI	LY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE MANAGEMENT TO EVALUATE	E TAX POSITIONS TAKEN BY THE ORGANIZATION AND
RECOGNIZE A TAX LIABILITY IF T	THE ORGANIZATION HAS TAKEN AN UNCERTAIN
POSITIONS THAT MORE LIKELY THA	AN NOT WOULD NOT BE SUSTAINED UPON
EXAMINATION BY VARIOUS FEDERAL	L AND STATE TAXING AUTHORITIES. MANAGEMENT
HAS ANALYZED THE TAX POSITIONS	S TAKEN BY THE ORGANIZATION, AND HAS
CONCLUDED THAT AS OF JUNE 30,	2015 AND 2014, THERE ARE NO UNCERTAIN
POSITIONS TAKEN OR EXPECTED TO	D BE TAKEN THAT WOULD REQUIRE RECOGNITION OF
A LIABILITY OR DISCLOSURE IN T	THE ACCOMPANYING FINANCIAL STATEMENTS. THE
432054 10-01-14	Schedule D (Form 990) 2014 2 9
14491216 310879 113003	2014.05010 ROTARY FUND OF LOUISVILLE 113003_1

Schedule D (Form 990) 2014         ROTARY FUND OF LOUISVILLE, INC.           Part XIII         Supplemental Information (continued)	61-6029858 Page 5
ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDI	CTIONS;
HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS	IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	19,924.
INVESTMENT EXPENSES	-4,229.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	15,695.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	19,924.
INVESTMENT EXPENSES	-4,229.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	15,695.

432055 10-01-14

SCHEDULE G	Gunnlama	ntel Information Depending	Eurod	Iraiai	ing or Coming A	<b></b>		OMB No. 1545-0047
(Form 990 or 990-EZ)	• •	ental Information Regarding						2014
Department of the Treasury	•	organization entered more than \$15 Attach to Form 990	,000 d	on Foi	rm 990-EZ, line 6a.	,		Open to Public
Internal Revenue Service		► Attach to Form 990 bout Schedule G (Form 990 or 990-EZ) a				iov/fo		Inspection
Name of the organization		FUND OF LOUISVILLE,	ТN	JC			Employer i 61-602	dentification number 9858
Part I Fundrais		Complete if the organization answer			Form 990, Part IV, li	ne 17		
required to	complete this par	t						
a Mail solicitat	•	sed funds through any of the following e Solicitat			Check all that apply. overnment grants			
<b>b</b> Internet and	email solicitations				nment grants			
c Phone solicit d In-person so		g Special	fundra	aising	events			
		or oral agreement with any individual (	(includ	ling of	ficers, directors, trus	tees	or	
		art VII) or entity in connection with pr			•			es 🗌 No
b If "Yes," list the ter compensated at le	•	ividuals or entities (fundraisers) pursu organization.	ant to	agree	ements under which t	ne fu	ndraiser is to	) De
		-	(iii)	Did		(v)	Amount paic	
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con	ustody	(iv) Gross receipts from activity	tò (o	or retained by fundraiser	(v) Amount paid to (or retained by)
			contrib	utions?		lis	ted in col. (i)	
			Yes	No	-			
Total			<u></u>					
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Z. 5	Sched	dule G (Form	1 990 or 990-EZ) 2014

432081 08-28-14

Minds       DINNER D'HER         (event type)       (total number)         39,375.       6,495.         2 Less: Contributions       32,025.         3 Gross income (line 1 minus line 2)       7,350.         4 Cash prizes	ol. (a) through col. (c)) 45,870 32,025 13,845 13,845 2,200 6,328 358 11,038 19,924 -6,079
1       Gross receipts       39,375.       6,495.         2       Less: Contributions       32,025.         3       Gross income (line 1 minus line 2)       7,350.       6,495.         4       Cash prizes	45,870 32,025 13,845 2,200 6,328 358 11,038 19,924
2       Less: Contributions       32,025.         3       Gross income (line 1 minus line 2)       7,350.       6,495.         4       Cash prizes	32,025 13,845 2,200 6,328 358 11,038 19,924
2       Less: Contributions       32,025.         3       Gross income (line 1 minus line 2)       7,350.       6,495.         4       Cash prizes	13,845 2,200 6,328 358 11,038 19,924
4       Cash prizes	2,200 6,328 358 11,038 19,924
5       Noncash prizes       2,200.         6       Rent/facility costs       2,200.         7       Food and beverages       6,328.         8       Entertainment       358.         9       Other direct expenses       2,460.         10       Direct expense summary. Add lines 4 through 9 in column (d)       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         9       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) Tot col. (b) Pull tabs/instant bingo/progressive bingo       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         9       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming         1       Gross revenue       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         1       Gross revenue       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         1       Gross revenue       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         2       Cash prizes	6,328 358 11,038 19,924
6       Rent/facility costs       2,200.         7       Food and beverages       6,328.         8       Entertainment       358.         9       Other direct expenses       2,460.         10       Direct expense summary. Add lines 4 through 9 in column (d)       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         9       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) the form of the column (col. (a) the form server and the bingo/progressive bingo         1       Gross revenue       Image: Complete if the organization and the bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) the bingo/progressive bingo         2       Cash prizes       Image: Complete if the organization and the bingo/progressive bingo       Image: Complete if the organization and the bingo/progressive bingo       Image: Complete if the organization and the bingo/progressive bingo         1       Gross revenue       Image: Complete if the organization and the organization an	6,328 358 11,038 19,924
8       Entertainment       358.         9       Other direct expenses       2,460.       8,578.         10       Direct expense summary. Add lines 4 through 9 in column (d)	6,328 358 11,038 19,924
8       Entertainment       358.         9       Other direct expenses       2,460.       8,578.         10       Direct expense summary. Add lines 4 through 9 in column (d)       •         11       Net income summary. Subtract line 10 from line 3, column (d)       •         Part III       Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         1       Gross revenue       (a) Bingo         1       Gross revenue       (c) Other gaming         2       Cash prizes       •         3       Noncash prizes       •         4       Rent/facility costs       •         5       Other direct expenses       •	358 11,038 19,924
8       Entertainment       358.         9       Other direct expenses       2,460.       8,578.         10       Direct expense summary. Add lines 4 through 9 in column (d)	11,038 19,924
10 Direct expense summary. Add lines 4 through 9 in column (d)       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: Complete if the organization answered "Yes" to Fo	19,924
11 Net income summary. Subtract line 10 from line 3, column (d)       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         000000000000000000000000000000000000	-6,079
Cart III       Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: state of the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: state of the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: state of the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.         Image: state of the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) to col. (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) to col. (a) to col. (a) to col. (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) to col. (a) to col. (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) to col. (a) to col. (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a) to col. (c) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Pull tabs/instant bingo/progressive bingo       (c) Other col. (c) Pull tabs/instant bingo/progressive bingo       (c) Pull tabs/instant bingo/progressive bingo       (c) Pull tabs/instant bingo/pull tabs/instantbingo/pull tabs/instantbingo/pull tabs/instant	-0,079
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Tot col. (a) the color of the color	
Image: Construction of the system       (a) Bingo       (b) Pull tabs/instant bingo/progressive bingo       (c) Other gaming       (d) Tot col. (a)         1       Gross revenue	
(a) Bingo     bingo/progressive bingo     (c) Other gaming     col. (a)       1     Gross revenue	al gaming (ado
1 Gross revenue       2         2 Cash prizes       2         3 Noncash prizes       2         4 Rent/facility costs       2         5 Other direct expenses       2	through col. (c
1 Gross revenue       2         2 Cash prizes       2         3 Noncash prizes       2         4 Rent/facility costs       2         5 Other direct expenses       2	
3     Noncash prizes       4     Rent/facility costs       5     Other direct expenses	
5 Other direct expenses	
5 Other direct expenses	
5 Other direct expenses	
Yes% Yes%	
6 Volunteer labor	
7 Direct expense summary. Add lines 2 through 5 in column (d)	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)	
9 Enter the state(s) in which the organization conducts gaming activities:	
a Is the organization licensed to conduct gaming activities in each of these states?	Yes 🗌 N
<b>b</b> If "No," explain:	
<b>0a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? <b>b</b> If "Yes," explain:	
	Yes 🗌 N
	Yes N
Schedule G (Form 990 c	Yes N
32	

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Schedule G (Form 990 or 990-EZ) 2014 ROTARY FUND OF LOUISVILLE, INC.

14491216 310879 113003

61-6029858 Page 2

<sup>2014.05010</sup> ROTARY FUND OF LOUISVILLE 113003\_1

Sch	edule G (Form 990 or 990-EZ) 2014 ROTARY FUND OF LOUISVILLE, INC. 61-	6029858	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party $\blacktriangleright$ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation  \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year <b>&gt;</b> \$		
Ра	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, I 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	nes 9, 9b, 10	b, 15b,
4320	33 08-28-14 Schedule G (For	m 990 or 990	)-EZ) 2014
	33		

Schedule G (Form 990 or 990-EZ)	-		OF	LOUISVILLE,	INC.
Part IV Supplemental Info	rmation (con	tinuad			

Supplemental inf	(continued)	 		
			Sobodulo C /Form 000	or 000 E7
432084 05-01-14			Schedule G (Form 990	or 990-EZ

SCHEDULE I	G	rants and Oth	ner Assistand	ce to Organ	izations,		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	s in the Ŭni	ted States		2014
Department of the Treasury Internal Revenue Service	Information	on about Schedule I	Attach to Form (Form 990) and its		www.irs.gov/form99	0.	Open to Public Inspection
Name of the organization ROTARY FU	ND OF LOU	ISVILLE, IN	с.		·		Employer identification number $61-6029858$
Part I General Information on Grants a	nd Assistance						
<ol> <li>Does the organization maintain records t criteria used to award the grants or assis</li> <li>Describe in Dath Note organization is part Note.</li> </ol>	tance?	-			-		
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to I					anization answered "V	as" to Form 990 Part	IV line 21 for any
recipient that received more than \$					anization answered i	es to Form 990, Fart	
<b>1 (a)</b> 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	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S GLOBAL CANCER ALLIANCE PO BOX 6957 LOUISVILLE, KY 40206	26-4360845	501C3	5,000.	0.			FUNDS WERE FOR THE "END CERVICAL CANCER IN HAITI" PROJECT.
ROTARY DISTRICT 6710 3908 FAIRFIELD MEADOWS DR LOUISVILLE, KY 40245	20-5282598		5,000.	0.			FUNDS FOR "SHOES FOR ORPHAN SOULS" PROJECT.
METRO LOUISVILLE ROTARY CHARITIES 401 W MAIN ST #810 LOUISVILLE, KY 40202	61-1243201		9,500.	0.			FUNDS FOR "UNSUNG HEROES" PROGRAM.
UNIVERSITY OF LOUISVILLE COLLEGE OF BUSINESS - 110 W BRANDEIS AVE - LOUISVILLE, KY 40292	61-1014882		7,500.	0.			FUNDS FOR ROTARY LEADERS PROGRAM.
<ul> <li>2 Enter total number of section 501(c)(3) an</li> <li>3 Enter total number of other organizations</li> </ul>			l e line 1 table			1	▶ <u>1.</u> 3.

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

432102 10-15-14

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

ROTARY FUND OF LOUISVILLE, INC.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DOWNTOWN ROTARY RENEWABLE SCHOLARSHIPS	10	14,500.	٥.		
Part IV Supplemental Information. Provide the information req	uired in Part I. lin	e 2. Part III. column	(b), and any other ad	lditional information.	

SCHEDULE I, PART I, LINE 2

ALL GRANTS ARE APPROVED BY THE BOARD OF DIRECTORS AFTER A REVIEW OF THE

ORGANIZATION REQUESTING THE GRANT. EACH GRANT THAT IS GIVEN IS A ONE

TIME GRANT THEREFORE MONITORING THE GRANT IS NOT NECESSARY.

61-6029858

Page 2

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047									
Internal Revenue Service       ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.       Inspection         Name of the organization       Employer identification number         ROTARY FUND OF LOUISVILLE, INC.       61-6029858										
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:										
THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS; AND THE										
DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE										
SOCIETY; THIRD, THE APPLICATION OF THE IDEA OF SERVICE IN EACH										
ROTARIAN'S PERSONAL, BUSINESS, AND COMMUNITY LIFE; FOURTH, THE										
ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE THROUGH										
A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE										
IDEA OF SERV	ICE.									
<u>FORM 990, PA</u>	RT VI, SECTION B, LINE 11:									
A COPY OF TH	E FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECT	OR TO	REVIEW.							
ONCE THE EXE	CUTIVE DIRECTOR HAS REVIEWED THE RETURN IT IS	PROVID	ED TO THE							

BOARD OF DIRECTORS TO REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, UPON APPOINTMENT TO OR CONTINUATION OF THEIR POSITIONS, ALL OFFICERS AND MEMBERS OF THE BOARDS OF DIRECTORS AND COMMITTEES WILL EXECUTE A WRITING CERTIFYING THAT THEY ARE FAMILIAR WITH THIS CONFLICT OF INTEREST POLICY AND WILL CONDUCT THEIR SERVICE IN THESE POSITIONS IN CONFORMANCE WITH ITS TERMS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432211 08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page <b>2</b>
Name of the organization ROTARY FUND OF LOUISVILLE, INC.	Employer identification number 61-6029858
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. PRIOR TO BEG	INNING THE
AUDIT, THE AUDITOR HAS A PHONE CONVERSATION WITH THE CHAIR	OF THE
FINANCE COMMITTEE. AT THE CONCLUSION OF THE AUDIT, THE AU	DITOR
PRESENTS THE FINANCIAL STATEMENTS TO THE FINANCE COMMITTEE	AND IF
REQUESTED, TO THE ENTIRE BOARD OF DIRECTORS.	
439212	
432212 08-27-14 Schec 38	dule O (Form 990 or 990-EZ) (2014)

14491216 310879 113003

Part II

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE ROTARY CLUB OF LOUISVILLE, INC	SERVICE ORGANIZATION THAT						
61-0325695, 401 W. MAIN STREET, SUITE 810,	PROMOTES INTEGRITY,						
LOUISVILLE, KY 40202	UNDERSTANDING AND GOODWILL	KENTUCKY	501(C)(4)	N/A	N/A		Х

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt

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

## **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

(Form 990)

SCHEDULE R

Department of the Treasury Internal Revenue Service

# Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

#### Name of the organization

#### ROTARY FUND OF LOUISVILLE, INC.

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Open to Public Inspection

Employer identification number 61-6029858

OMB No. 1545-0047



### Schedule R (Form 990) 2014 ROTARY FUND OF LOUISVILLE, INC.

61-6029858 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)													
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Direct controlling entity e	Direct controlling entity entity excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income Share of total (related, unrelated, income scluded from tax under		Disproportionate allocations?		20 of Schedule	General or managing partner?		Percentage ownership											
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No														

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	controlled entity?	
		country)						Yes	No
									<u> </u>
									<del> </del>
									<u> </u>

#### Schedule R (Form 990) 2014 ROTARY FUND OF LOUISVILLE, INC.

#### Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
	Gift, grant, or capital contribution to related organization(s)	1b		X		
	Gift, grant, or capital contribution from related organization(s)	1c		X		
	Loans or loan guarantees to or for related organization(s)	1d		X		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		x		
g		1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q		X		
r	Other transfer of cash or property to related organization(s)	1r		X		
S	Other transfer of cash or property from related organization(s)	1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

Nam	(a) ne of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
<u>(6)</u>				

### Schedule R (Form 990) 2014 ROTARY FUND OF LOUISVILLE, INC.

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(6	e)	(f)	(g)	(۲	1)	(i)	(j)	(k)																	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 ( org	e all rs sec.	Share of			opor-	Code V-UBI	Genera	or Percenta	age																
of entity	, (s	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501( org	c)(3) s.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	ng r? ownersh	nip																
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10																	
													—																

Schedule R (Form 990) 2014

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2014

432165 08-14-14

(Rev. January 2014)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

#### File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing** (*e-file*). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,

#### visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

visit www.irs.gov/enie and click on e-nie for charities & nonpronits.											
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).											
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete											
Part I only											
All other c	orporations (including 1120-C filers), partnerships, REMI	Cs, and tru	usts must use Form 7004 to request	an extension of time							
to file income tax returns. Enter filer's identifying number											
Type or	Name of exempt organization or other filer, see instrue	ctions.		Employer identification numb	er (EIN) or						
print											
	ROTARY FUND OF LOUISVILLE,	INC.		61-602985	8						
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	ions.	Social security number (SSN)								
filing your return. See	401 W. MAIN STREET, SUITE 8	01 W. MAIN STREET, SUITE 810									
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
	LOUISVILLE, KY 40202										
Enter the l	Return code for the return that this application is for (file	a separat	e application for each return)		0 1						
Applicatio	on	Return	Application		Return						
Is For		Code	Is For		Code						
Form 990 or Form 990-EZ			Form 990-T (corporation)		07						
Form 990-	BL	02	Form 1041-A		08						
Form 4720	) (individual)	03	Form 4720 (other than individual)		09						
Form 990-	PF	04	Form 5227								
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069		11						

		COMI	PAN	Y OFFI	CIALS							
•	The books are in the care of $\blacktriangleright$	401	W.	MAIN	STREET,	SUITE	810	_	LOUISVILLE,	KΥ	40202	
	Telephone No. ► 502-589	-180	0			Fax No.						

06

Form 8870

	-					
٠	If the organization of	Joes not have an office	or place of busines	ss in the United States, o	check this box	

•	If this is for a Group Return,	enter the organization's four digit Group Exemption Number (GEN)	If this is for the whole group, check this

box 
 L if it is for part of the group, check this box 
 and attach a list with the names and EINs of all members the extension is for.

1	I request an automatic 3-mo	nth (6 months <sup>-</sup>	for a corporation	on required to file F	orm 990-T) ex	tension of tin	ne until
		2010					

FEBRUARY 15, 2016	, to file the exempt organization return for the organization named above. The extension
is for the organization's return for:	

	alendar year	or		
► X t	ax year beginning	JUL	1,	2014

Form 990-T (trust other than above)

, and ending	JUN	30,	2015	
--------------	-----	-----	------	--

2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fina	ıl retur	n
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.		\$
с	Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required,		

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

12

0.

Ο.

14491216 310879 113003

44

3c