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Department of the Treasury

Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of the setting to satisfy state recording requirements.

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

OMB No 1545-1150

2008

Open to Public Inspection

A	F	or the	2008 calendar year, or tax year beginning $ m JULY~1$ , 2008, and endi	ing JUNE 30	)	<b>, 20</b> 0 9
Е	Ch	eck if ap	· · · · · · · · · · · · · · · · · · ·	D Emp	loyer id	entification number
	=	ddress c		C. 35-1	8207	49
Ļ	_	ame cha	print or Number and street (or P O box, if mail is not delivered to street address) Ro	oom/suite E Tele	phone n	umber
  -	=	Initial return Termination Termination Type. See PO BOX 1131				4924
ŗ	=	mended	Specific I	F Grou	ıp Exem	ption
Ē	] A	pp!icatior	pending tions. EVANSVILLE, IN 47706-1131		ber .	
_	•	Section	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting m	ethod <sup>.</sup>	☐ Cash ☐ Accrual
_			a completed Schedule A (Form 990 or 990-EZ).	Other (specify	) ▶	
				H Check ▶ □	ıf the	organization is not
- 1			e:▶ www.evansvillerotary.com	•		nedule B (Form 990,
<u> </u>	0	rganiz	ation type (check only one) – $\boxtimes$ 501(c) ( 3) $\blacktriangleleft$ (insert no.) $\square$ 4947(a)(1) or $\square$ 527	990-EZ, or 99	0-PF)	
K			If the organization is not a section 509(a)(3) supporting organization and its gross receipts	s are normally <b>no</b>	t more t	han \$25,000 A return is
			red, but if the organization chooses to file a return, be sure to file a complete return.			415 040
_			5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead		▶\$	415,048
	Par	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (S			
	ŀ	1	Contributions, gifts, grants, and similar amounts received		1	68,802
	ŀ	2	Program service revenue including government fees and contracts			0
_		3	Membership dues and assessments	· · · · ·	3	0
2010		4	Investment income		4	9,982
7			Gross amount from sale of assets other than inventory	350,617	1	
$\ominus$			Less cost or other basis and sales expenses	386,403		125 726
<b>₽</b>	<b>1</b> 3	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (at	•	5c	(35,786)
AR	2	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, chec	ck here ▶ 🔲		
$\geq$	֡֝֝֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	а	Gross revenue (not including \$ of contributions	,		
	ž		reported on line 1)	(	<u> </u>	
Щ			Less direct expenses other than fundraising expenses		4 . 1	0
SCANNED MAR			Net income or (loss) from special events and activities (Subtract line 6b from line	6a)	6c	0
<b>3</b>			Gross sales of inventory, less returns and allowances	(	<u>'</u>	
<b>0</b>			Less: cost of goods sold		<u>'</u>	^
90		_			7c	0
		8	Other revenue (describe >	)	8	42 000
_	+	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	42,998 28,645
		10	Grants and similar amounts paid (attach schedule)			20,045
		11	Benefits paid to or for members		11	0
	euses	12	Salaries, other compensation, and employee benefits		12 13	0
1		13	Professional fees and other payments to independent contractors		<u> </u>	0
Š	בא	14 15	• •		15	
_	-	16	THIS THE PROPERTY OF THE PROPE		16	3,718
		17			17	32,363
_	_	18	Total expenses. Add lines 10 through 16		10,635	
į	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (m		"	20,000
3	3	13	end of year figure reported on prior year's return)		19	670,534
3		20	Other changes in her assets or fund balances (attach explanation)		20	(39,778)
ž	Ž	21	Net assets or fund balances(a) end of year. Combine lines 18 through 20		21	641,391
•	Par	t II	Balance, Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more	, file Form 990		
			(See the instructions for Part II.)	(A) Beginning of		(B) End of year
:	22	Cash	savinge, and investments of	507,0		505,266
	23	Land	and building EN. LIT. T		0 2	<del></del>
	24	Othe	r assets (describe ➤ SEE SCHEDULE 2	261,1		
	25		l assets	768,2		
	26		liabilities (describe ► GRANTS PAYABLE )		94 20	
	27		assets or fund balances (line 27 of column (B) must agree with line 21)	670,5		
F	or F		Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.			Form 990-EZ (2008)

1 OIII 300-LE (2000)					raye a
Part III · Statement of Program Service Accom	plishments (See the inst	tructions for Part	III.)		Expenses
What is the organization's primary exempt purpose? S		quired for 501(c)(3) (4) organizations			
Describe what was achieved in carrying out the organization	and	4947(a)(1) trusts,			
describe the services provided, the number of persons ber	optio	onal for others)			
28 GRANT FOR PUBLIC SCHOOLS TO F	UND MANY TEACHE	RS' INNOVA	TIVE		
CLASSROOM PROGRAMS THAT WOULD	NOT OTHERWISE	BE LONDED			
(Granta \$ 0.005) If this amount incl	udaa faraian aranta ahaali			20-	9,995
(Grants \$ 9,995) If this amount inch 29 GRANTS FOR PAROCHIAL AND PRIV	ATE SCHOOLS TO	FIIND MANY	. <b>P</b> [_]	28a	9,990
TEACHERS' INNOVATIVE CLASSROO	M PROGRAMS NOT	OTHERWISE	FUNDED		
			1011000		
(Grants \$ 9,001) If this amount incli	udes foreign grants, check	here	▶ □	29a	9,000
30 INFANT MORTALITY GRANT PROVID			T		
FOR AGENCY PROVIDING EMERGENC	Y CARE TO STRES	SED FAMILI	ES		
			<u></u>		
(Grants \$ 7,950) If this amount incli				30a	7,950
					1,700
(Grants \$ 1,700) If this amount include Total program service expenses (add lines 28a the service)	udes loreign grants, check	nere	<u> P                                  </u>	31a 32	28,645
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one eve	en if not compensate	d (See the ins		
	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	pians &   Isation	account and other allowances
SEE SCHEDULE 4					
			<u> </u>		<del></del>
					<u> </u>
				ļ	
	İ	I		l	

· Form	990-EZ (2008)		P	age 3
Pai	t V • Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	Х	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	35a		Х
h	and proxy tax requirements?	35b		<u> </u>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.     37a   NONE			
	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   NONE			
	Section 501(c)(7) organizations. Enter:			i '
	Initiation fees and capital contributions included on line 9			
	Gloss receipts, included on line 3, for public use of club facilities			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► NONE; section 4912 ► NONE, section 4955 ► NONE			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization ▶N/A			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ INDIANA			
42a	The books are in care of ▶ REBECCA ALCORN Telephone no. ▶ 812		-49	24
	Located at ►EVANSVILLE IN ZIP + 4 ► 4770	8		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42h	Yes	X
	account)?	42b		
	If "Yes," enter the name of the foreign country: ► N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c		X
	If "Yes," enter the name of the foreign country: $\blacktriangleright$ $N/A$			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here		_ •	▶ □ N/A
	, and the second se		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		_X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Par	t VI	Section 501(c)(3) organizations only and complete the tables for lines 50 ar	. All section 501(c)(3) ond 51.	organizations m	ust answer quest	ons 4	6–49	
46	Did th	e organization engage in direct or indirect p	olitical campaign activitie	s on behalf of or	in opposition to		Yes No	
	candidates for public office? If "Yes," complete Schedule C, Part I  Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Is the organization operating a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?							
47								
48								
		received more than \$100,000 of compensation		If there is none, e	enter "None."	employ		
	(a) N	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	àcc	Expense ount and allowances	
ИОИ	IE							
Total	lnumh	er of other employees paid over \$100,000						
				<del></del>				
51		elete this table for the five highest compensation from the organization. If there is no		rs who each rece	eived more than \$10	0,000 (	זכ	
		(a) Name and address of each independent contractor p	aid more than \$100,000	(b) 1	Type of service	(c) Con	npensation	
NON	IE.		· • • • • • • • • • • • • • • • • • • •					
Total	numb	er of other independent contractors each rec	ceiving over \$100,000	. •		_		
		Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ned this return, including accomp	panying schedules and r) is based on all info	d statements, and to the I	est of m	y knowledge y knowledge	
Sigr		Signature of officer	Lavani -		1/30/20	10		
Here	•	REBECCA S ALCORN, CHAIR	MAN		Date			
		Type or pnnt name and title	IMAN					
Paid		Preparer's signature	Date	Check if self- employed	Preparer's Identifying	Number (S	See instructions)	
Prepa Use (		Firm's name (or yours if self-employed),		Templeyee	EIN ►			
		address, and ZIP + 4 V S discuss this return with the preparer show	n ahove? See instructions		Phone no ▶		es 🗌 No	
ividy		and retain war are property show	abovo. Oco monuonons	· · · · ·	· · · · · · · · · · · · · · · · · · ·		0-EZ (2008)	

## **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

OMB No 1545-0047

	_	he organization	<del></del>						Employ	er identifica	ation num	nber	
RO	TAI	RY FOUND	ATION OF	EVANSVILLE						320749			
Pa	rt I	Reasor	for Public Ch	narity Status (All or	ganizati	ons mus	t comple	ete this p	oart.) (se	e instruc	tions)		
The	org			dation because it is: (									
1				rches, or association o				ction 17	0(b)(1)(A	)(i).			
2	님			on 170(b)(1)(A)(ii). (At									
3 4				ospital service organi									
4	ш		esearch organiza ame, city, and st	ation operated in conj							)(A)(III)	. Ente	en the
5		An organiza	-	r the benefit of a colle		versity o					al unit d	escrib	ed in
6		A federal, st	ate, or local gov	vernment or governme	ental unit	describe	d in sect	tion 170(	b)(1)(A)(	v).			
7		An organiza	tion that normall	y receives a substanti (1)(A)(vi). (Complete	ial part of			-		•	the ger	neral p	oilduc
8				l in <b>section 170(b)(1)</b>									
9	X	receipts from support from	m activities relate n gross investm	y receives: (1) more the to its exempt function and unre and unre after June 30, 1975.	tions—su lated bus	ibject to o	certain ex xable inc	xceptions ome (les	, and (2) s section	no more	than 3	31/3%	of its
10 11		An organiza purposes of	ition organized a one or more pub	nd operated exclusive and operated exclusi- plicly supported organ at describes the type	vely for t izations o	the benet described	fit of, to In sectio	perform ( n 509(a)(	the functi (1) or sec	ons of, o	or to ca a)(2) S	rry ou ee <b>se</b> e	it the
		a 🗌 Type		_		oe III–Fur					] Type		her
е		• •		tify that the organiza									
				on managers and othe									
		509(a)(1) or	section 509(a)(2	2).									
f		_	ization received , check this box	a written determinati	ion from	the IRS	that it is	a Type I	, Type II,	or Type	III sup	portin	g _
g		-	st 17, 2006, has	the organization acce	epted any	gift or co	ontributio	n from ar	ny of the				<b></b>
				ndirectly controls, e				n persons	describe	ed in (11)	11g(i)	Yes	No
				rson described in (i) a							11g(ii)		
				of a person described							11g(iii)		
<u>h</u>	Name	e of supported	tollowing intorma	ation about the organi (iii) Type of organization					1 4.15	- Ab -	(ID.		
(17		janization	(11) 2114	(described on lines 1-9	in col (i) la	sted in your	the organ	ou notify nization in	organizat	s the ion in col		Amount upport	Oi
				above or IRC section (see instructions)	governing	document?		of your port?		zed in the S?			
				,	Yes	No	Yes	No	Yes	No			
							<b>_</b>						
			l		I	l .	ł	I	I	1	1		

0

Total

Pa	Support Schedule for Org (Complete only if you chec	ganizations ked the box	Described in on line 5, 7,	Sections 17	70(b)(1)(A)(iv	) and 170(b)	)(1)(A)(vi)
Sec	tion A. Public Support					<del></del>	<del></del>
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization'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 1-3						
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)						
6	Public support. Subtract line 5 from line 4	<u> </u>	L	L			
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	(4) 2004	(6) 2003	(0) 2000	(u) 2001	(e) 2008	(i) Iolai
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)			,			
11	Total support. Add lines 7 through 10 .						<u> </u>
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line					14	<u>%</u>
15	Public support percentage from 2007 Sch					15	%
16a	331/3% support test—2008. If the organization qualifies	as a publicly	supported orgar	nization			▶ □
b	331/3% support test—2007. If the organization qua						check this
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circun	nstances" test, o	check this box a	ind stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2007, more, and if the organization meets the "forganization meets the "facts-and-circumstances"	acts-and-circum	istances" test, c	heck this box a	nd stop here.	Explain in Part	IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support	d the box on	inte 9 Of Fai				_	
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	68,525		-				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0	
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
6	Total. Add lines 1-5	68 <b>,</b> 525	66,569	66,176	66,692	68,802	336,764	
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0	0	0	0	0	0	
c	Add lines 7a and 7b	Ö	0	0	0	0	0	
8	Public support (Subtract line 7c from line 6)						336,764	
	tion B. Total Support	-						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,525 15,055	66,569 10,754	66,176 14,375	66,692 22,975	68,802 9,982	73,141	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0	
с 11	Add lines 10a and 10b	15,055	10,754	14,375	22 <b>,</b> 975	9,982	73,141	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						409,905	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here								
				40	···	45	92 16 %	
16	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)							
17	17.04.6							
17 18	Investment income percentage from 200	•	• • •	•	"WITH (1)) .		17.47 %	
19a	331/3% support tests—2008. If the orga 17 is not more than 331/3%, check this bo	nization did no	t check the bo	x on line 14, aı		ore than 331/39	6, and line	
b	33%% support tests—2007. If the organization 18 is not more than 33%%, check this	zation did not c	heck a box on	line 14 or line 1	9a, and line 16	s is more than 3	331/3%, and	

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

Schedule A (I	(Form 990 or 990-EZ) 2008	Page 4
Part_IV	Supplemental Information. Complete this part to provide Part II, line 17a or 17b, or Part III, line 12. Provide any ot	e the explanation required by Part II, line 10, her additional information. (see instructions)
•		
	•••••••••••••••••••••••••••••••••••••••	······································
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FORM 990, PART I - OTHER CHANGES IN NET ASSETS (LINE 20)

DESCRIPTION	TOTAL
CHANGE IN MARKET VALUE OF INVESTMENTS CHANGE IN FUNDS HELD BY COMMUNITY FOUNDATION ALLIANCE CHANGES IN ACCOUNTS RECEIVABLE FOR ACCRUAL TO CASH BASIS CHANGES IN GRANTS PAYABLE FOR ACCRUAL TO CASH BASIS	(45,386) (50,471) 51,647 4,432
TOTAL OTHER CHANGES	(39,778)

NE 24)	
ETS (LI	
OTHER ASSETS (LINE 24)	
- OTHE	
FORM 990, PART II	
RM 990,	
PO	

	θ	છ
) Beginning of Year	51,647 209,493	261,140 \$
(A) Be	↔	မာ
OTHER ASSETS	ACCOUNTS RECEIVABLE FUNDS HELD BY COMMUNITY FOUNDATION ALLIANCE	TOTAL OTHER CHANGES

(B) End of Year	159022	159,022
	↔	<del>⇔</del>
A) Beginning of Year	51,647 209,493	261,140
(A) Bec	<del>⇔</del>	မှ

# FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROMOTE AND SUPPORT CHARITABLE AND EDUCATIONAL ACTIVITIES AND COMMUNITY SERVICE PROJECTS IN THE METROPOLITAN EVANSVILLE IN AREA AND AROUND THE WORLD

FORM 990, PART III - LINE 31

31 SUPPORT LEADERSHIP PROGRAMS FOR BOTH HIGH SCHOOL AND COLLEGE STUDENTS

PROVIDE FUNDING FOR CHRISTMAS GIFTS FOR NEEDY CHILDREN

**TOTAL LINE 31** 

1,700

1,400

300

FORM 990, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT . AND OTHER ALLOWANCES
REBECCA ALCORN 402 COURT ST EVANSVILLE IN 47708	CHAIRMAN 2	NONE	NONE	NONE
MATT VOLKMAN 402 COURT ST EVANSVILLE IN 47708	PRESIDENT 0.25	NONE	NONE	NONE
MARILEE FOWLER-PATMORE 402 COURT ST EVANSVILLE IN 47708	PRESIDENT ELECT 0.25	NONE	NONE	NONE
BRIAN WILLIAMS 402 COURT ST EVANSVILLE IN 47708	VICE PRESIDENT 0.25	NONE	NONE	NONE
JEFFREY BERGER 402 COURT ST EVANSVILLE IN 47708	TREASURER 0.25	NONE	NONE	NONE
AMY WALKER 402 COURT ST EVANSVILLE IN 47708	SECRETARY 0.25	58,000	NONE	5,758
TOM AUSTERMAN 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
TONYA BORDERS 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
RICK BORRIES 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
CARTER CLARKE 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
BYRON COOPER 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
MARIANNE COX 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

LOIS DUNCAN 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
JOAN DAVID 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0 25	NONE	NONE	NONE
RITA EYKAMP 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
STEVE GROVES 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0 25	NONE	NONE	NONE
DAVE HENZE 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
PRUDENCE HOESLI 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
STEPHEN JENNINGS 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
NANCY KOEHLER 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0 25	NONE	NONE	NONE
PHIL LIEBERMAN 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
SUSAN MATTINGLY 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0 25	NONE	NONE	NONE
CRAIG MCNETT 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
JAN MEEKS 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
MARTIN ROWLAND 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE

FORM 990, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

RYAN SCHEIDLER 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
CATHY SICKMAN RENNER 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
AMY STEGALL 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0 25	NONE	NONE	NONE
GARY VAN ZANDT 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0.25	NONE	NONE	NONE
CAREN WHITEHOUSE 402 COURT ST EVANSVILLE IN 47708	DIRECTOR 0 25	NONE	NONE	NONE
GRAND TOTALS		0	0	0

· Rosary Foundational Evanisi. Me Amendment Part V Linie 34 990-EZ

BE IT RESOLVED that Article II of the Articles of Incorporation of Rotary Foundation of Evansville, Inc. be amended to read in its entirety as follows:

## ARTICLE II - PURPOSES

Section 2.01. Purposes. The purposes of the corporation shall be as follows:

- (a) This Corporation shall be operated for the purpose of promoting and supporting charitable and educational activities and community service projects in the metropolitan Evansville, Indiana area, and, to that end, to solicit gifts and bequests of money and property for the furtherance of such purposes.
- (b) This Corporation shall be operated for the purpose of conducting international charitable and educational projects, and to support the international projects of Rotary International and its foundation, the Rotary Foundation; provided, however, that only funds specifically designated by the donor to be for international projects shall be used for such purpose.
- (c) This Corporation may be operated for the purpose of contributing to disaster relief projects; provided, however, that only funds specifically designated by the donor to be for a disaster relief project shall be used for such purpose.
- (d) This Corporation shall be operated for the purpose of providing the members of the Rotary Club of Evansville and other persons with an additional opportunity to fulfill the Rotary idea of "Service Above Self," both during life and after death.
- (e) This Corporation shall have the power and authority to solicit, and/or accept donations or other transfers of any kind of property whatsoever, real, personal or mixed, and shall have the power and authority to hold said property, manage said property, and invest said property; provided, however, anything contained herein to the contrary notwithstanding, the Corporation shall not have the power to accept or hold any property which would imperil the tax-exempt status of the Corporation under the laws of the State of Indiana or under the Internal Revenue Code. The directors of the corporation shall have the absolute authority and discretion to determine whether any proposed gift to the Corporation is appropriate, and whether to accept any proposed gift. If the directors determine that any proposed gift is not appropriate, the Corporation shall decline to accept such gift.