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· Form 990-EZ

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

8 2	A F	or the	2011 calendar year, or tax year beginning July 1 , 2011, and ending	Jun	ne 30	, 20 12
•	Вс	heck if a	oplicable C Name of organization	D Employ	er identification	n number
		Address o	The Charitable Foundation of the Rotary Club of Atlanta, Inc.		20-221750)4
		Name cha		E Telepho	ne number	
	_	nitial retu	100 Edgewood Ave.		404-522-27	67
•	=	Terminate Amended	City or town, state or country, and ZIP + 4	F Group	Exemption	
)	=		n pending Atlanta, GA 30303	Numbe	er 🕨	
•				Check ▶	If the orga	anization is no
2		Vebsit			attach Sche	
•				•	990-EZ, or 9	
		heck •		n and its o	ross receints	are normally
			e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may			
			nization chooses to file a return, be sure to file a complete return			,
			5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	(Part II,		
	tin	ne 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	•	S	51,434
	Pá	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the i	nstruction	ons for Pai	
			Check if the organization used Schedule O to respond to any question in this Part I			
	\neg	1	Contributions, gifts, grants, and similar amounts received		1	51,353
	- {	2	Program service revenue including government fees and contracts	. :	2	
		3	Membership dues and assessments	🗀	3	
		4	Investment income	· -	4	81
		5a	Gross amount from sale of assets other than inventory 5a			
		b	Less: cost or other basis and sales expenses			
		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5	ic	
		6	Gaming and fundraising events			
		а	Gross income from gaming (attach Schedule G if greater than			
	Ĭ.		\$15,000)			
	Revenue	b	Gross income from fundraising events (not including \$ of contributions	3		
2	B.		from fundraising events reported on line 1) (attach Schedule G) if the	1:		
í			sum of such gross income and contributions exceeds \$ [5](000) . 6b			
•		С	Less: direct expenses from gaming and fundraising events O. 6c			
3	-	d	Net income or (loss) from gaming and fundraising eyents (and lines 6a and 6b and sub	tract		
₹	Ì		line 6c)	· · 6	id	
₫		7a	Gross sales of inventory, less returns and allowances 7a 7a			
2		b	Less: cost of goods sold			
Ū	ł	С	Gross profit or (loss) from sales of inventory (Subtract-line-7b-from line 7a)	7	'c	
	1	8	Other revenue (describe in Schedule O)	<u> 1</u>	3	
₹.	_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	51,434
Ş		10	Grants and similar amounts paid (list in Schedule O)	. 1	0	46,053
D	İ	11	Benefits paid to or for members	<u> 1</u>	1	
	ë	12	Salanes, other compensation, and employee benefits	<u> </u>	2	
	Se l	13	Professional fees and other payments to independent contractors		3	600
	Expenses	14	Occupancy, rent, utilities, and maintenance		4	
	ш	15	Printing, publications, postage, and shipping		5	
		16	Other expenses (describe in Schedule O)		6	386
		17	Total expenses. Add lines 10 through 16	. 🕨 1	7	47,039
	2	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1	8	4,395
	Se	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with		•
	A		end-of-year figure reported on prior year's return)		9	47,949
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		0	
	- 1	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. ▶ 2	:1]	52,344

For Paperwork Reduction Act Notice, see the separate instructions.

99

Cat No 10642I

Form **990-EZ** (2011)

-om	990-EZ (2011)				_	Page Z
Pa	t II Balance Sheets. (see the instructions	•				
	Check if the organization used Schedule	e O to respond to a	ny question in this			<u> </u>
			1	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			35,524		52,344
23	Land and buildings				23	
24	Other assets (describe in Schedule O)			12,425	-	
25	Total assets			47,949	-	52,344
26	Total liabilities (describe in Schedule O)		· · · · ·		26	
27	Net assets or fund balances (line 27 of column			47,949	27	52,344
Par	Statement of Program Service Accom					Expenses
	Check if the organization used Schedule		ny question in this	Part III		ured for section
Wha	t is the organization's primary exempt purpose?	Statement 1			,	(3) and 501(c)(4)
Desc	ribe the organization's program service accompl	shments for each o	f its three largest p	rogram services,		nizations and section (a)(1) trusts, optional
as n	neasured by expenses. In a clear and concise n	nanner, describe the				hers)
oers	ons benefited, and other relevant information for e					·
28	Georgia Rotary Student Program - scholarship prog	ram for international	students for one yea	r of study at		
	Georgia colleges and universities.					
	(Grants \$ 16,053) If this amount		ants, check here .	<u> ▶ □</u>	28a	16,053
29	Rotary International Polio Plus - a program to eradic	cate polio.				
	(Grants \$ 25,000) If this amount			<u></u> ▶ □	29a	25,000
30	Roosevelt Warm Springs Development Fund - helps	to increase opportur	nities and independer	nce for		
	ındividuals with disabilities from across Georgia an	d the United States				
	(Grants \$ 5,000) If this amount	t includes foreign gra	ants, check here .	. <u>.</u>	30a	5,000
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗆	31a	
32	Total program service expenses (add lines 28a	through 31a) .	· <u>·</u> · · ·	🕨	32	46,053
Par	List of Officers, Directors, Trustees, and Ke				nstruc	tions for Part IV.)
	Check if the organization used Schedule	O to respond to a		Part IV		<u> 🗀 </u>
		(b) Title and average	(c) Reportable compensation	(d) Health benefits, contributions to employ	ee (e) l	Estimated amount of
	(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and	ot	ther compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation	ו	
See	Statement 3 attached	. 1				
			0		0	0
		<u>]</u>			1	
		_				
		}				
		1				
_					7-	
					1	
					{	
					1	
	•	-				
					1-	
		1				
				-	+	
		-				

Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in the	s Part	$\overline{}$	L
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
~	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			_ -
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
25-	change on Schedule O (see instructions)	34	!	✓
35 _a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		V
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		144	1. 29
b	Did the organization file Form 1120-POL for this year?	37b		√
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	Ways.	√
39	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on line 9	W. A		
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			1
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		1
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		建定	
	organization managers or disqualified persons during the year under sections 4912,			
_	4955, and 4958		1	
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			H.
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		√
11	List the states with which a copy of this return is filed. ▶ Georgia			
12a		404-52		
ь	Located at ► 100 Edgewood Ave., Atlanta, GA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	303		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country: ▶	7	30.44	V .
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	¥.5.		E.
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. •	-
	and enter the amount of tax-exempt interest received or accrued during the tax year			
14a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			No
_	completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	1	**: /
C	Did the organization receive any payments for indoor tanning services during the year?	44c		-
d	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
15b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form **990-EZ** (2011)

							Tes No
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or	in opposi	tion	
	to candidates for public office? If "Yes,"					46	
Part	, ,, ,					-	
	501(c)(3) organizations and sect			ists must ar	iswer qu	estions 4	7–49b
	and 52, and complete the tables						_
	Check if the organization used Sc	nedule O to respond	to any question in ti	nis Part VI	<u>· · · · · </u>	· · · ·	· · <u> </u>
				!			Yes No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(n) electio		_		
40						47	V
48	Is the organization a school as described in						\
49a	Did the organization make any transfers to If "Yes," was the related organization a se					. 49a	
50	Complete this table for the organization's						es and key
30	employees) who each received more than						
	omproyees, the each received mere than			(d) Health b			
	(a) Name and address of each employee	(b) Title and average hours per week	(c) Reportable compensation	contributions to	employee	(e) Estimate	
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compens		other com	pensation
None			-				
	·		o		0		0
							
						-	
				Ì			
]			
f	Total number of other employees paid ov						
51	Complete this table for the organization	's five highest compe	ensated independent	contractors	who each	received	more than
	\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."				
(a)	Name and address of each independent contractor pa	ud more than \$100,000	(b) Type of servi	ice	(c)) Compensation	nç
None							
None				ł			
			·				
				ŀ			
d	Total number of other independent contra	actors each receiving	over \$100,000 I	>	N	one	
52	Did the organization complete Schedule	A? Note: All section 5	01(c)(3) organizations	and 4947(a)(1)		
	nonexempt charitable trusts must attach	a completed Schedul	<u>e A </u>	<u> </u>	<u> </u>	✓ Yes	□ No
	enalties of perjury, I declare that I have examined this					nowledge and	belief, it is
true, co	rect, and complete. Beclaration of preparer (other than	n officer) is pased on all info	rmation of which preparer h	as any knowledo	je		
	Tinda I homose	- Olan			11.6	12	
Sign	Signature of officer	6/200 1	= 1 A.f. A	Date			
Here	Linda I homes	ron Glass I	executive D	rector			
	y Type or print name and title	Oronororio cionoticas		<u> </u>		1.0711	
Paid	Print/Type preparer's name	Preparer's signature	Mww.	ie / / / ,	Check 🗸		
Prep	la . Iamaa Oulebausa Ci	- Ton- 12	7 " " " " " " " " " " " " " " " " " " "	. 1.110	self-emplo	yed P00	0445058
Use (· 		s EIN ▶	770 000	4264
May th	Firm's address > 330 Amherst Ct., Atlante IRS discuss this return with the prepare		nstructions	Phone	e no	770-393- ► ✓ Yes	
	aloodooo lotain with the propulo					- 🖭 185	∐ No

SCHEDULE A · (Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number The Charitable Foundation of the Rotary Club of Atlanta, Inc. 20-2217504 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** 🗹 Type II c Type III-Functionally integrated e 🗹 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iu) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vii) Amount of in col (i) listed in your the organization in organization (described on lines 1-9 organization in col support col. (i) of your governing document? above or IRC section (i) organized in the support? (see instructions)) STMT 2 Yes No Yes Yes (A) Rotary Club of Atlanta 58-0412250 501(c)(4) 0 (B) (C)

(D)

(E)

Part							
	(Complete only if you checked to						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support				1 40		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the					 	
2	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 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			医骨盆韧带 學術	21.		
	supported organization) included on line 1 that exceeds 2% of the amount	2	git, or the		700		
	shown on line 11, column (f)	16 19 19 19 19 19 19 19 19 19 19 19 19 19		Transfer of	1.034.4		
6	Public support. Subtract line 5 from line 4.	012	Parameter Colo	340 8 3 (50)	100 July 2012		
	on B. Total Support		M 3 400 M7 GLOSOW M 3C.M	Market Branch Co. P. J. St.		Secretary ST. St. Steel	
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,	ļ					
	rents, royalties and income from similar sources						
•	Net income from unrelated business	<u> </u>					
9	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		NEW THE PARTY.				新花型 加热	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						n 501(c)(3)
Socti	organization, check this box and stop he on C. Computation of Public Suppor			· · · · ·		• • • •	• • •
14	Public support percentage for 2011 (line 6			1 column (fl)		14	%
15	Public support percentage from 2010 Sch					15	
16a	331/3% support test-2011. If the organization						
	box and stop here. The organization qua	lifies as a publi	icly supported	organization			. ▶ [
b	331/3% support test-2010. If the organ					15 is 33 ¹ / ₃ %	or more,
	check this box and stop here. The organ	zation qualifies	s as a publicly	supported org	janization .		. 🕨 🗀
17a	10%-facts-and-circumstances test — 20	011. If the orga	ınızatıon dıd no	ot check a box	on line 13, 16	a, or 16b, and	line 14 ıs
	10% or more, and if the organization me	ets the "facts-a	and-circumsta	nces" test, che	eck this box ar	nd stop here. B	xplain in
	Part IV how the organization meets the "f						· -
	organization						. ▶ [
b	10%-facts-and-circumstances test—20	יטרט. If the orga	inization did no	ot check a box	on line 13, 16	5a, 16b, or 17a,	and line
	15 is 10% or more, and if the organization members are to the organization members are the second and the organization members are the organization of the organization members are the organization of the or	non meets the neets the "facts	iacts-and-cl s-and-circumst	rcumstances" lances" test. T	iesi, check tř he organizatio	n qualifies as a	op nere
	supported organization					· · · · ·	. > [
18	Private foundation. If the organization di						see
	instructions						

	le A (Form 990 or 990-EZ) 2011						Page 3
Part							
	(Complete only if you checked to						ler Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support					,	
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees				ļ		
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						_
	furnished in any activity that is related to the]		İ			
	organization's tax-exempt purpose					<u> </u>	
3	Gross receipts from activities that are not an						 -
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid					i	
	to or expended on its behalf	}				1	
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					1	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	1					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	}				}	
	persons that exceed the greater of \$5,000	1		İ			
	or 1% of the amount on line 13 for the year	j ,			İ		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	沙克克尔斯	安装罗州	HO THE STATE OF	7.00	TO SERVICE	
	line 6.)	497.4			ACTION VALUE		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	!					
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					ĺ	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	l		ļ			
	(Explain in Part IV.)			ł			
13	Total support. (Add lines 9, 10c, 11,						-
	and 12)			}]	
14	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗀
		rt Percentage	e				
Secti	on C. Computation of Public Support			3 column (fl)		15	%
Secti 15	Public support percentage for 2011 (line					<u> </u>	
15 16	Public support percentage for 2011 (line Public support percentage from 2010 Sci	nedule A, Part I	III, line 15 .			16	
15 16	Public support percentage for 2011 (line Public support percentage from 2010 Scion D. Computation of Investment In	nedule A, Part I	III, line 15	· · · · · ·	<u> </u>		
15 16 Secti 17	Public support percentage for 2011 (line Public support percentage from 2010 Sci on D. Computation of Investment In Investment income percentage for 2011 (nedule A, Part I come Percer line 10c, colum	III, line 15 . ntage nn (f) divided b	y line 13, colu	nn (f))		%
15 16 Secti	Public support percentage for 2011 (line Public support percentage from 2010 Sci on D. Computation of Investment In Investment income percentage for 2011 (Investment income percentage from 2010)	nedule A, Part I come Percei line 10c, colum O Schedule A, F	III, line 15 ntage nn (f) divided b Part III, line 17	y line 13, colui	mn (f))	16 17 18	% % %
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b 331/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Complete this part to 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).	Page 4

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization Employer identification number The Charitable Foundation of the Rotary Club of Atlanta, Inc. 20-2217504 Form 990-EZ, Part I, Line 16: Corporate registration \$ 50 336 Bank service charges Total \$386

THE CHARITABLE FOUNDATION OF THE ROTARY CLUB OF ATLANTA, INC. FORM 990EZ, PART III, STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EXPLANATION

TO RAISE FUNDS FOR CHARITABLE PROJECTS AND ACTIVITIES BOTH WITHIN THE UNITED STATES AND INTERNATIONALLY

THE CHARITABLE FOUNDATION OF THE ROTARY CLUB OF ATLANTA, INC. FORM 990EZ, SCHEDULE A, PART I, LINE 11 SUPPORTED ORGANIZATIONS

NAME OF SUPPORTED ORGANIZATION

THE CHARITABLE FDN. OF THE ROTARY CLUB OF ATLANTA, INC. IS A SUPPORTING ORGANIZATION OF THE ROTARY CLUB OF ATLANTA CONTRIBUTIONS AND BEQUESTS ARE ACCEPTED BY THE FOUNDATION TO PROVIDE GRANTS TO PROMOTE CHARITABLE PROJECTS AND ACTIVITIES BOTH WITHIN THE UNITED STATES AND INTERNATIONALLY.

THE ROTARY CLUB OF ATLANTA IS EXEMPT UNDER IRC SECTION 501 (c)(4)

THE CHARITABLE FOUNDATION TRUSTEES 2011-2012

	TERM		TERM
Charles B. Bedford	2015	Franklin B. McBurney	2014
1089 Brookhaven Square		The McBurney Corporation	
Atlanta, GA 30319		1650 International Court	
		Norcross, GA 30093	
Steve Hennessy	2012	John C. McBurney	2015
Hennessy Automobile Co.		The McBurney Corporation	
7261 Jonesboro Road		1650 International Court	
Morrow, Georgia 30260-0768		Norcross, GA 30093	
Harry L. Gilham, Jr.	2013	J. Neal Purcell	2015
106 Camden Road NE		590 Marsh Park Drive	
Atlanta, Georgia 30309		Duluth, GA 30097	
W. Dougas Ellis	2014	Horace H. Sibley	2014
3350 Riverwood Pkwy.		165 West Wesley Road NW	
Suite 1900		Atlanta, GA 30305	
Atlanta, GA 30339			
Harald R. Hansen	2014	C. Charles Stokes	2015
915 Club Station Drive NE		1577 Riderwood Court	
Atlanta, GA 30319		Decatur, Georgia 30033	
Blaine Kelley, Jr.	2013	Felker W. Ward, Jr.	2013
3463 Rilman Road		Pinnacle Investment Advisors	
Atlanta, GA 30327		Shannon Tower	
	ĺ	4405 Mall Blvd. Suite 310	•
		Union City, GA 30291	