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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

A	or th	2012 calendar year, or tax year beginning and	ending					
В	Check if applicab	C Name of organization		D Employer identifie	cation number			
á		ROTARI CLUB OF SUFFOLK						
	Addre	S CHARITABLE FOUNDATION						
	Name Chang			31-1	775330			
	Initial	- · · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number	r			
	Termi	· ·		757-	925-3763			
	Amen			G Gross receipts \$	55,473.			
$\overline{}$	Appli			H(a) Is this a group re	eturn			
	pend			for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No			
1	Tax-ex	empt status X 501(c)(3) 501(c)()	or 527	If "No," attach a	list (see instructions)			
J	H(c) Group exemption							
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: VA			
	art I	Summary						
_	T 1	Briefly describe the organization's mission or most significant activities SUPPO	ORT OF	LOCAL AND				
ernance	'	INTERNATIONAL CHARITIES						
nai	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sets			
چَوب	3	Number of voting members of the governing body (Part VI, line 1a)		3	10			
⊟ 8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0			
AUG 28 Activities	6	Total number of volunteers (estimate if necessary)		6	90			
7	1 -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	150.			
⋽₹		Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
	B	Net unrelated business taxable income norm of orm 990-1, line 54		Prior Year	Current Year			
SCANNED Revenue		Contributions and grants (Part VIII, line 1h)		55,035.	55,321.			
	8			0.	0.			
	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		101.	2.			
	10		-	100.	150.			
ഗ്	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		55,236.	55,473.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		41,503.	46,700.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	91,303.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
Expenses	15	Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10)	\vdash	0.	0.			
ë		Professional fundraising fees (Part IX, column (A), line 11e)						
X		IN AUU 1 / /iii 1 / / iii	" -	64.	0.			
_			-	41,567.	46,700.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A)-line-25):	 					
_ 0	19	Revenue less expenses. Subtract line 18 from line 12 1 12 1		13,669.	8,773.			
Sign			Re	eginning of Current Year	End of Year			
SSE SSE	20	Total assets (Part X, line 16)		23,098.	31,871.			
Net Assets or Find Balances	21	Total liabilities (Part X, line 26)	ļ	0.	0.			
		Net assets or fund balances Subtract line 21 from line 20		23,098.	31,871.			
	art II	Signature Block						
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	r nas any knowledge.	 			
		Signature of officer		Date				
Sig	n	· -		~8~	13			
He	re	BRUCE BOWLES, PRESIDENT	_	8 0	<u> </u>			
_		Type or print name and title		Data Jahre F	DTIN			
		Print/Type preparer's name	,	ター/-/3 # "	X PTIN			
Pai		CHRISTOPHER B. ROBINSON, COMPANY		sen-employ-				
	parer	Firm's name CHRISTOPHER B. ROBINSON, PLLC		Firm's EIN	54-1926092			
Use	Only	Firm's address 709 W. WASHINGTON STREET			757\005 0760			
		SUFFOLK, VA 23434-6102		Phone no.	757)925-3763			
Ma	y the	RS discuss this return with the preparer shown above? (see instructions)		·	X Yes No			
232	OO1 12-	10.12 I.HA. For Panerwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2012)			

Form 990 (2012)

Part IV	Checklist o	f Required	Schedule	es

			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	Х	47
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b_		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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	4.48		х
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
L	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		-25
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	The state of the Market Obstace	14a		X
	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	İ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٠,,
	complete Schedule G, Part III	19	\vdash	X
	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	990	(2010)
		-orm	990 ((2012)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
_	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		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	LUU		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
oe.	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	230		
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
07		20		
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	27		х
	of any of these persons? If "Yes," complete Schedule L, Part III	21		
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).	00-		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	X
ь	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,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
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		<u>X</u>
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>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	_38_	X	
			uuii i	(0040)

Form 990 (2012) CHARITABLE FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

P	age 5
Yes	No

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O 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 13b Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Check if Schedule O contains a response to any question in this Part V									
16 Enter the number of Form W2 Open Coulded in line 15 Enter 0-1 in cappicable 10 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambhing) winnings to prise winners? 2 Enter the number of empty bytes reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this nature. 2 Enter the number of empty bytes reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this nature. 3 If I was not like the service of the cale of the calendar year ending with or within the year covered by this nature. 3 Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-life (see instructions). 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country year. 3 If "Yes," the time 5 a or 50, did the organization that it was or is a party to a prohibitot state whether transaction? 3 Was the organization aparty to a prohibitot state whether transaction? 4 Did any standard party to report the did was or is a party to a prohibitot state whether transaction? 5 Did any standard party to report that was or is a party to a prohibitot state whether transaction any ore often state or organization solicit any contributions that twee not tax deductible? 5 Organization that may receive deductible so charitable contributions? 5 If "Yes," to line 5 a or 50, did the organization file organization solicit any contribution of acts of the organization solicit was a sectio				Yes	No						
Enter the number of Forms W26 included in line 1a Enter-0 if not applicable or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 5 If a list least one is reported on line 2a, did the organization file all laquired federal employment tax returns? 5 Note. If the sum of lines 1 and 32 is greater than 350, you may be required to e-file fee instructions? 5 Und the organization have unrelated business gross income of \$1,000 or more during the year? 5 Life Yas, I have the did a Form 990 or for this year? If Yas, I promise a repeatable or 2 is significant or 3 signature or other authority over, a financial account in a foreign country guine as a bank account; securities account, or other financial accounts? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 Life Yas, I do the organization that was or is a party to a prohibited tax shelter transaction? 5 Life Yas, I do the organization of the forem 8885.72 6 Does the organization appreatant make that was or is a party to a prohibited tax shelter transaction? 6 Life Yas, I do the organization that was or is a party to a prohibited tax shelter transaction? 7 Life Yas, I do the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as charitable contributions? 8 Life Yas, I do the organization network applied that a shelter transaction? 9 Life Yas, I do the organization network applied to the goods or services provided? 10 Life to organization state are payment in excess of SS made party with the organization state and the state of the goods or services provided?	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable									
Segment bright yournages to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1ded for the calendar year ending with or within the year covered by this return. 2a 0 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lane 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3b				1							
Segment bright yournages to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1ded for the calendar year ending with or within the year covered by this return. 2a 0 0 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lane 1s and 2a is greater than 250, you may be required to e-file (see instructions) 3b	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
filed for the celendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a. W. If "Yes," and if filed a form 900-71 for they year If "No, provide an explanation is Schodule 0 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other suthorly over, a financial accountry (such as a bank account, securities account, or other financial account)? 5b. If "Yes," either the name of the foreign country [such as a bank account, securities account, or other financial account? 5ce instructions for filing requirements for from TD F 90-22 I, Report of Foreign Bank and Financial Accounts 5ce with the programization aparty to a prohibited tax shelter transaction at any time during the tax year? 5ce in "Yes," old the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c) If "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c) If "Yes," old the organization notify the donor of the value of the goods or services provided? 6c) If the organization receive a payment in excess of SFs made party as a contribution and party for goods and services provided to the payor? 7c If yes, "Indicate the number of Forms 2822 filed during the year 9c) Dut the organization receive a contribution of care, boats, anythings, directly or indirectly, to pay premiums on a personal benefit contract? 7c If the organization received a contribution of care, boats, anythings, or other vehicles, did the organization fil			1c								
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Ax any time during the calendary year, did the organization have an interest in, or a segniture or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a Ax any time the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90/22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, "to line 5a or 5b, did the organization file Form 88861? 6c If Yes, "to line 5a or 5b, did the organization file Form 88861? 6c Oses the organization and unduring organization file Form 88861? 6c Oses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 6c If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the very solicitation an express statement that such contributions or gifts were not tax deductible on the very solicitation and express statement that such contributions or gifts were not tax deductible. 6d Did the organization receive apyment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7a X Y 7b If Yes, "did the organization on express of \$76 made partly as a contribution of undersolated to the payor and to the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		,							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross concern of \$1,000 or more duming the year? 43. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly over, a financial accountly over an expensive or other financial accountly over a financial accountly over a some property of the organization as a brank account, or other financial accountly 4. X 5. Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5. Was 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 charantable contributions. 6. B. X 6. B. Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7. Organizations that may receive deductible contributions under section 170(c). 8. Did the organization are every a pyment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 9. If "Yes," indicate the number of Forms 8282 filed during the year 1. Or the organization and partly and the enganization include with every solicitation and express provided? 1. Did the organization organization include with every as organization file form 8899 as required to file Form 8892 are qualified. The organization file of the organization file of the enganization file of the enganization order was contribution of care, boats appraisation property for which it was required to file Form 8892 are required? 9. Did the organization received		filed for the calendar year ending with or within the year covered by this return 2a 0									
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990-1 for this year? if "No," prowde an explanation in Schedule O 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?) See instructions for filing requirements for Form TD F 900-22 1, Report of Foreign Bank and Financial Accounts 8a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Ua dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 16 "Yes," to line 5 or 5b, did the organization file Form 8886-17? 6b Des 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 charable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as contribution and partly for goods and services provided to the payor? 7 To "yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7 If If the organization received a contribution of disa, boats, amplanes, or other vehicles, did the organization file form 8899 as required? 7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If If the organization received a contribution of cars, boats, amplanes, or other vehi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
a 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?) b if "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts See instructions for the organization that it was or is a party to a prohibited tax shelter transaction? b obset the organization have annual gross receipts that a two was or is a party to a prohibited tax shelter transaction? Cobes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and express statement that such contributions or grifts were not tax deductible? Corganizations that may receive deductible contributions under section 170(c). Corganizations that may receive deductible contributions under section 170(c). Corganizations that may receive deductible contributions under section 170(c). Corganizations that may receive deductible contributions under section 170(c). Corganization section sequent and the express of the goods or services provided? Corganization receive a payment in excess of \$75 made party is a contribution or provided to the goods or services provided		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b	е		7e								
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	С										
					Х						
Form 990 (2012)	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	(00.10)						

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 10									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
h	Enter the number of voting members included in line 1a, above, who are independent 1b 10									
2										
_	officer, director, trustee, or key employee?									
3										
J	of officers, directors, or trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	<u>4</u> 5		X						
6	Did the organization have members or stockholders?	6		X						
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
, 0	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
U	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
_	The governing body?	8a	х							
	Each committee with authority to act on behalf of the governing body?	8b	X							
ь	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	21							
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>								
000	tion D. 1 Onoics (this Section B requests information about policies not required by the internal rievenue Gode)		Yes	No						
100	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	_								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
Ŭ	in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		Х						
14	Did the organization have a written document retention and destruction policy?	14		X						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a		X.						
	Other officers or key employees of the organization	15b		X						
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		x						
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b		l						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion.	 _							
	CHRISTOPHER B. ROBINSON, CPA - 757-925-3763									
23200	709 W. WASHINGTON STREET, SUFFOLK, VA 23434-6102									

ROTARY CLUB OF SUFFOLK

CHARITABLE FOUNDATION

Form 990 (2012)

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

Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organizat	on nor any related	orga	anıza	ation	cor	npe	nsat	ted any current officer, of	director, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(40	Position do not check more than one				one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an officer and a director/trustee)			ıs bol	h an	compensation	compensation	amount of	
	week		ceran	io a o	recto	T	iee)	1 ""	from related	other
	(list any	딑						the	organizations	compensation
	hours for	5	 8			sated		organization	(W-2/1099-MISC)	from the
	related organizations	uste	trust		ぉ	ubeu		(W-2/1099-MISC)		organization and related
	below	雪	tronal		gg	yee yee				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	ey en	Highest compensated employee	Богтег			organizations
(1) BRUCE BOWLES	5.00	┢	† -	Ŭ	_	1	† <u> </u>			
PRESIDENT		1						0.	0.	0.
(2) JACKIE CHERRY	5.00									
VICE-PRESIDENT		<u> </u>						0.	0.	0.
(3) HUGH RITCHIE CROSS	5.00									
SECRETARY						<u> </u>	ļ	0.	0.	0.
(4) DAVID LOVE	5.00			1			İ		_	_
TREASURER		L	<u> </u>	<u> </u>		_	<u> </u>	0.	0.	0.
(5) SUSAN BLAIR	5.00							_	_	
DIRECTOR		ļ		ļ		<u>Ļ</u> .		0.	0.	0.
(6) MARGIE WILEY	5.00	1								_
DIRECTOR					_	<u> </u>		0.	0.	0.
(7) PATRICK BELCHER	5.00	1								
DIRECTOR			<u> </u>	<u> </u>		├_	_	0.	0.	0.
(8) GINA PITRONE	5.00	-	1					0.	0.	_
DIRECTOR	5.00			├	-		┢	0.	0.	0.
(9) SCOTT NASH	3.00	{						0.	0.	0.
DIRECTOR	5.00	\vdash	<u> </u>	├	-	\vdash			0.	
(10) BLAKE BAKER	3.00	┨	ľ					0.	0.	0.
DIRECTOR		\vdash		-	-	\vdash	-			
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Part V	II Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi								
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	(do		Position t check more than			one	Reportable	Reportable			stimate	
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	1	l	nount	
		week (list any	⊢-	1	. <u></u>]	J., a u:	T	from the	from related organizations	,	l	other	
		hours for	director				_			(W-2/1099-MIS		4	pensa	
		related	90	ite			sate		(W-2/1099-MISC)	(W 2/ 1033 WIIO	Ο,		anızatı	
		organizations	truste	Institutional trustee		še	ē		(11 2, 1300 11110)		1		d relat	
		below	Individual t	tutton	 =	Key employee	est	<u> </u>				orga	anızatı	ons
		line)	Ę	Instr	Officer	ě	Highest compensated employee	튭					_	
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1h Si	ub-total	·					<u> </u>		0.		0.			0.
	otal from continuation sheets to Part V	I. Section A					•		0.		0.			0.
	otal (add lines 1b and 1c)	, 000					•		0.		0.			0.
	otal number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	 Э			
	ompensation from the organization													(
													Yes	No
3 Di	d the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		,		
lın	ne 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 Fc	or any individual listed on line 1a, is the su	ım of reportab	le c	omp	ensa	atıor	n an	d ot	her compensation from	the organization				
	nd related organizations greater than \$15											4		X
5 Di	id any person listed on line 1a receive or a	accrue compe	nsat	ion '	from	any	y un	relat	ted organization or indiv	idual for services				
	ndered to the organization? If "Yes," com	plete Schedul	e <i>J</i> 1	for s	uch	per	son					5		<u>X</u>
	n B. Independent Contractors													
	omplete this table for your five highest co										pens	ation	rom	
th	e organization Report compensation for	the calendar y	ear	end	ıng v	with	or w	/ithii		year I	—			
	(A) Name and business	addross	BT/	ΛħΤ'					(B) Description of s	services	c		C) Insatio	n
	Name and business	address	N	ON:	<u> </u>			\dashv	- Description of t	30171303				
								- 1						
									·					
					_									
				_										
2 To	otal number of independent contractors (including but r	not l	mite	ed to	the	ose I	sted	d above) who received n	nore than				
\$	100,000 of compensation from the organ	zation					0							
												_	000	

Form 990 (2012)
Part VIII

		Check if Schedule O cont	tains a response	to any question if	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 a	Federated campaigns	1a					
E Z	b	Membership dues	1b					
اغ تي	c	Fundraising events	1c					
ar iit	d		1d					
3,5 Bis	e	Government grants (contribut						
Š	f	All other contributions, gifts, gran						
Per Per	•	similar amounts not included abo		55,321.				
اوَظِ	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		>	55,321.			
				Business Code				
ا بو	2 a							
ار ج	b							
Program Service Revenue	c							
E a	ď							
P. C.	e	-						
Pro	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•				
	3	Investment income (including	dividends, inter	est, and				
:	-	other similar amounts)	•	•	2.	2.		
	4	Income from investment of ta	x-exempt bond r	oroceeds 🕨				
	5	Royalties		•				
		•	(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d			•				
		Gross amount from sales of	(i) Securities	(ii) Other			<u> </u>	
		assets other than inventory		1				
i	ь							
		and sales expenses						
	С	0 (1)						
	d	A1		•				
		Gross income from fundraisin	a events (not					
nue	-	including \$						
eve		contributions reported on line						
æ		Part IV, line 18	a	1				
Other Reven	b	Less direct expenses	b					
0		Net income or (loss) from fun-	draising events	•				
	9 a	Gross income from gaming a	ctivities See					
		Part IV, line 19	а					
	b	Less. direct expenses	b					
	С	Net income or (loss) from gar	ning activities					
		Gross sales of inventory, less						
		and allowances	а					
	ь	Less cost of goods sold	b					
		Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Reveni		Business Code				
	11 a	PRINT SALES		900099	150.		150	
	ь							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		>	150.			1
	12	Total revenue See instructions.		>	55,473.	2.	150	. 0.

Form 990 (2012) CHARITABLE FOUNDATION
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mplete column (A)	
Do .		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	41,700.	41,700.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	5,000.	5,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	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	Insurance				
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.)				
a				-	
b					
C					
d				-	
	All other expenses	46,700.	46,700.	0.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	40,/00.	40,/00.		
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 discourse SOP 98-2 (ASC 958-720)				

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗓

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

31-1775330 Page 11 CHARITABLE FOUNDATION Form 990 (2012) Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 23,098 2 31,871. 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors. 5 trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 10c b Less accumulated depreciation 10b Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 23,098 871 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 25 Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporanly restricted net assets 28 29 29 Permanently restricted net assets

Form 990 (2012)

31,871.

31,871.

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23,098.

23,098.

23,098.

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	ROTARY CLUB OF SUFFOLK		_	_
		<u>775330 </u>	Page 1	2
Pa	rt XI Reconciliation of Net Assets			,
	Check if Schedule O contains a response to any question in this Part XI			<u>J</u>
			. 480	
1	Total revenue (must equal Part VIII, column (A), line 12)		473	
2	Total expenses (must equal Part IX, column (A), line 25)		700	
3	Revenue less expenses. Subtract line 2 from line 1		3,773	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	23	3,098	•
5	Net unrealized gains (losses) on investments			_
6	Donated services and use of facilities 6			-
7	Investment expenses			_
8	Pnor period adjustments			_
9	Other changes in net assets or fund balances (explain in Schedule O)		0	•
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	31	.,871	•
Pa	rt XII Financial Statements and Reporting		_	1
	Check if Schedule O contains a response to any question in this Part XII		<u> </u>	<u>J</u>
			Yes No	_
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2 <u>a</u>	X	_
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		_
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	<u> </u>	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		_

Form **990** (2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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.

Open

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

OMB No 1545-0047

Open to Public Inspection

31-1775330

Name of the organization

ROTARY CLUB OF SUFFOLK CHARITABLE FOUNDATION

Employer identification number

Part I 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 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). 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. a Type I ьL Type II c ____ Type III - Functionally integrated d ____ Type III - Non-functionally integrated 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 11g(i) the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (vi) Is the (v) Did you notify the (iv) Is the organization (vii) Amount of monetary (i) Name of supported (iii) Type of organization (ii) EIN organizátion in col. organization in col. in col. (i) listed in your (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 CHARITABLE FOUNDATION

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	68,922.	18,151.	34,952.	55,237.	55,473.	232,735.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to					,	
	the organization without charge						
4	Total. Add lines 1 through 3	68,922.	18,151.	34,952.	55,237.	55,473.	232,735.
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						232,735.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	68,922.	18,151.	34,952.	55,237.	55,473.	232,735.
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						232,735.
	Gross receipts from related activities	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop				•	```	
Sec	ction C. Computation of Publ		rcentage		*		
14	Public support percentage for 2012 (line 6, column (f) d	ivided by line 11, c	olumn (f))	- · · · -	14	100.00 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2012. If the	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies						$\triangleright \mathbf{X}$
t	33 1/3% support test - 2011. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua						ightharpoons
17a	10% -facts-and-circumstances tes				13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
Ł						17a, and line 15 is	10% or
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-cire				•		▶□
18	Private foundation. If the organization		-	-	•		s >
_						dule A (Form 990	_

Schedule A (Form 990 or 990 EZ) 2012 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

Section A. Public Support	low, please comp	Diete Fart III /			 ·	
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)				L		
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is						
regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12) L 14 First five years. If the Form 990 is for	the organization	s first second the	rd, fourth, or fifth t	ax vear as a section	n 501(c)(3) organiz	zation.
check this box and stop here	o organization	oor, 9000ma, am		, 5 2. 25 2 5 5 5 10	55 . (5)(5) 01941112	▶ □
Section C. Computation of Public	c Support Pe	rcentage		· · · · · ·		<u> </u>
15 Public support percentage for 2012 (lii			column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	12 (l ine 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2			-		18	%
19a 33 1/3% support tests - 2012. If the						17 is not
more than 33 1/3%, check this box an	•	-		-		▶ ∟
b 33 1/3% support tests - 2011. If the cline 18 is not more than 33 1/3%, check						
20 Private foundation, If the organization		•			•	
ES THERE ISSUED AND THE STREET	<u></u>	227. 37. 110 13, 10		20 4114 306 111		

SCHEDULE								OMB No 1545-0047
(Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	es.		2012
Department of the Treasury		Comple	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	n answered "Yes"	to Form 990, Par	t IV, line 21 or 22.		Open to Public
Internal Revenue Service				► Attach to Form 990	п 990.]	Inspection
Name of the organization	tton ROTARY CLUB OF SUFFOL CHARITABLE FOUNDATION	IB OF SUF	SUFFOLK DATION					Employer identification number 31-1775330
Part I General I	General Information on Grants and Assistance	d Assistance						
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
cnteria used to	criteria used to award the grants or assistance?	ance?						☐ Yes 💢 No
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	sedures for monit	oring the use of grant	funds in the United	d States			
Part II Grants ar	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	iovernments and	Organizations in the	United States. C	omplete if the orga	ınızatıon answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient i	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi	onal space is need	led			
1 (a) Name and a or go	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					c			
VARIOUS				4T, /UU.	0			
:		ļ						
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government or	ganizations listed in th	le line 1 table				
~	Enter total number of other organizations listed in the line 1 i	listed in the line	1 table					
LHA For Paperworl	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ions for Form 990.					Schedule I (Form 990) (2012)

ROTARY CLUB OF SUFFOLK CHARITABLE FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2012) Part III

Page 2

31-1775330

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Schedule I (Form 990) (2012) 232102 12-18-12

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

ROTARY CLUB OF SUFFOLK CHARITABLE FOUNDATION

Employer identification number 31-1775330

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PRESENTED TO THE
OFFICERS AND BOARD OF DIRECTORS AT THEIR MONTHLY MEETING AND REVIEWED
BEFORE ITS FILING.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE
AVAILABLE TO THE PUBLIC BY REQUEST AT THE OFFICES OF THE ORGANIZATION'S
BOOKKEEPER.