

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury

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.

OMB No 1545-1150 2012

Open to Public Inspection

Inte	mal Reven	nue Service	The organization may have to use a copy of this return to satisfy state reporting re	equirements.		·		
Α	For the	2012 calenda	r year, or tax year beginning 07 - 01 , 2012, and ending	g	06-3	0 , 2013		
B Check if applicable			C Name of organization	D Emp	loyer ide	ntification number		
	Address change Rotary Club of Fort Myers South Foundation In			5	9-2707	408		
X	Name cha	ange	Number and street (or P O box, if mail is not delivered to street address) Room/st	inte E Telej	phone nu	mber		
	Initial retur	m						
	Terminated	ed .	PO Box 61986	(239)41	5-1065		
	Amended i	return	City or town, state or country, and ZIP + 4	F Grou	p Exemp	tion		
	Application	n pending	Fort Myers, FL 33906	Num	ber 🕨			
G	Accour	nting Method	☐ Cash ☒ Accrual Other (specify) ▶	H Check▶	☐ if t	he organization is not		
I	Websit	te: ▶		required	to attach	Schedule B		
<u>J</u>	Tax-exe	empt status (c	heck only one) - 🗵 501(c) (3) 🔲 501(c)() ◀ (insert no) 🔲 4947(a)(1) or 🔲 5	27 (Form 99	0, 990-E	Z, or 990-PF)		
Κ	Check I	▶ ☐ if the or	ganization is not a section 509(a)(3) supporting organization or section 527 organization	zation and its gro	ss receip	ts are normally		
	not more	re than \$50,000	A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postca	rd) may be requir	ed (see ii	nstructions) But if		
	the orga	anization choos	es to file a return, be sure to file a complete return					
L	Add line	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or	ıf total assets (Pa	art II,			
		column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	135,707		
P	art i	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances(s	see the instruction	ns for Par	t I)		
		Check if th	e organization used Schedule O to respond to any question in this Part I	<u> </u>		x		
	1	Contributions	, gifts, grants, and similar amounts received		. 1	47,197		
	2	Program sen	rice revenue including government fees and contracts		. 2			
	3	Membership	dues and assessments		. 3			
	4	Investment in	come		. 4	10,324		
	5a	Gross amour	It 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)		. 5c			
	6	6 Gaming and fundraising events						
	a	Gross income	e from gaming (attach Schedule G if greater than					
Ę		\$15,000) .						
Revenue	b	Gross income	e from fundraising events (not including \$ 32,231 of cont	ributions				
æ		from fundrais	ing events reported on line 1) (attach Schedule G if the					
		sum of such	gross income and contributions exceeds \$15,000)	78,186				
	C	Less: direct e	xpenses from gaming and fundraising events	78,186				
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract					
		line 6c)			. 6d			
,	7a	Gross sales	of inventory, less returns and allowances					
1		Less cost of	· · · · · · · · · · · · · · · · · · ·					
1	С	Gross profit of	r (loss) from sales of inventory (Subtract line 7b from line 7a)		. 7c			
	8	Other revenu	e (describe in Schedule O)		. 8			
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u>.</u> . >	9	57,521		
	10	Grants and s	milar amounts paid (list in Schedule O)		. 10	36,277		
	11	Benefits paid	to or for members $\ldots \ldots \ldots $. 11			
s	12	Salaries, othe			. 12			
Expenses	13	Professional			. 13			
e e	14	Occupancy, r	ent utilities and maintenance		. 14			
ũ	15	Printing, publi	cations, postage, and shipping		. 15			
	16	Other expens	es (describe in Schedule O)		. 16	1,209		
	17	Total expens	es. Add lines 10 through 16	<u></u> ▶	17	37,486		
ر۸	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		. 18	20,035		
Net Assets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with					
As		end-of-year fi	gure reported on prior year's return)		. 19	445,130		
Žet	20	Other change	s in net assets or fund balances (explain in Schedule O)		. 20	31,783		
_	21	Net assets or	fund balances at end of year Combine lines 18 through 20		21	496,948		

For Paperwork Reduction Act Notice, see the separate instructions. $\ensuremath{\mathsf{EEA}}$

Form 990-EZ (2012)



For	m 990-EZ (2012) 'Rotary Club of Fort Mye	rs South Founda	tion Inc	59-2	707	408 Page		
P	art II Balance Sheets (see the instructions for Part II)							
	Check if the organization used Schedule O to respond to	any question in this Pa	ırt II	<u> </u>	<u></u>	<u></u> . 🛚		
		· · · · · · · · · · · · · · · · · · ·	(A) Beg	inning of year		(B) End of year		
22	Cash, savings, and investments			426,182	22	487,748		
23	Land and buildings			0	23	0		
24	Other assets (describe in Schedule O)			18,948	24	9,200		
	Total assets			445,130	25	496,948		
	Total liabilities (describe in Schedule O)			0	26	0		
	Net assets or fund balances (line 27 of column (B) must agree w	with line 21)		445,130	27	496,948		
	art III Statement of Program Service Accompli		otructions for Bort III)		<u> </u>	Expenses		
Ψ.		•	·		/n-	•		
	Check if the organization used Schedule O to respond to			<u> </u>	1,	quired for section		
Wh	nat is the organization's primary exempt purpose? CONTRIBUTION	ONS TO 501(C)(3) ORGANIZATION	IS	1	(c)(3) and 501(c)(4) anizations and section		
De	Describe the organization's program service accomplishments for each of its three largest program services,							
	measured by expenses. In a clear and concise manner, describe th				494	7(a)(1) trusts, optional		
per	sons benefited, and other relevant information for each program title	e			for c	others)		
28	THE ROTARY CLUB OF FORT MYERS SOUTH FOUNDA	ATION INC IS AN	<u> </u>					
	ORGANIZATION COMPRISED OF COMMUNITY SPIRIT	TED VOLUNTEERS						
	DEDICATED TO PROVIDING FELLOWSHIP AND SUPP	ORT TO WORTHY						
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here	▶ 🗍	28a			
29		, <u></u>						
			—					
								
	(O) 11- (C)	-1 -1 - 5						
	(Grants \$) If this amount in	cludes foreign grants, c	neck nere	<u>▶ ⊔</u>	29a	 		
30								
			<u> </u>		1			
	(Grants \$) If this amount in	cludes foreign grants, c	heck here	<u></u> ▶ 🔲	30a			
31	Other program services (describe in Schedule O)							
	(Grants \$) If this amount in	cludes foreign grants, c	heck here	▶ 🔲	31a	1		
32					32			
	art IV List of Officers, Directors, Trustees, and Key Emplo				lions	for Part IV)		
·	Check if the organization used Schedule O to respond to			(000 0.0 0.000		п.		
		day quodicin in the r	(c) Reportable	(d) Health benefits	Ť			
	(a) Name and title	(b) Average	compensation	contributions to emp		(e) Estimated amount of		
	(a) Name and title	hours per week devoted to position	(Form W-2/1099-MISC)	benefit plans, and	ı	other compensation		
	V PROBRUTT	develop to position	(if not paid, enter -0-)	deferred compensa	tion_			
	M UNDERHILL		_			_		
	ESIDENT	0	0		0	0		
го	M DYSON				ı			
ľR	EASURER	0	0		0	0		
JA	CK CHANCELLOR				ŀ			
SE	CRETARY	0	0		0	0		
во	B HOOPER							
во	ARD MEMBER	0	٥		٥	0		
RO	GER MERCADO							
BO	ARD MEMBER	0	ا ،		0	0		
				-				
		l .		i	- 1			
		i	İ	1	- 1			

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
	mondoctorio for fair vy orioda il tito digatinzation doda doriodate o to respond to any queenen il tito fair v		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		-	
	detailed description of each activity in Schedule O	_33	<u> </u>	X
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	1	Ì	Ì
	change on Schedule O (see instructions)	34	X_	
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	Ì		
	during the year? If "Yes," complete applicable parts of Schedule N	36	<u> </u>	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		ļ	
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<u></u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations. Enter		}	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	_	ŀ	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
þ	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			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,		ľ	
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			
	reimbursed by the organization			
8				
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► THOMAS DYSON Telephone no ► 239-4		065	
_	Located at ▶ 16681 MCGREGOR BLVD Fort Myers, FL ZIP+4 ▶ 33908			
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	
	At any time during the colonder year, did the organization montain on office outside of the U.S.2	40-	1	v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
40	If "Yes," enter the name of the foreign country		_	Г
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	i · · ·		L
	and enter the amount of tax-exempt interest received or accrued during the tax year	J	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
44 a	completed instead of Form 990-EZ	44a	ļ	X
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	770		
U	completed instead of Form 990-EZ	44b	İ	Х
_	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440	 	1-1
u	explanation in Schedule O	44d	F	
45 -	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
45 a 45 b		734	ļ	1
40 D	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		ŧ	
		45b		X
	Form 990-EZ (see instructions)	1.55	Ъ	

Form 9	90-EZ (20	Rotary Club of I	Fort Myers South	Foundation	Inc	59-2	27074	801	7	Page 4
46		e organization engage, directly or indirectly, in didates for public office? If "Yes," complete S	in the Control		• •			46	Yes	No X
Par		Section 501(c)(3) organizations		· · · · · · · · · · · · · · · · · · ·	<u> </u>		• •	1.0	l	
<u> </u>		All Section 501(c)(3) organizations 50 and 51		ions 47-49b an	d 52, and	complete the	tables	s for	lines	
		Check if the organization used Sch	edule O to respond	to any question	n in this F	Part VI				. 🔲
			•	<u> </u>			-		Yes	No
47		e organization engage in lobbying activities or	have a section 501(h) el		-			47		x
48	•	f "Yes," complete Schedule C, Part II organization a school as described in section						48	 	X
49a		e organization make any transfers to an exem		· ·				49a	_	X
b		"was the related organization a section 527						49b		
50		ete this table for the organization's five highe	=	es (other than office	ers, directors	s, trustees and key	,			
	employ	vees) who each received more than \$100,000	of compensation from th	e organization If the	here is none	e, enter "None."				
		(a) Name and title of each employee	(b) Average	(c) Reportable) Health benefits,	(0)	Estimati	ed amou	ent of
		paid more than \$100,000	hours per week	compensation	bene	nbutions to employee fit plans, and deferred	1		mpensa	
			devoted to position	(Forms W-2/1099-M	ISC)	compensation	+-			
	-									
NON	<u> </u>						 			
						··	+			
_ f		umber of other employees paid over \$100,00								
51		ete this table for the organization's five higher			o each rece	ived more than				
	\$100,0	00 of compensation from the organization If	there is none, enter "Nor	ne " 		···				
(a)	Name ar	nd address of each independent contractor paid more than	\$100,000	(b) Type o	f service		(c) Com	pensatio	on	
NON	€									
			.							
		-							 	
d	Total n	umber of other independent contractors each	receiving over \$100,000							
52		organization complete Schedule A? Note: A	-		a)(1)			-		-
		empt charitable trusts must attach a complete	(/, / 5	•	, ,		▼ X	Yes		No
Under	penalties	of penury, I declare that I have examined this return, include	ding accompanying schedules a	nd statements, and to the	best of my kn	owledge and belief, it is			-	
true, co	prect, and	complete Declaration of preparer (other than officer) is b	ased on all information of which	preparer has any knowle	edge					
		Thomas Dyson		_					_	
Sign	- 1	Signature of officer			,	Date				
Here	e	Thomas Dyson, Treasurer	Ich y	215/1		30/14				
		Type or print name and title Print/Type preparer's name	Proposodo suppoturo	Date			PTI	IN)		
Daid		1	Preparer's signature		0-2014	Check X if self-employed			017	
Paid	arer		homas Dyson EA	h1-3	0-2014		<u> </u>	0372	01/	
Preparent		Firm's name ► TDA Tax Services Firm's address ► 16681 McGregor I	· · · · · · · · · · · · · · · · · · ·			Firm's EIN				
U36 (Jilly	Fort Myers FL 33				Phone no 239	-415-	-106	5	
May 1	the IRS	discuss this return with the preparer shown a						Yes		No
FFA										(2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Employer Identification number 59-2707408 Rotary Club of Fort Myers South Foundation Inc 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). 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 4 hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 7 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) 10 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 11 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 b Type II **c** Type III-Functionally integrated **d** Type III-Non-funtionally 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). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting 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 No (iii) below, the governing body of the supported organization? 11g<u>(ı)</u> 11g(ii) 11g(III) Provide the following information about the supported organization(s). (i) Name of supported (a) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9) in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see Instructions)) support? US? Yes Yes Yes No (A) (B) (C) (D) (E) Total

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	tion A. Public Support	. <u> </u>					
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.")	85,794	42,594	46,346	39,167	47,197	261,098
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	85,794	42,594	46,346	39,167	47,197	261,098
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)						3,929
6	Public support. Subtract line 5 from line 4						257,169
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	85,794	42,594	46,346	39,167	47,197	261,098
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,896	6,580	11,311	8,322	10,324	42,433
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			-			303,531
12	Gross receipts from related activities, etc (s	see instructions) .				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first, s	econd, third, fourth	n, or fifth tax year as	a section 501(c)(3)	▶ 🗆
	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6, c	* *		• •			84.73 %
15	Public support percentage from 2011 Sched						81.76 %
16a	33 1/3% support test - 2012. If the organiza						. Re
	box and stop here. The organization qualified	·	•				▶ 🏻
ь	33 1/3% support test - 2011. If the organiza						. —
	check this box and stop here. The organiza			-			▶ ⊔
17a	10% or more, and if the organization meets	the "facts-and-circu	mstances" test, ch	neck this box and st	t op here. Explain i	n	
b	Part IV how the organization meets the "fact organization		did not check a bo	x on line 13, 16a, 1	6b, or 17a, and lin		▶ □
	Explain in Part IV how the organization meet supported organization	ts the "facts-and-cı	cumstances" test	The organization q	ualifies as a public	•	▶ □
18	Private foundation. If the organization did rinstructions						▶ □

Rotary Club of Fort Myers South Foundation Inc Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

Se	ction A. Public Support						·
Cale	endar 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")						
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 bus under sec 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 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	•					
8	Public support (Subtract line 7c from line 6)	, , , , , , , , , , , , , , , , , , ,					
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
I0a	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			1			
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 (Explain in Part IV)						
3	Total support . (Add lines 9, 10c, 11, and 12)						
4	First five years. If the Form 990 is for the orgonganization, check this box and stop here				as a section 501(c)(• 🗆
	tion C. Computation of Public Su	pport Percer	itage				
	Public support percentage for 2012 (line 8, co			n)		15	%
	Public support percentage from 2011 Schedu			<u> </u>	<u> </u>	16	%
	tion D. Computation of Investme						
	Investment income percentage for 2012 (line			* * * *			%
8	Investment income percentage from 2011 Sci	hedule A, Part III,	line 17		• • • • • • • • • •	18	%
9a	33 1/3% support tests - 2012. If the organization of the support tests - 2012. If the						▶ □
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this b						▶ □
20	Private foundation. If the organization did no	=	=				▶ 🗍

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open to Public

Inspection Employer identification number

Internal Revenue Service Name of the organization

Department of the Treasury

59-2707408 Rotary Club of Fort Myers South Foundation Inc Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees ☐ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col (i) Yes No 2 5 6 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

				Myers South Found		2707408 Page 2		
Pa	irt H	Fundraising Events. Com than \$15,000 of fundraising gross receipts greater than	event contributions ar					
		group roscipio groater than	(a) Event #1 FOOTBALL GAM (event type)	(b) Event #2 SCHOLAR ATHL (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))		
Revenue	1	Gross receipts	86,067	24,350		110,417		
	2	Less: Contributions	19,541	12,690		32,231		
	_	line 2)	66,526	11,660		78,186		
	4 5	Cash prizes						
nses	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
Dire	8	Entertainment		7,				
	9	Other direct expenses	66,526	11,660		78,186		
10 Direct expense summary Add lines 4 through 9 in column (d)								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
Re	1_	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direc	4	Rent/facility costs						
	5	Other direct expenses		☐ Yes %	Yes %			
	6	Volunteer labor	□ No	□ No	□ No			
	7	Direct expense summary. Add lines Net gaming income summary. Comb	- , ,	ne 7		()		
	8							

9	Enter the state(s) in which the organization operates gaming activities:
а	Is the organization licensed to operate gaming activities in each of these states?
þ	If "No," explain:
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

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.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

Rotary Club of Fort	Myers South Foundation Inc	59-2707408
01. List of gra	ants and similar amounts paid (Part I, lin	e 10)
Activity	Contributions to local 501(C)(3)Cha	
Amount	13,750	
Activity	College Scholarships	
Amount	20,527	
Activity	Trippe Scholarship	
Amount	2,000	
02. Description	n of other expenses (Part I, line 16) Amount	
	Amount	
Bank Charges	996	
Other	213	
03. Other chang	ges in net assets or fund balances (Part I	, line 20)
Description	Amount	
Unrealized Gain (Lo	oss) on Investmen 31,783	
04. Description	of other assets (Part II, line 24)	
Category	Beginning of Year End	of Year
Accounts Receivable	9,200	9,200
Prepaid Expenses	9,748	0

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
Rotary Club of Fort Myers South Foundation Inc	59-2707408
05. Changes to governing documents (Part V, line	34)
Name change from Rotary Foundation of Fort Myers South, Inc.	
, , , , , , , , , , , , , , , , , , ,	
	
	
	-
 	

Articles of Amendment to Articles of Incorporation of

Rotary Foundation of Fort	Myers South, Inc.		
(Name of Corporation as currently f	led with the Florida Dept. of S	State)	
N16366			
(Document N	umber of Corporation (if known)	
Pursuant to the provisions of section 617.100 amendment(s) to its Articles of Incorporation		Not For Profit Corporation adopts the fol	lowing
A. If amending name, enter the new name	of the corporation:		
Rotary Club of Fort Myers S	South Foundation, I	nc.	he new
name must be distinguishable and contain the "Company" or "Co." may not be used in the	e word "corporation" or "incor	······································	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE			
C. Enter new mailing address, if applicab	lo		
(Mailing address MAY BE A POST OF)			
D. If amending the registered agent and/o new registered agent and/or the new re		lorida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ad	dress)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if chan I hereby accept the appointment as registered			
Signai	me oj wew kegisieren Agent, ij	changuig	

Page 1 of 4