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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

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विकासलियां गाँउ । विद्यासन्तर्भागाः	

<u>A</u> _	For the 2013 (calen	dar year, or tax					13, and end	ing _	Jun 30		, 2014
В	Check if applicable		C Name of organiz	zation MEME	HIS ROT	ARY FOU	OITADN	ИС			='	tification Number
	Address chan	ge	Doing Business		,						<u>6096</u>	
	Name change	,	Number and stre	eet (or PO box i	f mail is not delive	ered to street ad	dress)	Roo	m/suite	E Teleph	one num	ber
	Initial return		2693 UNIO	N EXTD				10	2	(90	1) 5	26-1318
	Terminated		City or town, sta	te or province, co	ountry, and ZIP o	r foreign postal o	ode					
	Amended retu	ım	MEMPHIS				Т	N 38112	2	G Gross	eceipts	\$ 348,632.
	Application pe		F Name and addre	ess of principal of	fficer					s this a group return		
		- 1	BERJE YACOUBIA	N 2693 IIN	STON EXT	MEMPHT	c	TN 38112) H(b) д	Are all subordinates f 'No,' attach a list	included	
	Tax-exempt sta		X 501(c)(3)	501(c) (sert no)	4947(a)(1		∸ "	f 'No,' attach a list	see Instr	ructions)
÷	Website: ►			307(0) (/ (#15	Jerrio)	1777(0)(1	17 01 327	ر ال			•
<u>. </u>				1_ 11	 	Tau B		11		Group exemption nu		
K	Form of organiza		X Corporation	Trust	Association	Other -		L Year of form	ation]	1982 M	State of I	egal domicile TN
2 - Ç	Incl. Sum					· · · · · · · · · · · · · · · · · · ·						
	1 Briefly d	escnb	e the organization	on's mission	or most signi	iticant activiti	es:	FUNDING FO	<u>R PHILA</u>	NTHROPIC & CO	MMUNIT	Y BETTERMENT PROJECT
బ్ర												
ğ			- <i>-</i>						-			
E												
Governance	2 Check th									5% of its net a		Ī
অ	3 Number 4 Number		ting members of lependent voting								3	
es	5 Total nu		of individuals en								5	<u> </u>
Activities &	6 Total nu	mber	of volunteers (es	stimate if nec	assarv)	20 04-211-2		NAME OF			6	
ਝੁ	7a Total un	relate	d business rever	nue from Par	t VIII. column	(C) line 12					7a	0
-	i		business taxable						- 1		7b	<u> </u>
	# 1101 d.m.		Dadinoo tanaan				3 1 1 6		ارا د	Prior Year	1	Current Year
	8 Contribu	itions	and grants (Part	VIII line 1h)					<i>b</i> ∥—	72,2	266	49,849
3									اري الح	12,2	.00.	49,049
Revenue	10 Investme	ent ind	ice revenue (Par come (Part VIII, e	column (A) li	ines 3 4. and		3DEN			148,4	107	87,259
æ			e (Part VIII, colur						⋣ ├ ─	140,4	:07.	61,233
	,		- add lines 8 th				•			220,6	73	137,108
			milar amounts pa							57,9	_	37,882
			to or for member			•				57,3	,,,,,	31,002
			r compensation,									
es	13 Salailes					-	•	•				
Expenses	16a Professi	•	undraising fees (•				• • • • • •	i i			
Š	b Total fur	ndraisi	ing expenses (P	art IX, colum	n (D), line 25	i) ►		0				
ш	17 Other ex	kpens	es (Part IX, colui	mn (A), lines	11a-11d, 11	f-24e)				41,2	214.	140,945
	18 Total ex	pense	s. Add lines 13-	17 (must equ	al Part IX, co	olumn (A), lin	е 25) .		🗀	99,1		178,827
	19 Revenue	e less	expenses. Subt	ract line 18 fr	om line 12				🗀	121,4		-41,719
8						*				ginning of Curre		End of Year
Assect	20 Total as	sets (Part X, line 16) .						🚟	1,236,3		1,277,247
\$0	21 Total lial	bilities	(Part X, line 26))				· · · · · · ·	💳	24,6		34,066
ž	22 Net asse	ate or	fund balances. S	Subtract line :	21 from line 1	20						
4				Subtract into 1	21 110111 11110 2					1,211,6	94.	1,243,181
			e Block			 						
Comp	er penaities of perjur plete Declaration of	ry, I dec prepare	lare that I have examiner (other than officer) i	is based of all in	ornation of which	anying schedules h preparer has a	i and statem ny knowlede	ients, and to the je	best of my	knowledge and be	lief, it is t	rue, correct, and
—			////	\times								
01.	- -	Signatu	re of officer	2						Date		
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пе		Type or	print name and title.	anaa	CANE	<u>, 1 (e.</u>	side	/ [T			<u>// ~ </u>	<u> 113 </u>
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			Memphi				rn 38	157-041	5	Phone no	(90:	
Ma	y the IRS discu	ss this	s return with the		wn above? (· · · ·	. X Yes No
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				,	p = - = - v 1		-	,				

Form		PHIS ROTARY FO				62-6	096310	Page 2
li Eli	Statemen	t of Program Ser	vice Accom	olishments			- 	
	Check if Sch	edule O contains a res	sponse or note to	any line in this Part	• • • • • • • • • • • • • • • • • • • •	<u> </u>		<u> </u>
1	Briefly describe the	organization's mission						
	FUNDING FOR	PHILANTHROPIC	& COMMUN	TTY BETTERMEN	T PROJECT	S, PRIMARY ARE	EAS	
	OF FOCUS INC	CLUDE EDUCATION	N, INTERN	ATIONAL CLEAN	WATER SY	STEMS AND		
	See Form 990, Pag	e 2, Part III, Line 1 (co.	ntinued)					
2	Did the organization	undertake any signific	ant program ser	vices during the year	which were no	t listed on the prior		
_	-	• •					Yes	X No
		se new services on So						
3	•			changes in how it co	inducts any nro	ogram services?	Tyes	X No
3	•	ese changes on Sched	-	changes in now it co	inducts, any pro	Agram services :	[] .e.	<u> </u>
		-		ante for each of ite the	oo lorgoot prog	ram services, as measu	rad by avaan	
7	Section 501(c)(3) ar	nd 501(c)(4) organizationses, and revenue, if	ons and section	4947(a)(1) trusts are	required to rep	ort the amount of grants	and allocation	ns to
4 a) (Expenses \$	13,709.	including grants of	\$	0.)(Revenue	\$	0.)
	CLEAN WATER				- -			
	TRAINING ROTTO MAINTAIN					POPULATION		
					- -			
			· 					
								
4 b	ROTARY INTER THE MISSION TO ADVANCE V	NATIONAL PROC OF THE ROTARY	GRAM LINTERNAT ANDING, GO	DDWILL, AND E	TION IS TO	ENABLE ROTARI	ANS	0.)
	THE FOUNDATI	ON IS A NOT-E	OR-PROFIT ROM ROTAR TER WORLD	CORPORATION IANS AND FRIE	SUPPORTED	SOLELY BY	іно	
			· 					
4 c	VARIOUS OTHE		CLUDING T		ERSHIP CO	0.)(Revenue		0.)
			. – – – – – –					
			. – – – – <i>– –</i>					
								. – – – – -
4 d	Other program servi	ices. (Describe in Sche	edule O.)					
	(Expenses \$	<u></u>	including grants	s of \$)	(Revenue \$)
4 e	Total program sen	rice expenses ►		,882.			·	
BAA				TEEA0102 07/02/13			For	m 990 (2013)

[- E1	Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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		х
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, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
ı	b Did the organization report an amount for investments — other securitles 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	11 b		х
•	c 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	11 c		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	11 d		х
•	Bud the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
1	F Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	х	_
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? 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		Х
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
J	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
1	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or Х 21 22 Х 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 Х 23 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 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 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 Х 27 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): Х 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b 28¢ Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If Yes,' complete Schedule N, Part I. X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N, Part II 32 Х 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, Х 34 Х 35a 35b Х 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 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38

BAA

_			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	- 12): 	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	ا	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
t	o If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	21	o	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 2	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 8	a	X
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	31	اد	
4 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)?	4 8	а	x
t	olf 'Yes,' enter the name of the foreign country: ►			i.
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	a	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	51	3	Х
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 0	<u></u>	
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 6	a	x
t	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	ь	
7	Organizations that may receive deductible contributions under section 170(c).	*		
ε	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 8		X
ŀ	of Yes, did the organization notify the donor of the value of the goods or services provided?	71		+
	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	70	+	x
(If Yes,' indicate the number of Forms 8282 filed during the year			:
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 6	.	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	1	X
ć	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 9	9	
ł	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
ε	a Did the organization make any taxable distributions under section 4966?	9ε	3	T
t	Did the organization make a distribution to a donor, donor advisor, or related person?	9 t	,	1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ŧ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	į		
11	Section 501(c)(12) organizations. Enter:			
8	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	1	
t	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13				q.
a	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	1	
	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			ليجا
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		<u> </u>
t	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b)	1

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.

Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 9 1 a 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. b Enter the number of voting members included in line 1a, above, who are independent 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8 a 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Х 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Х X 13 Х 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? 15a Х 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? 16 a Х b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 2693 UNION EXTD MEMPHIS, 38112 (901) 526-1318 BAA TEEA0106 07/02/13 Form 990 (2013)

Form 000 (2012)	MEMBERS	D001 D1/	COUNTRACTON
Form 990 (2013)	MEMPHIS	ROTARY	FOUNDATION

62-6096310

Page 7

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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 employees.'
- 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(0	;)					
(A) Name and Title	(B) Average hours per week (list	Position (do not check more the one box, unless person is both officer and a director/trustee						(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) BERJE YACOUBIAN	0.00		_							
PRESIDENT		Х		Х			<u> </u>			
(2) BUDDY ADAMS IMMEDIATE PAST PRES	_0.00	Х		Х						
(3) OTIS SANFORD TREASURER	0.00	х		х						
(4) JIM EIKNER	0.00									
SECRETARY]	х		х						
(5) KAREN HILL	0.00									
VICE PRESIDENT		Х		Χ						
(6) TOM PANAGON	0.00									
CLUB REPRESENTATIVE		Х								
(7) JON MCCALLA CLUB REPRESENTATIVE	_0.00	х							į	
(8) RAY BRANDON	0.00		\vdash		\vdash		-			
CLUB REPRESENTATIVE		х								
(9) GRAY CARTER	0.00	-					\vdash			
CLUB REPRESENTATIVE	1	х				ļ				·
(10)		_								
<u>(11)</u>										
(12)										
(13)						_				
(14)										

Form 990 (2013) MEMPHIS ROTARY FOUNDATIO			_				_		62-609631	
Section A. Officers, Directors, Trus	tees, l	Ke <u>y</u>	En	ple (C		es,	and	d Highest Con	npensated Emp	loyees (continued)
(A) Name and title	Average hours per week	offi	unle cera:	Pos heck as pe	ition more rson i irecto	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)			j							
(16)										
(17)										
(18)										
(19)					}					
(20)										
(21)										
(22)										
(23)										·
(24)					}					
(25)										
1 b Sub-total	A	 . <u>.</u> .	 	• •			>			
2 Total number of individuals (including but not limited from the organization ▶	to those	listed	abo	ve)	who	rece	ived	d more than \$100,0	000 of reportable con	· · · · · · · · · · · · · · · · · · ·
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind										Yes No
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater the such individual	an \$150,0	7000	If Y	es' e	comi	olete	Sch	nèdule J for		. 4 X
5 Did any person listed on line 1a receive or accrue corfor services rendered to the organization? If 'Yes,' cor	npensati	ion fr	om a	any i	unre	lated	org	anization or individ		
Section B. Independent Contractors 1 Complete this table for your five highest compensated										
compensation from the organization. Report compens	sation for	r the	cale	ndai	yea	r end	ling	with or within the	organization's tax yea	(C)
Name and business addres	s 			_			\dashv	Description o		Compensation
							_			
							-			
 Total number of independent contractors (including b \$100,000 of compensation from the organization 	ut not lim	nited	to th	ose	liste	d abo	ove)) who received moi	e than	
BAA		TEEA0	108	11/11	1/13					Form 990 (2013)

-61	1.97	Statement of Rev	/enue						
		Check if Schedule O c	ontains a	respon	se or note to any lin	e in this Part VIII			<i>.</i> <u>L</u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>د</u> ح	1 a	Federated campaigns .		1 a					
3 3	b	Membership dues	[1 b					
25.5	C	Fundraising events	L	1 c					
동	d	Related organizations .		1 d					
S.E	9	Government grants (contribution	ons)	1 e					
든땅	f	All other contributions, gifts, gr similar amounts not included a	ants, and	ļ					
題を			L	11	49,849.				
돌	g	Noncash contributions include		'-					
<u>~</u>	<u>h</u>	Total. Add lines 1a-1f	····	· · · ·		49,849.	:		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	2 a				Business Code				
띭	Z a								
Œ	,	`		}-					
2	4	, _ <i></i>		-					
ぶ	a	`				······································			
38	f	All other program service	revenue						
Š	a	Total. Add lines 2a-2f							
	3	Investment income (inclu					<u> </u>		· · · · · · · · · · · · · · · · · · ·
	Ĭ	other similar amounts) .				42,662.	0.	0.	42,662
	4	Income from investment			· · · · · · · · · · · · · · · · · · ·				
	5	Royalties							
			(I) Re	al	(ii) Personal				
i	1	Gross rents							
ì		Less: rental expenses			 				
		Rental income or (loss) I Net rental income or (los	<u> </u>						
		· I	(i) Securi		(ii) Other				
	7 a	Gross amount from sales of assets other than inventory.	256,		, , , , , , , , , , , , , , , , , , , ,		,		
	_	Less, cost or other basis	2301	141.					
	Ü	and sales expenses	211,	524.					
	С	Gain or (loss)		597.					
	d	Net gain or (loss)				44,597.	0.	0.	44,597
ш	8 a	Gross income from fundr	aising eve	nts	ļ				
吕		(not including \$ of contributions reported	0 4						
<u> </u>									
OTHER REVENUE	_	See Part IV, line 18 Less: direct expenses .			<u> </u>				
5		Net income or (loss) from			<u>'</u>				
				-					
	9 a	Gross income from gaming See Part IV, line 19	ng acuvide	s. a					
	b	Less: direct expenses .		b					
	c	Net income or (loss) from	n gaming a	ctivities	s >				
	10 a	Gross sales of inventory,	less return	ns					
		and allowances		а					
		Less: cost of goods sold							
		Net income or (loss) from Miscellaneous Revenu		nvento	Business Code				
	11 a				Duemess Code				
	u								
	c	:		· - 十					
	d	All other revenue							
	θ	Total. Add lines 11a-11d							
	12	Total revenue. See instr	uctions .			137.108	0	0	87 259

Forn	n 990 (2013) MEMPHIS ROTARY FOUND	ΑΤΙΟΝ		62-609	6310 Page 10
_	Statement of Functional Expension			02 003	0310 . rago . r
	tion 501(c)(3) and 501(c)(4) organizations must con		ther organizations must d	complete column (A).	
	Check if Schedule O contains a res	sponse or note to any line	e in this Part IX		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) 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	37,882.	_37,882.		
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			1	
4	Benefits paid to or for members			n 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
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					
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):		Ţ		
4	a Management	33,548.	0.	33,548.	
1	biLegal				
•	Accounting	2,200.	0.	2,200.	0.
•	d Lobbying				
•	Professional fundraising services. See Part IV, line 17 .				
1	Investment management fees				
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion				
13	Office expenses	1,309.	0.	1,309.	0.
14	Information technology				
15	Royalties				
16	Occupancy	4,275.	0.	4,275.	0.
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,407.	0.	91,407.	0.
20	I44				

	public officials				
19	Conferences, conventions, and meetings	91,407.	0.	91,407.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,318.	0.	3,318.	0.
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 O.)				
а	TELEPHONE/INTERNET	1,616.	0.	1.616.	0.
	MISCELLANEOUS	3,272	0.	3.272.	0_
d					
8	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	178,827.	37,882.	140,945.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here [If following] SOP 98-2 (ASC 958-720)				
BAA		TEEA0110 11/08	13		Form 990 (2013)

Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
i	2	Savings and temporary cash investments	103,203.	2	52,859.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,536.	4	56,416.
	_	.	20/000:		00/110.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		Part II of Schedule L		_ 5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
T	9	Prepaid expenses and deferred charges	1 650	9	<u> </u>
\$			1,650.	9	
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation		10 c	L
	11	Investments — publicly traded securities	1,098,039.	11	1,153,179.
	12	Investments — other securities. See Part IV, line 11	12,917.	12	14,793.
	13	Investments – program-related. See Part IV, line 11 · · · · · · · · · · · ·		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,236,345.	16	1,277,247.
	17	Accounts payable and accrued expenses	24,651.	17	34,066.
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1-1-1	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
8	24	Unsecured notes and loans payable to unrelated third parties		24	
i	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	24,651.	26	34,066.
-taz		Organizations that follow SFAS 117 (ASC 958), check here ➤ X and complete			
		lines 27 through 29, and lines 33 and 34.			
∢оош-о	27	Unrestricted net assets	1,211,694.	27	1,243,181.
Ę	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
OR F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
サンズロ	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
B4し420世の	33	Total net assets or fund balances	1,211,694.	33	1,243,181.
Ē	34	Total liabilities and net assets/fund balances	1,236,345.	34	1,277,247.
BA	A				Form 990 (2013)

Forn	n 990 (2013) MEMPHIS ROTARY FOUNDATION 62	-6096310		Page 12
7	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	137	7,108.
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,827.
3	Revenue less expenses. Subtract line 2 from line 1	3		719.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,211	,694.
5	Net unrealized gains (losses) on investments	5	73	3,206.
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
٠	column (B)).	10	1,243	3,181.
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🛛
	<u> </u>		Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	-		
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on separate basis, consolidated basis, or both:	а		
	Separate basis Consolidated basis Both consolidated and separate basis			
ı	b Were the organization's financial statements audited by an independent accountant?		2 b	х
	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: X Separate basis			
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au review, or compilation of its financial statements and selection of an independent accountant?	ıdıt,	2 c	х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?		3 a	x
ı	b If Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u> .	3 b	
BAA			Form 99	0 (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

(C)

(D)

(E)

Total

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

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

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OMB No. 1545-0047

Name of the organization Employer identification number 62-6096310 MEMPHIS ROTARY FOUNDATION 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(Iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 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 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. c Type III - Functionally integrated d Type III - Non-functionally integrated Type II 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 is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i)11 g (i) A family member of a person described in (i) above? 11 g (ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . 11 g (iii) Provide the following information about the supported organization(s). h (II) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (i) Name of supported organization (iv) is the organization in column (i) listed in (v) Did you notify the organization in (vi) is the organization in (vii) Amount of monetary support column (I) organized in the U S.? column (I) of your support? your governing document? (see instructions)) No Yes Yes (A) (B)

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

Schedule A (Form 990 or 990-EZ) 2013

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

			()(-)(-)(-)	
(Complete only if y	ou checked the hov on line 5	, 7, or 8 of Part I or if the organiz	ration failed to qualify under	Part III If the
				rartin, n uio
organization fails to	o qualify under the tests listed	l below, please complete Part III	1.)	

Sec	tion A. Public Support				,		·
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')				į.		
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						
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	1					
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
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						
12	Gross receipts from related activiti	es, etc (see instruc	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organization here	on's first, second,	third, fourth, or fifth	ı tax year as a secti	on 501(c)(3)	▶ 🗍
	tion C. Computation of Pu						
	Public support percentage for 201						<u>%</u>
	Public support percentage from 20					——————————————————————————————————————	%_
16 a	a 33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the bo cly supported orga	x on line 13, and the nization	he line 14 is 33-1/39	% or more, check thi	s box ▶
1	o 33-1/3% support test — 2012. If to and stop here. The organization of	he organization did qualifies as a public	d not check a box of cly supported orga	on line 13 or 16a, a nization	and line 15 is 33-1/3	% or more, check th	is box
17:	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and-	-circumstances' tes	st, check this box a	and stop here. Expl	ain in Part IV how	▶ []
	 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and- 	eets the 'facts-and- circumstances' tes	-circumstances' te: t. The organizatior	st, check this box a n qualifies as a pub	and stop here. Expl plicly supported orga	ain in Part IV how the	e ▶ []
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instructions	▶ []
BAA					Sche	edule A (Form 990 o	r 990-EZ) 2013

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

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

Sec	tion A. Public Support						
Calen	dar year (or fiscal yr beginning in) >	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees						
	received. (Do not include						
•	any 'unusùal grants.')	105,642.	80,603.	66,633.	72,266.	49,849.	374,993.
2	Gross receipts from admissions, merchandise sold or		}]		
	services performed, or facilities	,				1	
	furnished in any activity that is related to the organization's		ł	i			
	tax-exempt purpose	1	j)	<u> </u>	
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513					i	
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			,	l		
6	Total. Add lines 1 through 5	105,642.	80,603.	66,633.	72,266.	49,849.	374,993.
7 a	Amounts included on lines 1,						
	2, and 3 received from disqualified persons			ı	}	Į.	
b	Amounts included on lines 2						
	and 3 received from other than					ì	
	disqualified persons that exceed the greater of \$5,000 or			ĺ		1	
	1% of the amount on line 13					ŀ	
	for the year						
	Add lines 7a and 7b	,					
8	Public support (Subtract line 7c from line 6.)				•		374,993.
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	105,642.	80,603.	66,633.	72,266.	49,849.	374,993.
10 a	Gross income from interest,						
	dividends, payments received on securities loans, rents,						
	royalties and income from	00.00	20.010				
ь	similar sources	22,694.	38,212.	40,705.	77,689.	42,662.	221,962.
-	income (less section 511			ì		1	
	taxes) from businesses acquired after June 30, 1975		ł	ļ			
c	Add lines 10a and 10b	22,694.	38,212.	40,705.	77,689.	42,662.	221,962.
11						32/3321	222/302.
	activities not included in line 10b, whether or not the business is			İ			
	regularly carried on		ĺ	Į	1		
12							
	gain or loss from the sale of capital assets (Explain in	. 1		j		Í	
	Part IV.)						
13		128,336.	118,815.	107,338.	149,955.	92,511.	<u>596,955.</u>
14	First five years. If the Form 990 is organization, check this box and s	i for the organization to the contraction of the co	on's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pu						
15	Public support percentage for 2013	3 (line 8, column (f)	divided by line 13	, column (f))		15	62.82 %
16	Public support percentage from 20	12 Schedule A, Pa	rt III, line 15		<u> </u>	16	66.95 %
Sec	tion D. Computation of Inv						
17	Investment income percentage for		· · ·		•		37.18 %
18	Investment income percentage fro						33.05 %
19 a	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	the organization di	d not check the bo	x on line 14, and li	ne 15 is more than	33-1/3%, and line	17
h	33-1/3% support tests — 2012. If				•	-	
	line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualifies	s as a publicly supp	ported organization	► 🗓
20	Private foundation. If the organization	ation did not check	a box on line 14, 1	9a, or 19b, check	this box and see ir	nstructions	▶ 🔲

Schedule A	(Form 990 or 990-EZ)	2013 MEMPH	HIS ROTARY	FOUNDATIO	N	62-6096310	Page 4
Fer Mil	Supplemental Into or 17b; and Part I (See instructions)	formation. Pr II, line 12. Also	rovide the ex complete th	planations req nis part for any	uired by Part II, lin additional informa	e 10; Part II, line 17a tion.	
				~ 			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete If the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Quality tellale m990. [in];::(4)(c)-

MEN	PHIS ROTARY FOUNDATION			62-6096310	
<u> </u>	Organizations Maintaining Dono	r Advised Funds or Oth	er Similar Fund	ds or Accounts.	
	Complete if the organization answer	ered 'Yes' to Form 990, P	art IV, line 6.		
		(a) Donor advised f	unds	(b) Funds and other account	nts
1	Total number at end of year				
2	Aggregate contributions to (during year)			·	
3	Aggregate grants from (during year)				
4	Aggregate value at end of year			 	
5	Did the organization inform all donors and donor are the organization's property, subject to the org	advisors in writing that the asse panization's exclusive legal cont	ets held in donor adv rol?	ised funds	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or for	or any other purpose	conferring	No
[; {:] ·	Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990, P	art IV, line 7.		
1	Purpose(s) of conservation easements held by the	e organization (check all that a	pply).		
	Preservation of land for public use (e.g., recr	eation or education)	Preservation of a	in historically important land area	
	Protection of natural habitat	,	Preservation of a	certified historic structure	
	Preservation of open space	•	<u> </u>		
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation co	entribution in the form	n of a conservation easement on t	the
				Held at the End of the	Tax Year
-	Total number of conservation easements			2 a	
	Total acreage restricted by conservation easeme				
	Number of conservation easements on a certified	•	•	2 c	
	I Number of conservation easements included in (o structure listed in the National Register.....		• • • • • • • • •	2 d	
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguished	d, or terminated by th	he organization during the	
4	Number of states where property subject to conse	ervation easement is located >			
5	Does the organization have a written policy regar	·	. •	F 14-	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conse	ervation easements of	during the year	_
7	Amount of expenses incurred in monitoring, inspenses	ecting, and enforcing conservati	ion easements dunn	g the year	
8	Does each conservation easement reported on lin and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the require	ements of section 17	70(h)(4)(B)(i) · · · · · · · · · Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	s conservation easements in its se organization's financial staten	revenue and expens nents that describes	se statement, and balance sheet, the organization's accounting for	and
F 1:1:	Organizations Maintaining Collection Complete if the organization answer	ctions of Art, Historical ered 'Yes' to Form 990, P	Treasures, or Cart IV, line 8.	Other Similar Assets.	
1 8	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	eld for public exhibition, education	on, or research in fur	ement and balance sheet works o therance of public service, provid	f ө,
t	of the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items:	FAS 116 (ASC 958), to report in or public exhibition, education, or	its revenue stateme or research in further	ent and balance sheet works of art rance of public service, provide the	t, 6
	(i) Revenues included in Form 990, Part VIII, lin				
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hamounts required to be reported under SFAS 116	nistorical treasures, or other sim 6 (ASC 958) relating to these ite	illar assets for financ ems:	ial gain, provide the following	
8	Revenues included in Form 990, Part VIII, line 1			····· > \$	
t	Assets included in Form 990, Part X	<u></u>	<u></u>	► \$	

	HIS ROTARY FOU			62-60	
Organizations Mainta	ining Collections	of Art, Hist	orical Treasures, o	r Other Similar As	sets (continued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	records, check	any of the following that	are a significant use of	its collection
a 🔁 Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other			
c Preservation for future general	tions				
4 Provide a description of the organic Part XIII.	zation's collections and	explain how the	ey further the organizatio	n's exempt purpose in	
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive dor n to be maintained as p	nations of art, his part of the organ	storical treasures, or othe	r similar assets	. Yes No
Escrow and Custodia line 9, or reported an a	I Arrangements. mount on Form 99	Complete if t 0, Part X, lin	he organization ans e 21.	wered 'Yes' to Forr	n 990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian, or other i	ntermediary for	contributions or other ass	sets not included	. Yes No
b If 'Yes,' explain the arrangement in	Part XIII and complete	the following ta	able.		
					Amount
c Beginning balance					
d Additions during the year					
e Distributions during the year					
f Ending balance					
2 a Did the organization include an am	ount on Form 990, Pai	t X, line 21? .		• • • • • • • • • • • •	. Yes No
b If 'Yes,' explain the arrangement in	Part XIII. Check here	if the explantion	has been provided in Pa	rt XIII	[_]
			184.14.5	000 0 187 8	
Endowment Funds. C					
4 - Danissina of seas below a	(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions		 	- 	 _	
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	\				
2 Provide the estimated percentage	of the current year end	balance (line 1	g, column (a)) held as:		
a Board designated or quasi-endowr	ment >	 %			
b Permanent endowment ►					
c Temporarily restricted endowment	•	^{&}			
The percentages in lines 2a, 2b, a	nd 2c should equal 100)% .			
3 a Are there endowment funds not in organization by:	the possession of the o	organization tha	t are held and administer	ed for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations				• • • • • • • • • • •	. 3a(ii)
b If 'Yes' to 3a(ii), are the related org	anizations listed as rec	uired on Sched	ule R?		3b
4 Describe in Part XIII the intended u	uses of the organization	n's endowment i	funds.		` -
Land, Buildings, and Complete if the organiz	Equipment.			See Form 990 F	Part X line 10
					,
Description of property		or other basis restment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				aspi solution	
h Buildings				·	4

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
otal. Add lines 1a through 1e. (Column (d) must equi	al Form 990, Part X, colur	nn (B), line 10(c),)		

BAA

Schedule D (Form 990) 2013

THE EIGENTINUAR OF EACHING OF CHINARRY HACHESING ROMA OF CACHARA	(b) Book value	art IV, line 11b. See Form 990, Part X, line (c) Method of valuation: Cost or end-of-year market v	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end-of-year market v	alue
Financial derivatives			
3) Other			
			
A)			
B)			
<u>C)</u>			
D)			
E)			
(F)			
G)			
<u>H)</u>			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) .	<u> </u>		
Investments — Program Related. Complete if the organization answered "	Yes' to Form 990. P	art IV, line 11c. See Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)	<u> </u>		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) .			
otal. (Column (b) must equal Form 990, Part X, column (B) line 13) . ▶ Other Assets. Complete if the organization answered "	Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) . ► Other Assets. Complete if the organization answered " (a) Dec	Yes' to Form 990, P	art IV, line 11d. See Form 990, Part X, line	
Otal. (Column (b) must equal Form 990, Part X, column (B) line 13) . > Other Assets. Complete if the organization answered " (a) Des	Yes' to Form 990, P		
Other Assets. Complete if the organization answered '(a) Des	Yes' to Form 990, P scription		
Other Assets. Complete if the organization answered " (a) Description (2) (3)	Yes' to Form 990, P scription		
Other Assets. Complete if the organization answered (a) Des	Yes' to Form 990, P		
Other Assets. Complete if the organization answered " (1) (2) (3) (4) (5)	Yes' to Form 990, P		
Other Assets. Complete if the organization answered " (a) Dec. (3) (4) (5) (6) (7)	Yes' to Form 990, P		
Other Assets. Complete if the organization answered " (a) Description (5) (5) (6) (7) (8)	Yes' to Form 990, P		
Other Assets. Complete if the organization answered " (a) Description (5) (5) (6) (7) (8) (9)	Yes' to Form 990, P		
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13) . Important Property (a) Description (b) must equal Form 990, Part X, column (B) line 13) . Important Property (a) Description (a) Description (b) Description (c)	scription	(b) Bool	
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) line 13) . In part (c) (a) Description (c) (b) must equal Form 990, Part X, column (b), line 13) . In part (c) (c) (d) (e) (f) (f) (g) (f) (f) (g) (f) (f)	scription	(b) Bool	
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) line 13) . In part (c) (a) Description (c) (b) must equal Form 990, Part X, column (b), line 13) . In part (c) (c) (d) (e) (f) (f) (g) (10) Total. (Column (b) must equal Form 990, Part X, column (B), line 13) . In part (c) Part (c) Other Liabilities.	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered '(a) Description (b) must equal Form 990, Part X, column (b) line 13) . In the complete if the organization answered '(a) Description (b) Description (c)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (b) line 13) . In the complete if the organization answered (c) (a) Description (c) (d) (e) (form (form form form form form form form form	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered (a) Description of liability Other Liabilities. Complete if the organization answered (b) must equal Form 990, Part X, column (B), In Equal Form 990, Part X, column (Column (Col	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13) . In the complete if the organization answered (a) Description of liability (1) Federal income taxes (2)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered " (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Information answered "Yes" to Formation (Column (b) answered "Yes" to Formation (Column (b) Description of liability (1) Federal income taxes (2) (3)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered " (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Information (B	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered " (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), Information answered "Yes" to Formation (Column (b) answered "Yes" to Formation (Column (b) Description of liability (1) Federal income taxes (2) (3)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered " (a) Description (b) must equal Form 990, Part X, column (B) line 13) . ► (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered '(a) Description (b) must equal Form 990, Part X, column (b) line 13) . In the complete if the organization answered '(a) Description (b) Description of liability (column (b) must equal Form 990, Part X, column (b), line (column (b) must equal Form 990,	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered '(a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), limits and the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered '(a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered '(a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), limits and the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	ine 15.)	(b) Bool	
Other Assets. Complete if the organization answered '(a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B), liabilities. Complete if the organization answered 'Yes' to Form (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	ine 15.)	e or 11f. See Form 990, Part X, line 25	k value

हिन्द्र Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	210,314.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	73,206.
3 Subtract line 2e from line 1	3	137,108.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		137,108.
Reconciliation of Expenses per Audited Financial Statements With Expenses per		
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.	, 1010111.	
		170 007
	1	178,827.
b Prior year adjustments	Ę	
<u> </u>		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	178,827.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		178,827.
Supplemental Information.		170,027.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	al information	on.
BAA	Schedule D	(Form 990) 2013

Schedule D (Form 990) 2013 MEMPHIS ROTARY FOUNDATION	62-6096310	Page 5
Supplemental Information (continued)		
•		
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		<b>-</b>

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization MEMPHIS ROTARY FOUNDATION

Tatal General Information on Grants and Assistance

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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OMB No. 1545-0047

Employer Identification number ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

· · · × × 62-6096310

**%** □

1 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 criteria used to award the grants or assistance?	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Grants and Other Assistance to Governments and Organizations in the United States Committee to the Committee of the Committee
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							İ
Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	unce to Governme for any recipient th	ents and Organiat received more	1 Organizations in the United States. Complete if the organization answere red more than \$5,000. Part II can be duplicated if additional space is needed.	ed States. Comple I can be duplicated	ste if the organizat if additional space	tion answered 'Ye is needed.	s, to
(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
(1) <u>ROTARY INTERNATIONAL 1560 SHERWAN AVE EVANSTON IL 60201</u>	36-1707667		15.200				SMEGDOGG TA
							CLIENTON T TVI
(3)							
(4)							
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Schedule I (Form 990) (2013) MEMPHIS ROTARY FOUNDATION

Schedule I (Form 990) (2013) 62-6096310

Schedule I (Form 990) (2013) 62-6096310

Schedule I (Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
w					
9					
h	`				
Supplemental Information. Provide the information	- 1	required in Part I, line	7.	Part III, column (b), and any other additional information.	itional information.
	, , , , , , , , , , , , , , , , , , ,				
	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1			             	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		
	1   1   1   1   1   1   1   1   1   1	; ; ; ; ; ;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

Schedule I (Form 990) (2013)

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

### 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 2013

खितंत्राहर दिख्याहे. विद्यालया

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

MEMPHIS ROTARY FO	OUNDATION [6	52-6096310
Pt XII, Line 2c	THE BOARD PROVIDES THE REQUIRED OVERSIGHT.	
Pt_VI, Line 11b_	THE FULL BOARD REVIEWED THE 990 IN DETAIL AND THE	AUDITED
	FINANCIAL STATEMENTS WITH THE AUDITOR.	
Pt_VI, Line 12c_	BOARD MEMBERS AGREE TO JOB DESCRIPTION/PRINCIPLES	5 OF
	CONDUCT BEFORE BEING ALLOWED TO SERVE; INCLUDES	
~	POLICY TO DISCLOSE CONFLICTS OF INTEREST.	
Pt_VI,_Line_15a_	FOUNDATION REIMBURSES THE MEMPHIS ROTARY CLUB FOR	OVERHEAD
	EXPENSES WHICH INCLUDES THE SERVICES OF THEIR EXP	CCUTIVE
	DIRECTOR. MEMPHIS ROTARY CLUB DETERMINES COMPENSA	ATION
	PER THE PROCESS SHOWN ON THEIR 990.	
Pt VI, Line 19	DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.	
Pt_VII, Col_B	AVERAGE OF 1 HR/WK FOR EACH OF 11 LISTED BOARD ME	EMBERS
	FOR RELATED ORGANIZATION, MEMPHIS ROTARY CLUB, IN	ICLUDES
	TIME SPENT ON FOUNDATION BUSINESS.	

SCHEDULE R (Form 990)

MEMPHIS ROTARY FOUNDATION

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

2013

OMB No. 1545-0047

Employer identification number 62-6096310

Parce Identification of Disregarded Entities Complete if the		organization answered 'Yes' on Form 990, Part IV, line 33.	on Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income End	(e) End-of-year assets	(f) Direct controlling entity	
							1
(3)							[
Partification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the		Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had e tax year.	nswered 'Yes' or	1 Form 990, Part IV	/, line 34 becaus	e it had	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	g Sec 512(b)(13) controlled entity?	13) III/3:
		,				Yes	No
(1) MEMPHIS ROTARY CLUB	PHILANTHROPIC AND COMMUNITY PROJECTS	ŢN	501 (c) (4)		N/A		×
(2)							
(3)							
(4)							
		- · ·					
BAA For Paperwork Reduction Act Notice, see the instructions for Form 990.	tions for Form 990.		TEEA5001 06/26/13		Scheduk	Schedule R (Form 990) 2013	013

Schedule R (Form 990) 2013 MEMPHIS ROTARY FOUNDATION

(i) Sec 512(b)(13) controlled entity? (k)
Percentage
ownership Ŷ Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Indentification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. General or managing partner? å (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-ofyear assets (h)
Disproportionate
tionate ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp,
or trust) (f) Share of total Income (d)
Direct
controlling
entity (e)
Predominant income (related, urrelated, excluded from tax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d) Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (a) Name, address, and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Ì 1 ŧ E ପ୍ Ø E ପ୍ଧ **⊕**¦ Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 MEMPHIS ROTARY FOUNDATION

S2
S34, 35b, or 36.

				- 1	١
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Ŷ
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	isted in Parts II-IV?		متعسفيا		-
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		×
<b>b</b> Grift, grant, or capital contribution to related organization(s)			- -	-	×
c Gift, grant, or capital contribution from related organization(s)			1°		×
d Loans or loan quarantees to or for related organization(s)	•		19	-	×
e Loans or loan misrantees hy related organization(s)			ţ	+	: >
פ בספוז כן וספון שמפופוותפס כל ופיפופת עושפון בי הייניייייייייייייייייייייייייייייייי					<
f Dividends from related organization(s)	•	•	11		×
d Sale of assets to related organization(s)			-	-	: >
			7		: ×
			=	+	:  >
	•	•	<u> </u>	+	4>
ן בכססכ כו ומכוווניס, מקנוף וכיוני כו סמופו מססכט וכיומוכע כושמות במניין כי ייייייי ביייייייייייייייייייייייי				ا سائ	<
k Lease of facilities, equipment, or other assets from related organization(s)	•		: <del> </del>		×
l Performance of services or membership or fundraising solicitations for related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)			- E	×	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			<u>-</u>	×	
o Shanno of naid employees with related organization(s)				  >	-
		•		<b>~</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses · · · · · · · · · · · · · · · · · ·	•	•	1p	×	•
a Reimbursement baid by related organization(s) for expenses.			101	┞	×
r Other transfer of cash or property to related organization(s)	•	•	11.		×
s Other transfer of cash or property from related organization(s)			18	×	:
nation on who must complete this line,	including covered relationships and transaction thresholds.	nsaction thresholds.			
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining	terminin	8
ואמווים כו וסומנסט הואמוויגמתטוו	type (a-s)		amount in	volved	<u>.</u>
(1) MEMPHIS ROTARY CLUB	R		CASH BASIS	IS	
(2)					
(3)					1
(4)					
(5)					1
(9)					
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# Paracet Unrelated Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

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

V-7	Г						1				<b> </b>
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unre-	Are all partners section 501(c)(3)	Share of total income	(g) Share of end-of-year assets	(n) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	or Percentage	c) intage rship
			from tax under	organization	<u>.</u>			Form (1065)	Ì		
			section 512-514)	Yes No			Yes No		Yes	No	
(1)				,	 						
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(2)										-	
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(9)											
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Schedule K	(Loui aan) 5012 WEWBHIR	ROTARY FOUNDATION	62-6096310	Page 5
A:E) (TVIII	Supplemental Informatio Provide additional informat	tion for responses to questions on Schedule R (see	instructions).	
•	······································		<del></del>	
				<del>-</del> -

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

• Briefly describe the organization's mission:

HUNGER RELIEF, CITY BEAUTIFICATION, AND PARTNERSHIPS WITH COMMUNITY

DEVELOPMENT AND ENHANCEMENT ORGANIZATIONS.