

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2016

ÓMB No 1545-1150

294921881420

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A -	au Aba	2016 6-1	ar year or tay year beginning	July 1	2016, and ending	line	ne 30	, 20 17
			ar year, or tax year beginning  C Name of organization	July 1 ,	ZU10, and ending		er identification	
_	heck if ap		ŭ			Linbioy		
一	Address cl	=	The Charitable Foundation of the Rotary ( Number and street (or P O box, if mail is not delive		Room/suite	E Tolopho	20-2217504 one number	
	Name cha Initial retur	=	Number and street (or P.O. box, it mail is not deliv	ered to street address)		Litelepho		
=		n/terminated	100 Edgewood Ave.  City or town, state or province, country, and ZIP of	* ferries pental anda	508	<del>                                     </del>	(404) 376-468	4
	Amended	return		r foreign postal code	$\Delta \zeta$		Exemption	
		n pending	Atlanta, Ga 30303		$\overline{}$	Numbe		
		ing Method	☐ Cash ☑ Accrual Other (specify) ■		H		if the organ	
	Vebsite					•	attach Schedu	
					(a)(1) or 527	(Form 990	, 990-EZ, or 99	U-PF)
		organization	✓ Corporation ☐ Trust ☐		Other			
			7b to line 9 to determine gross receipts. If gr		JUU or more, or if tota	al assets		
_			v) are \$500,000 or more, file Form 990 instea				\$	199,106
Р	art I		e, Expenses, and Changes in Net					
	T		the organization used Schedule O to		estion in this Part			
	1		ons, gifts, grants, and similar amounts re			· · ·	1	198,708
	2	•	ervice revenue including government fee	es and contracts .		<b>—</b> —	2	
	3		ip dues and assessments			· ·	3	
	4	Investmen					4	398
	5a		ount from sale of assets other than inven		5a			
	b				5b			
	С		ss) from sale of assets other than invent	ory (Subtract line 5b	from line 5a)		5c	
	6		d fundraising events	0 . f		J.	1	
ø	a		ome from gaming (attach Schedule	G if greater than	1 - 1	i a		
Ž	.				6a			
Revenue	þ		me from fundraising events (not includir		of contributio	ns		
ď			aising events reported on line 1) (attacl ch gross income and contributions exce		Loui			
Ø	þ		•		6b			
204g	C		et expenses from gaming and fundraising		6c	ıbtroot ;		
L	_	line 6c)	e or (loss) from gaming and fundraising	g events (add lines	oa and ob and st			
<u>~</u>	.l	•					6d   	
	/a		s of inventory, less returns and allowand	es	7a			
<u> </u>	, b		of goods sold		7 <b>b</b>		l l	
_			it or (loss) from sales of inventory (Subtr	act line /b from line	7a)		7c	<del></del>
ū	8		nue (describe in Schedule O) .			· · ·	9	400 400
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and similar amounts paid (list in Schedule 0	١٠٠٠ الم			10	199,106
4	P)		aid to or for members	) · · [· · ixe	CEIVED	¥ ⊢	11	157,586
Expenses A	12		ther compensation, and employee bene	fits		· ` !	12	
Š	13	Drofossion	al fees and other payments to independ	ent contractors MAY	1 5 2018	21 <u> </u>	13	
ē	10	Occupance	arriees and other payments to independ		* 0 4U10 · C	λ: ⊢	14	
쏬	14		y, rent, utilities, and maintenance .		والنين المراجع	<u>-</u> ! ⊢	15	
			ublications, postage, and shipping enses (describe in Schedule O)	- OG		<i>a</i> —	16	
	16					<i>-</i> ⊢	17	1,160
	17		enses. Add lines 10 through 16 (deficit) for the year (Subtract line 17 fro		· · · · · ·		17 18	158,746
sts	18 19		or fund balances at beginning of year		mn ( $\Delta$ )) (must sard	L		40,360
SS	'9		ar figure reported on prior year's return)			l	19	0.4.700
Net Assets	20	-	nges in net assets or fund balances (exp			ļ	20	34,790
Š	21		iges in het assets or lund balances (exp or fund balances at end of year. Combi			<u> </u>	21	-49,527
	1 4 1	ואכנ מסטכונ	i di Turiu balandes al Enu di year. Combi	ne intes to unough a	∠∪		<b>~</b> :	25,623

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2016)



	ťĬļ	Balance Sheets (see the instructions f					
		Check if the organization used Schedule	O to respond to an	ny question in this			🗸
					(A) Beginning of year		(B) End of year
22		h, savings, and investments			61,130		286,981
23		d and buildings		[		23	
24		er assets (describe in Schedule O) .				24	1,750
25		al assets			61,130		288,731
26		al liabilities (describe in Schedule O)			26,340		263,108
27		assets or fund balances (line 27 of column			34,790	27	25,623
Par		Statement of Program Service Accom			•		Expenses
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III	  (Re	quired for section
		e organization's primary exempt purpose?		<del> </del>		501	(c)(3) and 501(c)(4)
as m	easure ons be	ne organization's program service accomplised by expenses. In a clear and concise menefited, and other relevant information for ea	anner, describe the ch program title	services provided	d, the number of		anizations, optional for ers )
28		na Rotary Student Program - scholarships prog na colleges and universities	ram for international				
	····	Δ_ Φ			<b></b>	00.	_
	(Grant				<u> </u>	28a	24,175
29	Rotary	y Educational Foundation - providing grants to	promote literacy pro-	grams			
	<b></b>						
	(Grant	ts \$ 24,275) If this amount	includes foreign gra	ents shock horo		298	24.275
30	<u> </u>					250	24,275
30	Rotary	y Foundation - polio prevention programs					
	(Grant	ts\$ 24,175) If this amount	ıncludes foreian ara	nts. check here	• П	308	24,175
31		program services (describe in Schedule O)					
	(Grant	• •		nts, check here .	▶ 🗆	318	a 84,961
32	Total	program service expenses (add lines 28a t				32	
Par	: IV	List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not com	nensated—see the u	nstru	ictions for Part IV)
				. 0.10 0.011 11 1101 0011	iponoutou occ the i		
		Check if the organization used Schedule	O to respond to ar		Part IV		🗀
		· · · · · · · · · · · · · · · · · · ·	(b) Average	ny question in this (c) Reportable	Part IV (d) Health benefits,	÷	
		· · · · · · · · · · · · · · · · · · ·	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	ee ( <b>e</b>	
		Check if the organization used Schedule	(b) Average	ny question in this (c) Reportable compensation	(d) Health benefits, contributions to employ benefit plans, and	ee ( <b>e</b>	Estimated amount of
See S	Statemo	Check if the organization used Schedule	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employ benefit plans, and	ee ( <b>e</b>	Estimated amount of
See S	Statemo	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	(d) Health benefits, contributions to employ benefit plans, and	ee ( <b>e</b>	Estimated amount of
See S	Statemo	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree <b>(e</b>	Estimated amount of other compensation
See S	Statemo	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree <b>(e</b>	Estimated amount of other compensation
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See S	Statemo	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree <b>(e</b>	Estimated amount of other compensation
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See S	Statem	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree <b>(e</b>	Estimated amount of other compensation
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See S	Statemo	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree <b>(e</b>	Estimated amount of other compensation
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See S	Statemo	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree <b>(e</b>	Estimated amount of other compensation
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See S	Statemo	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this  (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV  (d) Health benefits, contributions to employ benefit plans, and deferred compensation	ree <b>(e</b>	Estimated amount of other compensation

ABO

Part	a '			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	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	163	\ \sqrt{\sqrt{\chi}}
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 change on Schedule O (see instructions)	34		\
35a	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		1
c 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 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	35b 35c		<b>✓</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N $\ldots \ldots \ldots \ldots$	36		<b>✓</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a Did the organization file Form 1120-POL for this year?	37b 38a	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on line 9		1	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		<b>/</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		4 7	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			\$2. * *
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>*</b>
41	List the states with which a copy of this return is filed ► Georgia			
42a		(404) 3		34
b	Located at ▶ 100 Edgewood Ave., Suite 508, Atlanta, GA  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)?	30: 42b	Yes	No
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country:	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>\Delta 43</b>	• •	Yes	► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		\(\frac{1}{\sqrt{1}}\)
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<b>√</b>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<b>√</b> Mari
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b	***	<b>V</b>

Page	4

<b>`</b> 46	Did the organization engage, directly or into candidates for public office? If "Yes," of			behalf of or in opposi	tion 46
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Sci	s must answer que			🗆
47 48 49a b 50	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par is the organization a school as described in Did the organization make any transfers t if "Yes," was the related organization a secomplete this table for the organization's employees) who each received more than	t II		Schedule E  cation?	47
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	
None					
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp		contractors who eac	h received more than
None	(a) Name and business address of each independent	dent contractor	(b) Type of serv	rice (c	c) Compensation
d 52	Total number of other independent contribution to the organization complete Scheduline S	_		►	
	penalties of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other that I have examined this prect, and complete Declaration of preparer (other that I have examined this prect, and complete Declaration of preparer (other that I have examined this prect, and complete Declaration of preparer (other than the present that I have examined this prect, and complete Declaration of preparer (other than the prect, and complete Declaration of preparer (other than the preparer).	n officer) is based on all inf			
Paid Prep	Type or print name and title	Preparer's signature	. Da	ate S/8/7018 Check ✓ self-empl	
May t	he IRS discuss this return with the prepare		instructions .		► ✓ Yes □ No

## **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.

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Charitable Foundation of the Rotary Club of Atlanta, Inc. 20-2217504 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (n) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No Rotary Club of Atlanta - Statement 2 58-0412250 501(c)(4) (B) (C) (D) (E)

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
•	(Complete only if you checked the						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support	Υ					
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						/
3	The value of services or facilities furnished by a governmental unit to the organization without charge .				,		
4	<b>Total.</b> 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 m 1 m 2 /-			
	on B. Total Support					, <u></u>	•
	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(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 VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc.		ons)			12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he						▶ 🗀
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line		•			14	%
15	Public support percentage from 2015 Sci					15	<u>%</u>
16a	331/3% support test—2016. If the organ box and stop here. The organization qua					•	
b	33 <sup>1</sup> / <sub>3</sub> % support test—2015./if the organi	=	•	-			► □
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizati	on		▶ □
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the organization.	eets the "facts	-and-circumst	ances" test, ch	neck this box a	and <mark>stop here.</mark>	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization.	ation meets th	e "facts-and-o	circumstances'	" test, check	this box and s	stop here.
18	Private foundation. If the organization d	ıd not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support	41.43, 11.5 (5.	3.0 1.0.00 50.0	, p,oass s		,	-
	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2012	(2) 20 10	(0) 2011	(-) (-)	(0, 10 10	(1)
•	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						
3	organization's tax-exempt purpose  Gross receipts from activities that are not an						/
3	unrelated trade or business under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_	·	<del></del>				/	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge					/	
•		-				<u> </u>	
6	<b>Total.</b> 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						
	Add lines 7a and 7b	The Table 10, NASSAN	for the section of the	7	- 27 ) 36	1 802 400 500 3	
8	Public support. (Subtract line 7c from						
C4:	line 6.)		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	/ ************************************		1530 - 1522 1 45 miles	<u> </u>
	on B. Total Support	(-) 0040	#1.0040	/ 1-) 0014	(-1) 0045	(-) 0046	(O T-+-I
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
9 10a	Gross income from interest, dividends,		/				
10a	payments received on securities loans, rents,						
	royalties and income from similar sources						
<b>h</b>	Unrelated business taxable income (less		/				
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	· ·	/					
		/					
11	Net income from unrelated business activities not included in line 10b, whether						
	or not the business is regularly carried on						
40	• •	<i>/</i>			<del> </del>		
12	Other income. Do not include gain or loss from the sale of capital assets	/					
	(Explain in Part VI.)	/					
13	Total support. (Add lines 9, 10c, 11,/	<u> </u>					<u></u>
13	and 12)		1				
14	First five years. If the Form 990 is for the	L organization	l n'e firet eacon	d third fourth	or fifth tay v	l ear as a sectio	L 501(c)(3)
	organization, check this box and stop he	•					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line			3 column (fl)		15	%
16	Public support percentage from 2015 Sci					16	<del></del>
	on D. Computation of Investment In			<u> </u>	<del></del>		
17	Investment income percentage for 2016 (			v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2015					18	<del>%</del>
19a	331/3% support tests—2016. If the organ						
. Ju	17 is not more than 331/3%, check this box						
b	331/3% support tests—2015. If the organiz						
D	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di		_		· -		

Yes No

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes, answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and Ell numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action (III) the authority under the organization's organizing document authorizing such action, and (IV) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support of benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benef from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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	10b		✓
em (	990 or	990-FZ	1) 2016

Schedu	ile A (Form 990 or 990-EZ) 2016			Page 5
Part	Supporting Organizations (continued)			
	Has the organization accepted a gift or contribution from any of the following persons?  'A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  A family member of a person described in (a) above?	11a 11b	Yes	No
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		<b>▼</b>
	ion B. Type I Supporting Organizations			
		-	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		i van G
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Secti	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2	<b>/</b>	Ä
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s)
a b c	<ul> <li>✓ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below</li> <li>☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity.</li> </ul>	(see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> .  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3a 3b		

instructions).

Schedule A (Form 990 or 990-EZ) 2016			Page <b>C</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
* 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		_
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	Ì		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	?		
factors (explain in detail in Part VI)		Carrolly Carry Carry Carry Control Williams	b All Carrier
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	١,		
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	10		Current Year
	1 4	The Parket of the Control of the Con	· · · · · · · · · · · · · · · · · · ·
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	sponsive	
9	(provide details in <b>Part VI</b> ). See instructions.  Distributable amount for 2016 from Section C, line 6			<u> </u>
10	Line 8 amount divided by Line 9 amount			<del></del>
10	Line 8 amount divided by Line 9 amount		(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	,	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016		The respect of the section of the se	
2	(reasonable cause required—explain in Part VI) See			
_	instructions.			
3	Excess distributions carryover, if any, to 2016		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACAMAN TARA
а		Salation Salation	410 14 14 14 14 14 14 14 14 14 14 14 14 14	
b	The second secon	THE STATE OF THE S		in a second
С	From 2013		rock Mila Mark Care Care	
d	From 2014	Od S Birth		
е	From 2015 .	41.4		TER HERET TO LAND
<u>f</u>	Total of lines 3a through e		<b>电影 医乳头皮肤 医</b>	NE CHANGE
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount		<b>2000年,第二十五十五</b>	
i	Carryover from 2011 not applied (see instructions)		Mar 18:00 18 June 14:35	
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<b>外,为此</b> 知道:"从
4	Distributions for 2016 from		1	
	Section D, line 7 \$			
<u>a</u>	Applied to underdistributions of prior years		4	
b	Applied to 2016 distributable amount			-7374 eff 30.00.a.) Fig Table.00001700075
_с	Remainder. Subtract lines 4a and 4b from 4.	* NORTH AND A PROMISE AS STORY		
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			a de la companya de l
			(A)	
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3			
•	and 4c.			
8	Breakdown of line 7			
a				
b	Excess from 2013 .	**************************************		A SE
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			
				•

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part IV, Sec	ction E, 2:
The Charita	able Foundation of the Rotary Club of Atlanta, Inc. primary exempt purpose is to raise funds for charitable projects and
activities w	uthin the United States and internationally.
	······································

## **SCHEDULE 0** (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.

OMB No 1545-0047

► Attach to Form 990 or 990-EZ. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization			Employer identification number
The Charitable Foundation of the Rotary Club	of Atlanta, Inc.		20-2217504
Form 990-EZ - Part 1, Line 10:			
TOTAL STATE OF THE TOTAL STATE O			
Georgia Rotary Student Program	\$24,175		
Rotary Educational Foundation	24,275		
Rotary Foundation	24,175		
Kotal J. Conduction	<u> </u>		
Youth Service Fund	84,961		
Form 990-EZ - Part 1, Line 16			
Bank servce fees	1,160		
	·····		
Form 990-EZ, Part II, Line 24:			
Due from affiliated organization	1,750		
	·		
Form 990-EZ, Part III, Line 31			
Youth Service Fund - \$84,961 - camperships awarded to underprivileged youths for summer camp programs			
Form 990-EZ, Part I, Line 20			
Prior period adjustment - grants authorized in prior year \$49,527			