29493230015138

Amended

Form 990 Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. 106

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☒ Amended return
- ☐ Application pending

C Name of organization: Rotary Fund of Louisville, Inc

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 401 W. Main Street

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: Louisville, KY 40202

F Name and address of principal officer: JOE ACKERMAN
401 W. MAINSTREET, SUITE 810, LOUISVILLE, KY

D Employer identification number: 61-6029858

E Telephone number: 502-589-1800

G Gross receipts $: 283,287.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.LOUISVILLEROTARY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1951 M State of legal domicile: KY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO SUPPORT HUMANITARIAN EFFORTS BOTH AT HOME (METRO LOUISVILLE, KENTUCKY) AND ABROAD.		
	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	71,802.	101,198.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	150,526.	126,224.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,159.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,487.	227,422.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,732.	130,616.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,000.	19,230.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,647.	67,555.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	74,379.	217,401.
	19	Revenue less expenses Subtract line 18 from line 12	155,108.	10,021.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,284,413.	2,488,380.
	21	Total liabilities (Part X, line 26)	17,000.	16,580.
	22	Net assets or fund balances Subtract line 21 from line 20	2,267,413.	2,471,800.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — Date: 7/10/18

▶ JOE ACKERMAN, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: John Kennedy	Preparer's signature: CAK	Date: 06/08/18	Check ☐ if self-employed	PTIN: P00174536
Firm's name ▶ Strothman & Company PSC			Firm's EIN ▶	61-1191655
Firm's address ▶ 325 W. Main St. Suite 1600 Louisville, KY 40202-4251			Phone no.	(502) 585-1600

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☐

1 Briefly describe the organization's mission

THE ROTARY FUND OF LOUISVILLE, INC., MISSION IS TO ACCEPT, HOLD, ADMINISTER, INVEST AND DISBURSE, FOR CHARITABLE AND EDUCATIONAL PURPOSES, SUCH FUNDS GIVEN TO IT BY ANY PERSON, CORPORATION OR THE ROTARY CLUB OF LOUISVILLE, INC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 121,116. including grants of $ 121,116.) (Revenue $ _____)

GRANTS TO SUPPORT PUBLIC CHARATIES (IRC 501(C)(3)) WORKING IN THE METRO LOUISVILLE AREA INCLUDING COLLEGE SCHOLARSHIPS FOR QUALIFIED YOUTH. IN ADDITION, THE FUND MAKES GRANTS TO CHARITABLE ORGANIZATIONS SUPPORTED BY ROTARY INTERNATIONAL.

4b (Code _____) (Expenses $ 9,500. including grants of $ 9,500.) (Revenue $ _____)

THEODORE BUERCK SHOLARSHIP-RENEWABLE SCHOLARSHIPS TO LOCAL COLLEGES GIVEN TO 'UNSUNG HEROES' STUDENTS.

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 130,616.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	130,616.	130,616.		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,230.		19,230.	
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)				
a Management				
b Legal				
c Accounting	5,800.		5,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,145.		7,145.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	2,610.		2,610.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bad Debt Expense	52,000.		52,000.	
b				
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	217,401.	130,616.	86,785.	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)				

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

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2016

Open to Public Inspection

Name of the organization

Rotary Fund of Louisville, Inc

Employer identification number

61-6029858

Part I **General Information on Grants and Assistance**

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? ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FOOD LITERACY PROJECT 6.25.16 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	20-5014424		5,000.	0.			SUPPORT FARM-BASED EDUCATION PROGRAM WITHIN THE LOUSIVLLE AREA
UNSUNG HERO 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	61-1243201		9,500.	0.			FUNDS FOR 'UNSUNG HEROES' PROGRAM
LEADERSHIP FELLOW PROGRAM 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	34-9980000		17,500.	0.			SUPPORT LOCAL LEADERSHIP PROGRAM
HAITI CANCER PREVENTION 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693			8,000.	0.			SUPPORT HUMANITARIAN PROGRAMS
HABITAT FOR HUMANITY 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	58-1735528		25,000.	0.			SUPPORT LOCAL PROGRAMS
CONTRIBUTION 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693			11,250.	0.			SUPPORT LOCAL PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(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
IMAGINATION LIBRARY 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	61-1021128		5,000.	0.			SUPPORT LOCAL LITERACY PROGRAM
INDIA PROJECT 2017 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	31-0942139		5,000.	0.			SUPPORT HUMANITARIAN PROGRAMS
THE KNOT PROJECT 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693			25,000.	0.			SUPPORT HUMANITARIAN PROGRAMS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

(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 noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2016
Open to Public Inspection

Name of the organization: Rotary Fund of Louisville, Inc

Employer identification number: 61-6029858

Form 990, Part VI, Section B, line 11b:

A COPY OF THE FORM 990 IS PROVIDED TO THE EXECUTIVE DIRECTOR TO REVIEW. ONCE THE EXECUTIVE DIRECTOR HAS REVIEWED THE RETURN IT IS PROVIDED TO THE BOARD OF DIRECTORS TO REVIEW.

Form 990, Part VI, Section B, Line 12c:

EACH YEAR, UPON APPOINTMENT TO OR CONTINUATION OF THEIR POSITIONS, ALL OFFICERS AND MEMBERS OF THE BOARDS OF DIRECTORS AND COMMITTEES WILL EXECUTE A WRITING CERTIFYING THAT THEY ARE FAMILIAR WITH THIS CONFLICT OF INTEREST POLICY AND WILL CONDUCT THEIR SERVICE IN THESE POSITIONS IN CONFORMANCE WITH ITS TERMS.

Form 990, Part VI, Section C, Line 19:

EACH YEAR, UPON APPOINTMENT TO OR CONTINUATION OF THEIR POSITIONS, ALL OFFICERS AND MEMBERS OF THE BOARDS OF DIRECTORS AND COMMITTEES WILL EXECUTE A WRITING CERTIFYING THAT THEY ARE FAMILIAR WITH THIS CONFLICT OF INTEREST POLICY AND WILL CONDUCT THEIR SERVICE IN THESE POSITIONS IN CONFORMANCE WITH ITS TERMS.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FOR PRIOR YEAR. PRIOR TO BEGINNING THE AUDIT, THE AUDITOR HAS A PHONE CONVERSATION WITH THE CHAIR OF THE FINANCE COMMITTEE. AT THE CONCLUSION OF THE AUDIT, THE AUDITOR PRESENTS THE FINANCIAL STATEMENTS TO THE FINANCE COMMITTEE AND IF REQUESTED, TO THE ENTIRE BOARD OF DIRECTORS.

Name of the organization: Rotary Fund of Louisville, Inc

Employer identification number: 61-6029858

AMENDED RETURN:

THIS RETURN WAS AMENDED TO PROPERLY REPORT THE CONTRIBUTIONS MADE TO ORGANIZATION.

PAGE 10 STATEMENT OF FUNCTIONAL EXPENSES WAS CORRECTED TO REPORT ALL CONTRIBUTIONS TO ORGANIZATIONS AND THOSE ORGANIZATIONS ARE NOW LISTED ON SCHEDULE I.

SCHEDULE B-THE ADDRESS FOR WILLIAM YANCEY WAS CORRECTED.

SCHEDULE R-THE FEIN FOR ROTARY CLUB OF LOUSIVILLE WAS ADDED.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization

Rotary Fund of Louisville, Inc

Employer identification number

61-6029858

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part 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	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year

(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) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
ROTARY CLUB OF LOUISVILLE INC - 61-0325695 401 W. MAIN STREET SUITE 810 LOUISVILLE, KY 40202	SERVICE ORGANIZATION THAT PROMOTES INTEGRITY, UNDERSTANDING, AND	Kentucky	501(c)(3)	N/A	N/A		X

See Part VII for Continuations

Part III **Identification 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROTARY CLUB OF LOUISVILLE	E	16,580.	
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs ? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R See instructions

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

ROTARY CLUB OF LOUISVILLE INC

Primary Activity: SERVICE ORGANIZATION THAT PROMOTES INTEGRITY, UNDERSTANDING, AND GOODWILL