		PUB	LIC DISCLOSURE COPY - STATE REGISTRATIO	ON NO. 712526	– 0 7 I OMB No. 1545-0047
	n	חר	Return of Organization Exempt From	Income Tax	0040
Form	9:	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ex	cept private foundations	
Depart	ment of	the Treasury	Do not enter social security numbers on this form as it may	be made public.	Open to Public Inspection
Interna	Reven	ue Service	Information about Form 990 and its instructions is at www.i TUT 1 2016 and	JUN 30, 2017	mapeetion
A Fo	or the			D Employer identifica	tion number
B Ch ap	eck if plicable	C Name o	forganization	D Employer identified	
	Addres change	1	RY FOUNDATION OF INDIANAPOLIS, INC.		
	Name		usiness as INDIANAPOLIS ROTARY FOUNDATION	35-60	43931
	change Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/suite		
	Final return/	650	NORTH MERIDIAN STREET 1A		<u>31-3733</u>
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	519,908.
	Amend return	led INDI	ANAPOLIS, IN 46204-1214	H(a) Is this a group ret	urn
	Application	^{a-} F Name a	nd address of principal officer:MATTHEW WILL	for subordinates?	Yes X No
	pendin	SAME	AS C ABOVE	H(b) Are all subordinates inc	
I Ta	axexe	empt status: l	X 501(c)(3) 501(c) ()	H(c) Group exemption	st. (see instructions)
<u>J W</u>	ebsit	te: N/A	X Corporation Trust Association Other L Yea	r of formation: 1947 M	State of legal domicile: IN
		0			
ГРа	rt I	Summary	be the organization's mission or most significant activities: TO FURTHE	R THE PHILOSO	PHY OF
8	1	Briefly descri	CE ABOVE SELF" BY MAKING CHARITABLE/EDU	CATIONAL GRAN	NTS.
Governance	~		x ► if the organization discontinued its operations or disposed of mo	re than 25% of its net as	sets.
ver	2 3	Number of vo	ting members of the governing body (Part VI, line 1a)	3	10
	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)		15
s S	5	Total number	of individuals employed in calendar year 2016 (Part V, line 2a)		0
/itie	6	Total numbe	of volunteers (estimate if necessary)		
Activities &	7 a	Total unrelate	ed business revenue from Part VIII, column (C), line 12		0.
٩	b	Net unrelated	business taxable income from Form 990-T, line 34	7b	Current Year
				Prior Year 101,140.	<u>95,164.</u>
ē	8		s and grants (Part VIII, line 1h)	0.	0.
Revenue	9	Program ser	vice revenue (Part VIII, line 2g)	174,592.	
Re		Investment i	ncome (Part VIII, column (A), lines 3, 4, and 7d) 	204,220.	0.
	11	Other revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	305,360.	269,756.
	12 13	Grante and	similar amounts paid (Part IX, column (A), lines 1-3)	228,867.	270,417.
	14	Benefits nai	d to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
se	160		fundraising fees (Part IX, column (A), line 11e)	0.	0.
Expen	b		ising expenses (Part IX, column (D), line 25) ►		154,779.
ŵ	17	Other exper	ises (Part IX, column (A), lines 11a-11d, 11f-24e)	144,539.	425,196
	18	Total expen	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	373,406.	-155,440.
	19	Revenue les	s expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or				6,577,583.	6,976,047.
sset	20		; (Part X, line 16)	0.	0.
atAs	21	Total liabiliti	es (Part X, line 26)	6,577,583.	6,976,047.
	_		or fund balances. Subtract line 21 from line 20		
P	art I		re Block y, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	ny knowledge and belief, it is
Un	aer pe	naities of perjui	ete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
<u></u>	e, con				
c :.	n n	Signa	ture of officer	Date	
Si He	yn Pre		THEW WILL, TREASURER		
	10		or print name and title		
	_	Print/Type	preparer's name Preparer's signature	Date Check	
Pa	hid	CHARLI	S J. NABER, JR., CPCHARLES J. NABER, J	R09/12/17 self-empto	pyed P00104802

raiu	CUWURD 0	· NADER, SRC, SI DIELEE	
Preparer	Firm's name	SOMERSET CPAS PC	Firm's EIN 20-1717681
Use Only	Firm's address	3925 RIVER CROSSING PKWY	015 450 0000
-		INDIANAPOLIS, IN 46240	Phone no.317-472-2200
		turn with the preparer shown above? (see instructions)	X Yes No
May the li	RS <u>alscuss this re</u>	aun with the preparer shown above, too how bieney international	Form 990 (2016)

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (20 6)

-	990 (2016) ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page 2
Par	
e	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE ROTARY FOUNDATION IS TO ENABLE ROTARIANS TO ADVANCE
	WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH THE IMPROVEMENT OF HEALTH, THE SUPPORT OF EDUCATION, AND THE ALLEVIATION OF POVERTY.
	HEALTH, THE SUPPORT OF EDUCATION, AND THE ALLEVIATION OF POVERTY.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?Yes LX No
~	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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 \$ 270, 417. including grants of \$ 270, 417. j (Revenue \$)
4 a	ALL OF THE GRANTS AND CONTRIBUTIONS WERE TO OTHER IRC SECTION 501(C)
	(3) ORGANIZATIONS, WHICH USED THE FUNDS TO CARRY OUT THEIR PARTICULAR
	EXEMPT PURPOSE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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 270, 417.
	Form 990 (2016)

			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?	2	Х	_
	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		<u>X</u>
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		<u> </u>
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u></u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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?	-		v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a		x
	Part VI	1.10		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	<u> </u>
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	 	x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	1	x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<u> ""</u>		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
	Schedule D, Parts XI and XII	120		<u> </u>
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
40	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1 -	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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		X

Form	ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043	<u>931</u>	Pa	age 4
Par	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	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	24 a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disgualified person during the year? If "Yes," complete Schedule L, Part I	25 a	L	X
þ	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			
	Schedule L, Part I	25b		X
26	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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	a sa si		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28 a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
0.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
01	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	X	
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	a	X
502	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
Ľ	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35t		
00	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Т	Τ_
36	If "Yes," complete Schedule R, Part V, line 2	36	X	.
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	·	X
~~	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
38	Note, All Form 990 filers are required to complete Schedule O	. 38	X	
	NULE, AIL FUITI 330 IIIEIS die required to ophipiete ophicadio o			

Form **990** (2016)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or net ta any line in the Part V Image: Check if Schedule O contains a response or net ta any line in the Part V 1a Enter the number of prome W20 housded in line 1a. Enter -0: Incl applicable 1a 0 0 De bier the number of prome W20 housded in line 1a. Enter -0: Incl applicable 1a 0 2a Enter the number of promy was reported on Form W31. Transmitta of Wage and Tax Statements. 2a 0 2b Enter the number of endrogress reported on Form W31. Transmitta of Wage and Tax Statements. 2a 0 3a Enter the number of endrogress reported on Form W31. Transmitta of Wage and Tax Statements. 2a 0 3a Enter the number of endrogress reported on Form W31. Transmitta of Wage and Tax Statements. 3a X 3b If Yes, Tax Bed a Form 3005 Torn His yearif 'Yes, 'to Ine 2b, provide an esphantion in Schedule O. 3b X 3a Did the organization have maintains account, esqurists account, or other filmschal accounts (FRAR). 3b X 3a If Yes, 'to line 5 and 5b, did the organization have an expirate account, or other filmschal accounts (FRAR). 5a X 3b If Yes, 'to line 5 and 5b, did the organization have anter account ac	Form	990 (2016) ROTARY FOUNDATION OF INDIANAPOLIS, INC	<u> </u>	<u>931</u>	Pa	ge 5
Is Enter the number reported in Box 3 of Form 1086. Enter 0- If not applicable In a policible		t V Statements Regarding Other IRS Filings and Tax Compliance				
1a 1a 1a 1a 1b 1b The the number of Prome V-22 included in Ino 1a. Enter 0- if not applicable 1b 1b 1b 1b 1b 1c <	<u> </u>	Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W2G included in line 1a. Enter 0-if not applicable 10 <					Yes	No
b Did the reginalization comply with backup withouting rules or regorable payments to venders and reportable gaming (gambing) winnings to prize winners? to X 2 Enter the number of employees reported on fram W3, Transmittal of Wage and Tax Statements, [ga] 0 3 Did the organization comply with a backup withoutganization file all required federal employment tax returns? 0 3 Did the organization number of employees sponted on fram W3, Transmittal of Wage and Tax Statements, [ga] 0 3 Did the organization number of employees sponted on fram W3, Transmittal of Wage and Tax Statements, [ga] 0 3 Did the organization number of employees sponted on fram W3, Transmittal of Wage and Tax Statements, [ga] 0 3 Did the organization number of employees sponted on fram W3, Transmittal of Wage and Tax Statements, [ga] 0 4 A any time during the calendar year, did the organization have an interest in, o a signature or other authenty over, a francial account is forsing outform state francial account? 4a X 5 Mas the organization a party to a prohibited tax sheler fransaction a file forsing spontent searce statement that wear? 5a X 6 Did any taxable party notify the organization file form 8888 17 5a X 6 Did any taxable party notify the organization file form 8888 17 5a X <td>1a</td> <td>Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td> <td></td> <td></td> <td></td> <td></td>	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
c) Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming target within a within the year covered by this returning. 1 X 2a. Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2 0 2 3b. Test the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2 0 2 bit at least on is reported on Ine 2a, did the organization file all required federal employment tax returns? 0 3a X bit Tyes, "hast filed a Form 980-T for this year? // Mo," to ine 3b, provide an explanation in Schedule O. 3a X bit Tyes, "hast filed a form 980-T for this year? // Mo," to ine 3b, provide an explanation in Schedule O. 3a X bit Tyes, "hast filed a form 980-T for this year? // Mo," to ine 3b, provide an explanation in Schedule O. 3a X bit Tyes, "hast filed a form 980-T for this year? // Mo," to ine 3b, provide an explanation in Schedule O. 3a X bit Tyes, "to the schedule pay and the organization has a pay to a prohibited tax shelter transaction at any time during the lax year? 5a X bit Tyes, "did the organization hast was or is a party to a prohibited tax shelter transaction? 5c 5a X bit Tyes, "did the organization fuelter that are ormally greater than \$100,000, and did the organization solitat any time	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>			
Ignoting winnings to prize winners? 10 X 28 Enter the number of employees reported on form W43, Transmittal of Wage and Tax Statements. 2a 0 b if at least one is sported on line 2a, did the organization like all exceeded the replayment tax returner? 2b 3a 0 3a Did the signification line 2a, did the organization like all exceeded replayment tax returner? 2b 3a X 3b Did the organization have unsided business grass income of \$1,000 or more during the year? 3a X 3b 3b 3a X 3b 3a X 3c Dif Yes, "near the name of the foreign country, Such as a bank account, socurities account, or other financial accounts (FBAR). 5a X 3b X 5c Max the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X X 6b Did any taxable party noity the organization tills form 886617 6b X 6b X 7c Sc Bid did the organization nucle and bid were y solitation an express statement that such continuutions or gifts were not tax deductible or otherwise dispose of tangible personal proherity for which it was required to field for the organization neity were dispose of tangible personal property for which it was required to field for the organization neckes a	с	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on Ime 2a, did the organization file all required fedoral employment tax returns? 2b b If at least one is reported on Ime 2a, did the organization file all required fedoral employment tax returns? 2b b If "Yes," has it filed a Form 390 T for this year? If "No," to Ime 3b, provide an explanation in Schedule O 3a b If Yes," has it filed a form 390 T for this year? If "No," to Ime 3b, provide an explanation in Schedule O 3a b If Yes," the at the name of the foreign country (such as a bark scount, securifies account, or other authority over, a francial account? 4a X b If Yes," the ime 5a or 3b, did the organization tax whete transaction at any time during the tax year? 5a X c Did any taxable party notify the organization the Form 9080-FT? 5a X c Did any taxable party notify the organization the form 9080-FT? 5a X c Did any taxable party notify the organization and serves statement that such contributions or gifts were not tax deductible as charable contributions? 5a X D of the organization nave yeas betwee state as contributions and party for goods and services provided to the p		(gambling) winnings to prize winners?		1c	X	
Tigst for the calendary year ending with or within the year covered by this return Lat Lat U b if a teast one is reported on ine 2a, did the organization fiel all required fear ending the year? 3a Xa 3a Dd the organization have unrelated business gross income of \$1,000 rome during the year? 3a Xa 3b if 1'ves, 'has fild a Form SBD Tor this year? 3a Xa 3b if 1'ves, 'has fild a Form SBD Tor this year? 3a Xa 3c Dd the organization have unrelated business gross income of \$1,000 rome during the year? 3a Xa 3b if 1'ves, 'has fild a Form SBD Tor this year? 3a Xa 3c Maximum Count is a tengo count y count y count so a bank account, socurits account, or other financial account? 4a Xa 3c Maximum Count is a tengo to prohibited tax shelter transaction at any time during the tax year? 5a Xa 3c Maximum Count is a tengo to the organization field the organization field the organization accounts? 5b Xa 3c Maximum Count is tendow to the organization field the organization field the organization accounts? 5a Xa 3c Maximum Count is tendow to the organization field tax shelter transaction? 5b Xa 3c Maximum Count is tendow to the organization field tax shelter transaction?? 5c Xa						
b If at least one is reported on line 2a, did the organization file all required (defore) employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, your way be required to 4mile (see instructions) 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has if tiid a Form 3B0-T for this year? If "No," to line 3b, provide an explanatior in Schedule O 3b 4a At any time during the calendary year, did the organization have an interest in, or signature or other authority over, a financial account? (such as a bank account, securities account, or other financial account? 4a X b If "Yes," the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction? 5a X cl M "Yes," to line 5a of 5b, did the organization the Haves or 18 a party to a prohibited tax shelter transaction? 5a X b If Yes, 'did the organization tax any term and gross receives shelt an social and party the quote transaction? 5a X cl M ary contraction neake apprentin excess of 57 mide party is a contributions? 5a X 3b f 'Yes, 'did the organization neakes apprentin excess of 57 mide party is a contribution and pari			2a 0		d politik L	
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14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X					8 (G.)	n lasta
b If "Ves " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0				14a		X
	146	If "Ves " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu			_	

ROTARY FOUNDATION OF INDIANAPOLIS, INC.

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Form 990 (2016) ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. V

		<u>.</u>	<u></u>	. <u>.</u>		
Sect	ion A. Governing Body and Management				<u> </u>	
		1			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year	1 a	15	4		
	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	1b	15	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		<u> </u>
З	Did the organization delegate control over management duties customarily performed by or under the					
·	of officers, directors, or trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization become aware aching the your of a organization of the organization become aware aching the your of a organization of the organization become aware aching the your of a organization of the organization become aware aching the your of a organization of the organization become aware aching the your of a organization of the organization become aware aching the your of a organization of the organization of			6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or a					
7 a				7 a		Х
Ŀ	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,					
D				7 b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	 ar hv th	ie following:			N.C.
8				8 a	х	
	The governing body?			8b	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			00		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the			x
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u></u>	<u> </u>	9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	e Code.)			
					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10 a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10 b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bef	ore filing the form?	11 a	Х	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12 a				12a	X	L
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	se to co	nflicts?	12b	X	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes, " a	lescribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?				Х	
15	Did the process for determining compensation of the following persons include a review and appro			1.45		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			1.14		
~	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization			15b	<u> </u>	X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					Τ
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement	with a	09.85	40) (a) (i spanna
ioa				16a	1	X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			·		+
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			16b		
	exempt status with respect to such arrangements?	<u></u>	<u></u>	. 1100	L	<u> </u>
	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed IN					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	J-1 (Se	Shon our (C)(3)s only	/) avalia	JIE	
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (expla					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict	of interest policy, a	and fina	ncial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's	books	and records: 🕨 🔜			
	KELLY TINGLE - 317-631-3733					
	650 N MERIDIAN ST STE 1A, INDIANAPOLIS, IN 46204	L -				

650 N MERIDIAN ST STE 1A, INDIANAPOLIS, Form 990 (2016)

ROTARY FOUNDATION OF INDIANAPOLIS, INC.

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hignest Compensated	
	Employees, and Independent Contractors	_
	Check if Schedule O contains a response or note to any line in this Part VI	L

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able 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.

distary hours for related organizations below ineo if if if if if if if if if if if if if i	(A) Name and Title	(B) Average hours per week	box,	not cl unle:	ss per	tion more rson i	than is boti r/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
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			1								

Form 990									APOLIS, INC.	35-60	439	931	Pa	ge 8
	Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box		(C Posi neck n as per	;) ition more rson i	than d is boti	one han	ompensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related			(F) stimate nount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC) 	fi org an	pensat om the anizati d relate anizatio	e on ed
-														
													_	
<u> </u>														
<u> </u>			-					 						
													·	
									0.		0.			0.
c Tot d Tot	o-total al from continuation sheets to Part V al (add lines 1b and 1c)	/II, Section A				 	·····		0.		0.			0.
	al number of individuals (including but npensation from the organization	not limited to th	nose	e liste	ed a	bov	′e) w	ho r	eceived more than \$10	0,000 of reportable	e		Yes	0 N o
line	the organization list any former officer 1a? If "Yes," complete Schedule J for	such individual	·									3	105	x
	any individual listed on line 1a, is the s d related organizations greater than \$15									the organization		4		x
	any person listed on line 1a receive or dered to the organization? <i>If</i> "Yes," <i>col</i>								ted organization or indi	vidual for services		5		x
	B. Independent Contractors mplete this table for your five highest c	ompensated in	dep	end	ent	cont	tract	ors	that received more tha	n \$100,000 of com	pens	ation	from	
	organization. Report compensation fo												(C)	
	Name and busines	s address	N	ON	E				Description of	services		Comp	ensatio	<u>n</u>
					_									
							_							
	tal number of independent contractors	(including but	not	limite	ed t		ose	liste	d above) who received	more than				
	00,000 of compensation from the orga						0					2485	000	<u>84840</u>

Form 9					ION OF I	NDIANAPOL	IS, INC.	35-6043	9 <u>31 Page 9</u>
Par	t VII		Statement of Revenu		noto to any line	in this Part VIII			
			Check if Schedule O contai	ins a response or		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f) N F H F () () S S () N	ederated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines	1b 1c 1d pons) 1e s, and 1f la-1f; \$	95,164.	95,164.	and an		
<u>0 0</u>	t	<u>1</u>	Total. Add lines 1a-1f		Business Code				
Program Service Revenue	0 0 1		All other program service reve Total. Add lines 2a-2f	nue					
-	3 4 5	<u> </u>	Investment income (including other similar amounts) Income from investment of tax Royalties	dividends, interes	st, and roceeds	74,744.			74,744.
		b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)		(ii) Personal				
	7	a b	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) <u>Securities</u> 350,000. 250,152.	(ii) Other				
		с	Gain or (loss)	99,848.		99,848	a san an a	a altri 11 de tri.	99,848.
Other Revenue		d	Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	ng events (not of e 1c). See					
Othe		с	Less: direct expenses Net income or (loss) from fun- Gross income from gaming a	draising events					
	9	b	Part IV, line 19 Less: direct expenses	a b			h kininguptun did		
	10	a Gross sales of inventory, less returns and allowances		s returns a b					
	11	c Ia b	Miscellaneous Reven	ue	Business Cod	e			
	12		All other revenue Total. Add lines 11a-11d Total revenue. See instructions		🕨	269,756	• 0	•	174,592

632009 11-11-16

Form 990 (2016) ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page 10

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 (**D**) Fundraising (B) Program service (C)(A) Total expenses Do not include amounts reported on lines 6b, Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 270,417. 270,417 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 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) Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): 11 68,000. 68,000. a Management b Legal 3,200. 3,200. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е 78,066. 78,066. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 4,480. 4,480. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 1,033 1,033. CREDIT CARD SERVICE CHA а b С d e All other expenses 154,779 0. 425,196. 270,417. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here L if following SOP 98-2 (ASC 958-720)

632010 11-11-16

ROTARY FOUNDATION OF INDIANAPOLIS, INC.

35-6043931 Page 11

Form 990 (2016) Part X 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	
	2	Savings and temporary cash investments	35,157.	2	133,191.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		April 1	
-		trustees, key employees, and highest compensated employees. Complete	And reaching the second second		
		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			
ts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			n sa shekara na shekar Markara na shekara na s
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	2,020,167.	_11	2,241,215.
	12	Investments - other securities. See Part IV, line 11	4,522,259.	12	4,601,641.
	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)	6,577,583.	16	<u>6,976,047.</u>
_	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
litie		key employees, highest compensated employees, and disqualified persons.	승규는 아파 등 문화가		
Liabilities		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	1	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	<u> </u>	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			2012년 1월 1912년 1월 19 1월 1912년 1월 1912년 1월 1월 1912년 1월 1
es		complete lines 27 through 29, and lines 33 and 34.			C 075 247
anc	27	Unrestricted net assets	6,577,583.	+	6,975,347. 700.
3alá	28	Temporarily restricted net assets		28	/00.
Ъ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			a an
ç		and complete lines 30 through 34.		t de ser	Nel Constantino de la Constantino Presentario de la Constantino de la Cons
ets	30	Capital stock or trust principal, or current funds		30	
SSI	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et∧	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	6,577,583		- ARC AR
	34	Total liabilities and net assets/fund balances		34	6,976,047.

	990 (2016) ROTARY FOUNDATION OF INDIANAPOLIS, INC.	35-604	3931	Page	e 12
Par	t XI Reconciliation of Net Assets			r	
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
			0.57		- ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>), 75</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,19	
з	Revenue less expenses. Subtract line 2 from line 1	3	-155		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,577		
5	Net unrealized gains (losses) on investments	5	55.	3,90	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		<		
	column (B))	10	6,976	5 <u>,0</u> 4	47.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u> <u></u>	<u> </u>		
1	Accounting method used to prepare the Form 990: 🔀 Cash 🔲 Accrual 💭 Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		- 영화되	77	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1.15		
	separate basis, consolidated basis, or both:		- 245	2012년	1997
	X Separate basis Consolidated basis Both consolidated and separate basis				x
b	Were the organization's financial statements audited by an independent accountant?		<u>2b</u>		<u>~</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	- 4 A		
	consolidated basis, or both:				r statut
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		x	l I
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2</u> c	Δ	├
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O.	1.12	n na h	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit	2.5		
	Act and OMB Circular A-133?		<u>3a</u>		<u>x</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u>	<u> 3b</u>		
			Form	990	(2016)

					_	_	1	OMB No. 1545-0047
SCHEDULE A (Form 990 or 990-EZ)	P	ublic Chari	Charity Status and Public Support					2016
(1 6111 666 61 666 ==)	Com	plete if the organiz 4947	elete if the organization is a section 501 (c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					
Department of the Treasury		► Att	tach to Form 990 or For	rm 990-E2	Ζ.			Open to Public Inspection
Internal Revenue Service		about Schedule A (Fo	orm 990 or 990-EZ) and its	instruction	ns is at ww	w.iis.goviic	Employer i	dentification number
							5-6043931	
Part Reason f	or Public Cl	harity Status (All	organizations must con	plete this	part.) See	instruction		
The organization is not a	private foundat	tion because it is: (Fo	or lines 1 through 12, ch	eck only o	ne box.)			
1 🛄 A church, con	vention of chur	ches, or association	of churches described i	n section	170(b)(1)((A)(i).		
2 🛄 A school desc	ribed in section	n 170(b)(1)(A)(ii). (At	tach Schedule E (Form S	990 or 990)-EZ).)			
3 🔄 A hospital or a	a cooperative h	ospital service organ	ization described in sec	tion 170(t	o)(1)(A)(iii)			ha haanital'a nama
		tion operated in conj	unction with a hospital c	lescribed	In section	170(0)(1)(4	uuu, Enter u	ne nospital s name,
city, and state	"	the bonefit of a colle	ege or university owned	or operate	d by a go	vernmental	unit describe	
	b)(1)(A)(iv). (Co		ge of university owned	or operate	,a b j a go	••••••		
			ental unit described in se	ection 170)(b)(1)(A)(v	/).		
7 An organizatio	on that normally	v receives a substan	tial part of its support fro	om a gove	rnmental u	unit or from	the general j	public described in
	o)(1)(A)(vi). (Cor							
8 A community	trust described	d in section 170(b)(1)(A)(vi). (Complete Part	1.)				
9 🔲 An agricultura	al research orga	anization described i	n section 170(b)(1)(A)(ix	a) operated	d in conjur	nction with	a land grant o	college
or university of	or a non-land-gr	ant college of agricu	lture (see instructions). I	Enter the r	name, city,	and state	of the college	eor
university:			than 33 1/3% of its supp	ort from c	ontributio	ns membe	rshin fees ar	nd gross receipts from
10 An organization	on that normally	y receives: (1) more i	t to certain exceptions, a	and (2) no	more than	13, 1/3% c	f its support	from gross investment
income and u	inrelated busin	ess taxable income (less section 511 tax) fro	m busines	ses acqui	red by the	organization	after June 30, 1975.
	509(a)(2). (Com		· · · ·					
11 An organizati	on organized ar	nd operated exclusiv	ely to test for public saf	ety. See s	ection 50	9(a)(4).		
12 X An organizati	on organized a	nd operated exclusiv	ely for the benefit of, to	perform the	he functio	ns of, or to	carry out the	purposes of one or
more publicly	supported org	anizations described	l in se ction 509(a)(1) or	section 5	609(a)(2). S	See section	509(a)(3). C	heck the box in
lines 12a thro	ough 12d that d	lescribes the type of	supporting organization	and com	plete lines	12e, 12f, a	nd 12g.	
a 🛄 T y pel.As	upporting organ	nization operated, su	pervised, or controlled l	by its supp	Sorted org	anization(s)	, typically by	giving
			ularly appoint or elect a	majority c			lees of the s	appointing.
b X Type II. As	n. You must co	omplete Part IV, Se	or controlled in connect	ion with its	s supporte	ed organiza	tion(s), by ha	iving
control or r	management of	the supporting orga	inization vested in the sa	ame perso	ns that co	ontrol or ma	nage the sup	ported
		complete Part IV, S						
c 🗌 Type III fu	nctionally inter	grated. A supporting	organization operated i	n connect	tion with, a	and functio	hally integrate	ed with,
its support	ted organizatior	n(s) (see instructions)). You must complete P	art IV, Se	ctions A,	D, and E.		
d 🔲 Type III no	on -fu nctionally	integrated. A supp	orting organization opera	ated in co	nnection v	vith its supp	orted organi	ization(s)
that is not	functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ribution re	quirement a	and an attent	liveness
requireme	nt (see instructi	ions). You must com	plete Part IV, Sections	A and D,	and Part	V. Turce I Tu		
e L Check this	box if the orga	inization received a v	written determination fro	m the IRS	rinal il is a zation	атурет, ту	Je II, Type III	
f Enter the number			nally integrated supporti		Lation			1
g Provide the follow			d organization(s).					· • • • • • • • • • • • • • • • • • • •
(i) Name of sup		(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed ing document?	1	of monetary	(vi) Amount of other
organizatio	ก		(described on lines 1-10 above (see instructions))	Yes	No	support (se	e instructions)	support (see instructions)
ROTARY CLUB								
INDIANAPOLIS	3, INC.	35-0624130	10	X		<u> </u>	90, <u>555</u> .	<u>, </u>
					<u> </u>			<u> </u>
					<u> </u>			
				L	<u> </u>	<u> </u>	<u></u>	<u> </u>
Total						l	90,555	. 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

Schedule A (Form 990 or 990 EZ) 2016 ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
з	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
	The portion of total contributions	an e le este de la					
-	by each person (other than a			a a tatut a a a	a a shi tafa shi shi shi kara	anne Na Statist	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the				er der scher die der	og plant at han av	
	amount shown on line 11,						
	column (f)				a that a set of		
6	Public support. Subtract line 5 from line 4.	teratural production	a definition for	in constants	polet het het oldet	, enderste sterne k	
	tion B. Total Support	<u> </u>					
·	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 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	Total support. Add lines 7 through 10	Andread	An the table of the	t later te altre dat	i pinana atau tan tan	Roger of the second of	
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is for	or the organization'	s first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
	organization, check this box and sto	phere			<u>.</u>	<u></u>	<u></u> ▶└
Se	ction C. Computation of Pub	lic Support Pe	ercentage			,	
14	Public support percentage for 2016	(line 6, column (f) a	divided by line 11,	column (f))		14	
15	Public support percentage from 201	5 Schedule A, Par	t II, line 14			15	
16	a 33 1/3% support test - 2016. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies	s as a publicly sup	ported organizatio	>n			▶∟
1	b 33 1/3% support test - 2015. If the	organization did n	ot check a box or	n line 13 or 16a, an	d line 15 is 33 1/39	% or more, check th	is box
	and stop here. The organization qua	alifies as a publicly	supported organi	ization	<i></i>	••••••	▶∟
17	a 10% -facts-and-circumstances te	st - 2016. If the or	ganization did not	t check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa	acts-and-circumsta	nces" test, check	this box and stop	here. Explain in Pa	art VI how the orgar	ization
	meets the "facts-and-circumstances	s" test. The organiz	ation qualifies as	a publicly support	ed organization		▶∟
	b 10% -facts-and-circumstances te	est - 2015. If the or	ganization did no	t check a box on lii	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets	the "facts-and-circ	umstances" test	check this box and	d stop here. Expla	in in Part VI how the	•
	organization meets the "facts-and-c	ircumstances" test	. The organization	qualifies as a pub	licly supported or	ganization	►□
40	Private foundation. If the organizat	tion did not check	a box on line 1.3	6a. 16b. 17a. or 1	7b. check this box	and see instruction	s ►
18	Frivate ioungation. If the organizat	an dia not check i					

Schedule A (Form 990 or 990-EZ) 2016 ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page 3 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						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 G	ifts, grants, contributions, and						
m	embership fees received. (Do not						
in	clude any "unusual grants.")						
2 G	ross receipts from admissions,						
	nerchandise sold or services per-						
	ormed, or facilities furnished in ny activity that is related to the						
	rganization's tax-exempt purpose						
	ross receipts from activities that						
	re not an unrelated trade or bus-						
ir	ness under section 513						
4 T	ax revenues levied for the organ-						
	ation's benefit and either paid to						
	r expended on its behalf						
	he value of services or facilities						
	urnished by a governmental unit to						
	ne organization without charge				1		
	otal. Add lines 1 through 5		<u> </u>				
	mounts included on lines 1, 2, and received from disgualified persons						
-	mounts included on lines 2 and 3 received			<u> </u>			
	om other than disqualified persons that						
	xceed the greater of \$5,000 or 1% of the						
	mount on line 13 for the year	<u> </u>	┼────				
	Add lines 7a and 7b	a second of the start of		a werden van der	e récetulos a constant	e eta conserve de la conserve	
	Public support. (Subtract line 7c from line 6.)	NECCESSION OF BELLEVIL		<u>a de la del al la del actual de la del actu Actual de la del actual de</u>	an tan ta tang kasa kalang kasa k	an a	
	tion B. Total Support			1 () 0014	(4) 0015	(e) 2016	(f) Total
	dar year (or fiscal year beginning in) 🕨	(a) 20 <u>12</u>	(b) 2013	(c) 2014	(d) 2015	(6) 2010	
	Amounts from line 6				<u> </u>	<u> </u>	
	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
á	and income from similar sources			<u> </u>	<u> </u>		
-	Unrelated business taxable income						
1	(less section 511 taxes) from businesses						
i	acquired after June 30, 1975		<u> </u>				<u> </u>
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	or the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
••	check this box and stop here	· · · · · · · · · · · · · · · · · · ·					. <u></u>
Sec	tion C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2016	(line 8. column (f)	divided by line 13.	column (f))		15	%
	Public support percentage from 201						%
	tion D. Computation of Inve						
	Investment income percentage for 2)	17	%
	Investment income percentage from						%
18	33 1/3% support tests - 2016. If the	a organization dia	hot check the he	x on line 14 and li	ne 15 is more than		
19a	more than 33 1/3%, check this box	e organization did		alifice as a publich	v supported organ	ization	
	more than 33 1/3%, check this box	and stop nere. If	ne organization qu	anics as a publici	y supported organ	nore than 33 1/3%	and
b	33 1/3% support tests - 2015. If th	e organization did	I NOT CHECK A DOX			nore man oo 17070,	
	line 18 is not more than 33 1/3%, ch	ieck this box and	stop nere. The or	ganization qualme	s as a publicly sup	ported organization	· 17
20	Private foundation. If the organizati	<u>ion did not check</u>	a box on line 14,	19a, or 19b, check	this box and see	<u>mstructions</u>	

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(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

- 1 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- **3a** 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) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "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)(B) 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 EIN 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 already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, 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).
- 8 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.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit 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.)

r	Ye	s	No	_
1	2	ζ		
			4.5	
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20		x		
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3b		K_		_
		X		
3c				
4a			X	
1 and 1			1.	
<u>4b</u>	<u>,</u>	(han)	- 11	
La esta de				
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an				x
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9 c				X
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			Yes	No
11	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)			
u	below, the governing body of a supported organization?	11a		Χ_
ь	A family member of a person described in (a) above?	11b		Х
c	A 35% controlled entity of a person described in (a) or (b) above?// "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Sec	tion 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		ağı, 75-	<u> 영</u> 화 : 1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1.277		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_	—	<u> </u>
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			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		No.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			i dan Setter
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	4984993		al distant Al distant
	or management of the supporting organization was vested in the same persons that controlled or managed	- 6 (m.). S	X	
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations		Yes	No
			103	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			4月1日) 2月2日)で
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	学校教育		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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 Part VI how	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).		• :	-
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	1.1.1		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
_	supported organizations played in this regard.			
Se	ction E. Type III Functionally Integrated Supporting Organizations	s).		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions			
i	The organization satisfied the Activities Test. Complete IIne 2 below.			
1	 The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in the organization). 	nstructior	ns).	
			Ye	s No
2	and the second	1400		11 - A
	a Did substantially all of the organization's activities during the tax year directly tortiler the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	the supported organization(s) to which the organization was responsively in roo, whether a tempt purposes, those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	- 19 B		
	that these activities constituted substantially all of its activities.	2 a		
	a state with the state of the s		1-	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one of male of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	of the organization's supported organization(s) would have been engaged in the second state and the second			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
	activities but for the organization's involvement.	<u></u>		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- <u></u>	1	+
	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 Part VI the role played by the organization in this regard.	Зъ		
	of its supported organizations? In resultie in Fart vi the role played by the organization in this regard.			

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Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All
 there Tupe III pen functionally integrated supporting organizations must complete Sections A through E.

ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 F	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
5 [Depreciation and depletion	5		
6 F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on 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):			<u>Bargaran kanakir (a</u>
	Average monthly value of securities	1 a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d	and the second	
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
-	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Agencies and the second second	
2	Enter 85% of line 1	2	建的基本合适合的方法	
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		
- 4	Income tax imposed in prior year	5		
_ <u>5</u> 6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
0	sector and temperature reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	Illy integ	rated Type III supporting org	janization (see

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Fair v Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	(continued)	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exe			
2 Amounts paid to perform activity that directly furthers exemp			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	es of supported organization	<u> </u>	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to which t	he organization is responsive		
(provide details in Part VI). See instructions			
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
	(i)	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6	and the second second		
2 Underdistributions, if any, for years prior to 2016 (reason-			n an
able cause required explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b		Market Market Charles	電話 後から たいとう
c From 2013			· · · · · · · · · · · · · · · · · · ·
d From 2014			finden der State seiter -
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
Carryover from 2011 not applied (see Instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.	1		
4 Distributions for 2016 from Section D,			
line 7: \$			and the second sec
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount	all the second		n an
c Remainder. Subtract lines 4a and 4b from 4			
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	<u>i i vilozi de la ciela de </u>	A decembra de declaração de termo	
6 Remaining underdistributions for 2016. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions	- 建始的最优的基本的表示的分析。	e leen hour en oak en de besternen. Is de argener oak en de staar de beer	
7 Excess distributions carryover to 2017. Add lines 3j			
and 4c	an an an data da daga data a tangan taka da da arawan dan sara da 1876.	yr ac igiathaile a leithean airtean E geraleachar ann ann ann ann ann ann	na <u>des</u> tando de la <u>secta en el comp</u> etencia de la competencia de
8 Breakdown of line 7:			
a construction and a statement of the Martines	the constraint for a schedule of a statistic sec-	2 And a state of the second state of the se	
b Excess from 2013		n an an Anna an Anna Anna Anna Anna Anna	
c Excess from 2014		n <u>eta konstanta eta konstanta konstanta</u> Antonio arrendea eta eta eta eta eta eta eta eta eta e	
d Excess from 2015			(2) production and production of the second seco
e Excess from 2016			

Schedule A (Form 990 or 990 EZ) 2016 ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page 8

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, SECTION A, LINE 3B:

THE ORGANIZATION REVIEWED THE TAX RETURN FOR THE SUPPORTED ORGANIZATION

TO CONFIRM THE SUPPORTED ORGANIZATION STILL QUALIFIED AS A 501(C)(4)

ORGANIZATION AND SATISFIED THE PUBLIC SUPPORT TEST UNDER 509(A)(2).

PART IV, SECTION A, LINE 3C:

THE ORGANIZATION REVIEWED THE TAX RETURN OF THE SUPPORTED ORGANIZATION

THAT DETAILED THE GRANTS AND OTHER ASSISTANCE PROVIDED BY THE SUPPORTED

ORGANIZATION NOTING THAT ALL OF THE GRANTS AND OTHER ASSISTANCE

PROVIDED WERE TO QUALIFYING 501 (C)(3) ORGANIZATIONS.

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990. OMB No. 1545-0047

2016

Name of the organization

Organization type (check one):

ROTARY FOUNDATION OF INDIANAPOLIS, INC.

Employer identification number

35-6043931

3	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$63,684.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) T ype of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
623452 10-18-16		\$Schedule B (Fo	Person Payroll Noncash (Complete Part II for noncash contributions.)

ROTARY FOUNDATION OF INDIANAPOLIS, INC.

Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990 EZ, or 990 PF) (2016)

Name of organization

(a)

No.

Employer identification number

(d)

Type of contribution

35-6043931

(c)

Total contributions

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2016)

Name of organization

Employer identification number

<u>35-6043931</u>

ROTARY FOUNDATION OF INDIANAPOLIS, INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	

Schedule B (Name of orga	(Form 990, 990-EZ, or 990-PF) (2016) nization		Page 4 Employer identification number	
	FOUNDATION OF INDIANAP	OLIS, INC.	$\frac{35 - 6043931}{\text{section 501(c)(7), (8), or (10) that total more than $1,000 for}}$	
Part III	the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	umns (a) through (e) and the followin charitable, etc., contributions of \$1,000 or les	I line entry. For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
	Transferee's name, address, and		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-		(e) Transfer of gift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCH (Form	IEDULE D 990)	Supplementa ► Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answere . 11a. 11b. 11c. 11	d "Yes" on Form 990 d. 11e. 11f. 12a. or 12	S), 2b.	ОМВ No. 1545-0047 2016
	ent of the Treasury Revenue Service	Information about Schedule D (For	Attach to Form 99	0.		Open to Public
	of the organizati				Emp	bloyer identification number 35-6043931
Parl	I Organiza	ations Maintaining Donor Advise				
		n answered "Yes" on Form 990, Part IV, lin				·
				dvised funds	(b) Fun	ds and other accounts
1	Total number at e	nd of year				
2	Aggregate value o	f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
		t end of year				
		on inform all donors and donor advisors in				Yes No
_	are the organizatio	on's property, subject to the organization's	exclusive legal cor	htrol?		
6	Did the organization	on inform all grantees, donors, and donor a poses and not for the benefit of the donor o	advisors in writing t	for any other purpose	e useu oniy e conferring	
		ate benefit?				
Par	Impermissible priv	ation Easements. Complete if the or	anization answere	d "Yes" on Form 990,	Part IV, line 7	
		servation easements held by the organizat				
•		n of land for public use (e.g., recreation or e		Preservation of a his	storically impo	rtant land area
		of natural habitat		Preservation of a ce		
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a qual	ified conservation of	contribution in the form	n of a conserv	ation easement on the last
	day of the tax yea					Held at the End of the Tax Year
		onservation easements				
		tricted by conservation easements				
с	Number of conse	rvation easements on a certified historic st	ructure included in	(a)	<u>2c</u>	
d		rvation easements included in (c) acquired			1 0-1	
	listed in the Natio	nal Register	· · · · · · · · · · · · · · · · · · ·			during the tax
3	Number of conse year	rvation easements modified, transferred, re	eleased, extinguish	ed, or terminated by t	ne organizatio	, utiling the tax
4		where property subject to conservation e	asement is located	▶	_	
5	Does the organiz	ation have a written policy regarding the pe	eriodic monitoring,	inspection, handling c	of	
	violations, and er	forcement of the conservation easements	it holds?			Yes II No
6		er hours devoted to monitoring, inspecting				
7	▶ \$	uses incurred in monitoring, inspecting, har				ents during the year
8	and section 170(ervation easement reported on line 2(d) abo h)(4)(B)(ii)?				Yes No
9	In Part XIII, desc	ribe how the organization reports conserva	tion easements in	its revenue and exper	nse statement	, and balance sheet, and
	include, if applica	able, the text of the footnote to the organiz	ation's financial sta	tements that describe	es the organiz	ation's accounting for
	conservation eas	sements.	A.L. Historia		Other Sim	ilar Assets
Pa	rt III Organia	zations Maintaining Collections	of Art, Historic	a freasures, or	Other Sim	liai A35613.
	Complete	if the organization answered "Yes" on For	m 990, Part IV, line	8.	tamant and b	alance sheet works of art
1 a	If the organizatio	n elected, as permitted under SFAS 116 (/	ASC 958), not to re	port in its revenue sta	arance of pub	lic service, provide in Part XIII.
		es, or other similar assets held for public e		n, or research in furth	ciance of pob	
	the text of the fo	otnote to its financial statements that deso in elected, as permitted under SFAS 116 (/	ASC 958) to report	in its revenue statem	ent and balan	ce sheet works of art. historical
ъ	If the organizatio	er similar assets held for public exhibition,	aducation or rese	arch in furtherance of	public service	provide the following amounts
			equivation, or rese			,
	relating to these	items: Iuded on Form 990, Part VIII, line 1			►	· \$
						\$
•	(II) Assets Inclu	on received or held works of art, historical t	reasures, or other	similar assets for finar		
2		ounts required to be reported under SFAS				
~		ed on Form 990, Part VIII, line 1			▶	▶ \$
		in Form 990, Part X				\$
		Reduction Act Notice, see the Instruction				Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets@continued) 2 Using the organization's accusition, and other records, check any of the following that are a significant use of its collection items (check all hat apply): a	Sched				APOLIS, IN				age 2
(check all that apply): d Loan or exchange programs e Other Check e Other Check e Other Check f Provice description of the organization's oclections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's oclections? Other Part IV Escrow and Custodial Arrangements. Complete if the organization's oclection? No. Part IV Escrow and Custodial Arrangements. Complete if the organization's oclection? No. 1a Is the organization and operation. Sole of other one 900, Part X, line 21. Arnount 1d Ister organization include an amount on form 990, Part X, line 21. Amount 19 c Beginning balance 11 11 Ister organization include an amount on Form 990, Part X, line 21. for secrew or custodial account flability? Yes No b If Yes, ' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endower organization include an amount on Form 990, Part X, line 21. for secrew or custodial account flability? Yes No b Check here if the explanation insclude an amount on Form 990, Part X, line 21. Inter years back <td>Par</td> <td>t III Organizations Maintaining C</td> <td>ollections of A</td> <td>rt, Historical Tr</td> <td>easures, or Oth</td> <td><u>er Similar</u></td> <td>Assets(con</td> <td>tinued)</td> <td></td>	Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	<u>er Similar</u>	Assets(con	tinued)	
a	3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that are a s	significant use	e of its collect	ion item	IS
b Schlahry research c Prosevation for future generations Prosevation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization solections and explain how they further the organization is collection's exempt purpose in Part XIII. Part IV Escrow and Custodial Arrangements, Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. for secrow or custodial account liability? Is due to ergonization include an amount on Form 990, Part X, line 21. for secrow or custodial account liability? Is due to ergonization include an amount on Form 990, Part X, line 21. for secrow or custodial account liability? Is due to ergonization include an amount on Form 990, Part X, line 21. for secrow or custodial account liability? Is due to ergonization include an amount on Form 990, Part X, line 21. for secrow or custodial account liability? Is due to ergonization include an amount on Form 990, Part X, line 21. for secret custodial on Part XIII. Is due to ergonization and explain the argeneration has been provided on Part XIII. Is due to ergonization and line the organization answered 'Yes' on Form 990, Part X, line 10. Is due to ergonization and line the organization answered 'Yes' or form 990, Part X, line 10. Is due to ergonization and line the provide to the organization for the organization for the organization for the organization for the		(check all that apply):							
c Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? No. Part IVI Excover and Custofial Arrangements. Complete if the organization answerd Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Image: treasure of the organization answerd Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization a signer, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: trustee, custofial Arrangement in Part XIII the custofial Arrangement in Part XIII the organization answered Yes' on Form 990, Part X, line 10. c Beginning balance 10 11 d Additions during the year 10 11 f Ending balance 10 11 d Distributions during the year 10 11 f Inding balance 10 11 d Distributions during the year 10 11 f Part VI Endowring the year 10	а	Public exhibition	d						
Provide a description of the organization's collections and explain how they further the organization's sevench purpose in Part XIII. During the year, did the organization solid or receive donations of art, historical reserves, or other similar assets to be solid to raise funder arither than to be maintained as part of the organization is collection? Part IW Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance Beginning balance Beginning balance Beginning balance Beginning balance Beginning outring the year Int Endowment FundS. Complete if the organization has been provided on Part XIII. Part VI Endowment FundS. Complete if the organization answered "Yes" on Part XIII. Beginning of year balance Go Int 'yes' english the arrangement in Part XIII. Generganization and losses Go Int 'yes' arrows and losses Go Interview explanation in lines 22. So Reverses Go Interview explanation in lines 23. So Interview of the organization answered 'Yes' on Form 990, Part X, line 10. Int 'yes' arrows and losses Go Interview of the organization answered 'Yes' on Form 990, Part X, line 10. Int 'yes' arrows and losses Go Interview of the organization answered 'Yes' on Form 990, Part X, line 10. Compositive structures and only and losses Go Int 'yes' arrows and losses Go Inte solid, are the related organization ans	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	с	Preservation for future generations							
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount Ito	4	Provide a description of the organization's co	llections and explai	n how they further t	he organization's exe	empt purpose	e in Part XIII.		
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No b If "Yes," explain the arrangement in Part XII and complete the following table: Amount Ito								_	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table: Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for secrew or custodial account liability? Yes No c Beginning balance 1d 1d <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> Yes</td> <td></td> <td><u>No</u></td>							Yes		<u>No</u>
on Form 990, Part X2 Ves Ves No b if Yes, 'explain the arrangement in Part XIII and complete the following table:	Par			ete if the organizatio	on answered "Yes" or	n Form 990, F	² art IV, line 9,	or	
on Form 990, Part X2 Ves Ves No b if Yes, 'explain the arrangement in Part XIII and complete the following table:	- 1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ns or other assets no	t included			-
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c 1d 4mount 1c 1d 1d 1d							Yes		_ No
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part XIII. (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back 1a Grants or scholarships (b) Prior year (c) Two years back (e) Four years back 1b Contributions fadministrative expenses (f) Administrative expenses (f) Prior year 2 Provide the estimat									
b Beginning Oscillations during the year 1d e Distributions during the year 1f f Ending balance 1f a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part IV, line 10. Image: State Stat	-		·	•			Amo	unt	
d Additions during the year 1d e Distributions during the year 1e 14 16 15 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Garns or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back 1b Administrative expenses (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (b) Prior year 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (a) Current year end balance (b) Prior year 2 Provide the estimated percentage of the curenty evarend balance (line 1g, column (a)) held as: <td>~</td> <td>Beginning balance</td> <td></td> <td></td> <td></td> <td>1c</td> <td></td> <td>_</td> <td></td>	~	Beginning balance				1c		_	
e Distributions during the year ie t Ending balance it 20 Dd the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Other on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Grants or scholarships (a) Current year end balance (ic) Two years back (d) Thee years back 1b Add organization Me Me Me Me									
f Ending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If 'Yes', 'wy lian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back if a drants or scholarships Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. c Not investment earnings, gains, and losses Image: Complete intervent in the part of facilities Image: Complete intervent int									
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b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.	T	Ending balance	orm 990 Part X line	21 for escrow or c	sustodial account liab		Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment eamings, gains, and losses [a] Current year [b] Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment eamings, gains, and losses [a] Current year [b] Prior year [c] Two years back (d) Three years back [c] Two years back (d) Three years back [c] Two years back [c] Two years back [c] Two years back (d) Three years back [c] Two years back [2a	Did the organization include an amount of P	Check here if the a	volgestion has been	n provided on Part XI	1			
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (e) Four years back (e) Four years back b Contributions (c) Two years back (e) Two years back (e) Four years back b Contributions (c) Two years back (e) Two years back (e) Four years back b Contributions (c) Two years back (e) Two years back (e) Four years back c Not investment enings, gains, and losses (c) Two years back (e) Two years back (e) Four years back c Other expenditures for facilities (c) Two years back (e) Two years back (e) Four years back d Grants or scholarships (c) Two years back (c) Two years back (c) Two years back e Other expenditures for facilities (in related organizations (in related organizations (in related organizations file Per VII Land, Buildings, and Equipment. (b) Cost or other (c) Accumulated Ves No (b) Cost or other (c) Accumulated (d) Book valu		If "Yes," explain the arrangement in Part XIII.	the organization a	swered "Ves" on F	form 990 Part IV line	10.			
1a Beginning of year balance Image: Im	Fai	t V Endowment i unds. complete			(c) Two years back	(d) Three yea	urs back (e) F	our years	s back
b Contributions			(a) Current year	(b) Filor year	(c) The years basic				
c Net investment eamings, gains, and losses	1 a	Beginning of year balance							
d Grants or scholarships	ъ				<u> </u>	<u> </u>			
e Other expenditures for facilities and programs	с	Net investment eamings, gains, and losses		<u> </u>					
and programs	d	Grants or scholarships							
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) unrelated organizations (ii) unrelated organizations (iii) related organizations 3a(ii)	е	Other expenditures for facilities							
g End of year balance		and programs				∔			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% main percentages on lines 2a, 2b, and 2c should equal 100%. 3a a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	f	Administrative expenses							
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 9 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 bescription of property (a) Cost or other basis (investment) Description of property 1a Land Image: Cost of the state of the organization of the state of the organization of property b Buildings Image: Cost of other basis (other) c Leasehold improvements Image: Cost of the basis (other) c Leasehold improvements Image: Cost of the state of the cost of the state of th	g								
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 9 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Obscription of property (a) Cost or other b Buildings Image: Source of the organization of property b Buildings Image: Source of the organization of property c Leasehold improvements Image: Source of the organization of properts c Leasehold improvements Image: Source of the organization of the organization of properts b Buildings Image: Source of the organization of the organization of the organization of the organization of properts c Leasehold improvements Image: Source of the organization of the organiza	2	Provide the estimated percentage of the cur	rent year end balan	ice (line 1g, column	(a)) held as:				
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	а								
c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings a		-							
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3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations 3a(i)	Ŭ		buid equal 100%.						
by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other	30	Are there endowment funds not in the DOSS	ession of the organi	zation that are held	and administered for	r the organiza	ation		
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (b) Cost or other basis (other) c Leasehold improvements	Ja					-		Yes	s No
(i) Universited organizations 3a(ii) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land							3	a(i)	T
(ii) Telated organizations 3b b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.									
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land Land Land Land Land Land b Buildings Land		(II) related organizations	otiona listad on radi	uirod on Schedule F	22				
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land					••	•••••		<u> </u>	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		Describe in Part XIII the intended uses of th	e organization s end	dowinent lands.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Pa			00 Bort IV line 11a	See Form 990 Part	X line 10.			
Description of property (a) cost of other basis (investment) (b) cost of other basis (other) (c) cost of other depreciation 1a Land							d (d)	Book va	
b Buildings		Description of property	1 1						
b Buildings	1a	Land			- Albert -		- 1 - 1		
c Leasehold improvements	t	Buildings							
d Equipment		•							
e Other									
Table Add lines to through the (Column (d) must equal Form 990, Part X, column (B), line 10c.) ► 0.									
-10731 And lines 13 initiation 16, $10000111101010030000000000000000000000$	Tot	al Add lines 1a through 1e. (Column (d) must	equal Form 990. Pa	art X, column (B), lin	e 10c.)				

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page 3 Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valu	atton: Cost or end-of-year market value
) Financial derivatives	••	· · ·	
Closely-held equity interests			
Other			
(A) CENTRAL INDIANA COMMUNITY			
(B) FOUNDATION	4,601,641.	END-OF-YE	AR MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		The second second second second second	and the second
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	4,601,641.		len heren stander som
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, P	art X, line 13. uation: Cost or end-of-year market value
(a) Description of investment	(b) Book value	(c) Method of Val	uation. Cost of end-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		a le star é tales a t	
Part IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, F	Part X, line 15
	Description		
(1)			
(1)			
(2)			
(2)			
(2) (3) (4)			
(2)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	e 15.)	11e or 11f. See Forn	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	e 15.)		990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	e 15.)	11e or 11f. See Forn	
(2) (3) (4) (5) (6) (7) (8) (9) 'otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	e 15.)	11e or 11f. See Forn	990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	e 15.)	11e or 11f. See Forn	n 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes (2)	e 15.)	11e or 11f. See Forn	n 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	e 15.)	11e or 11f. See Forn	n 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	e 15.)	11e or 11f. See Forn	n 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	e 15.)	11e or 11f. See Forn	n 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	e 15.)	11e or 11f. See Forn	n 990, Part X, line 25.
(2) (3) (4) (5) (6) (7) (8) (9) rotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	e 15.)	11e or 11f. See Forn	n 990, Part X, line 25.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 ROTARY FOUNDATION OF INDIANAPOLIS, INC. 35-6043931 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		
З	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u>5</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial State		enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		
1			
•	Total expenses and losses per audited financial statements		
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
-	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	
2 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	
2 a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	
2 a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	
2 a b c d	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d 2d	2e
2 b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2c 2d	2e
2 b c d 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	2e
2 b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	2e
2 b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2c 2d 2d 4a 4b	2e 3 4c
2 a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2c 2d 2d 4a 4b	2e 3 4c

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 additional information.

SCHEDULE I (Form 990)	O O Comp	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 2	nd Other Assistance to Organizations, ints, and Individuals in the United States ganization answered "Yes" on Form 990, Part IV, line 21 or 22.	to Organi s in the Unit on Form 990, Parl	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	 Informati 	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Attach to Form 990. (Form 990) and its instru	n 990. instructions is at	www.irs.gov/form99(Open to Fublic Inspection
zation ROTARY	FOUNDATION	OF INDIANAPOLIS	OLIS, INC.				Employer identification number 35–6043931
Part I General Information on Grants and Assistance	s and Assistance					-	
1 Does the organization maintain records to substantiate the amount of	ds to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	ssistance?			0			
Š	procedures for moni	toring the use of grant	funds in the United	a states.	inization answered "Y	es" on Form 990, Part	IV, line 21, for any
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Compact in and gamman and other Assistance to Domestic Organizations and Domestic Governments.	to Domestic Organi	izations and Domesu	c Governments. O	ed.			
recipient that received more unat 1 (a) Name and address of organization or government	n (b) EIN	(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
			_				SUPPORT CHIN COMMUNITY TO
							ENSURE ECONOMIC/SOCIAL
SCHIN COMMUNITY OF LAND							SUCCESS AS THEY INTEGRATE
1524 EAST STOF IL NORD INDIANAPOLIS IN 46227	46-3929937	501 (C) (3)	100,000.	.0			TO THE US
							SUPPORT FOR A CAMPAIGN TO
CHILD ADVOCATES							INCREASE THEIR VOLUNTEERS
CK B		E01 /7/ /3/	25 000	.0			AND ADVOCATES.
INDIANAPOLIS, IN 46240	077700/T-CC						SUPPORT FOR A MOBILE
радпредат радилени							OPERATIONS UNIT TO SERVE
THE REPORT IN THE PARTY OF THE							MORE TEACHERS AND SCHOOLS
ZZIS W WASHINGTON ST.	35-2100375	501 (C) (3)	25,000.	.0			WITH SUPPLIES.
INDIANAPOLIS, IN TOILS							SUPPORT VETERANS
OPERATION JOB READY VETERANS							KE-ENTERING INE CIVILIAN SIDE WITH JOR SKILLS
9130 OTIS AVENUE			10 000	0			TRAINING.
INDIANAPOLIS, IN 46216	80-0123214	151 171 TAG	• • • • • • • • • • • • • • • • • • • •				
100 BLACK MEN OF INDIANAPOLIS							SUIPDORT THEIR FINANCIAL
3901 N. MERIDIAN ST.			2 2 7				LITERACY COURSES.
INDIANAPOLIS, IN 46208	36-1813852	501 (C) (3)	* ^ ^ ^ / ^ T				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(3) and government c	organizations listed in t	he line 1 table				
3 Enter total number of other organizations listed in the line 1 table	tions listed in the line	e 1 table					Schedule I (Form 990) (2016)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	tice, see the Instruc	tions for Form 990.					

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

632101 11-01-16

29

Schedule I (Form 990) (2016) ROTARY FOUNDATION OF INDIANAPOLIS, INC. 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.	ON OF INI Complete if the	DIANAPOLIS organization answ	t, INC. ered "Yes" on Form 9	90, Part IV, line 22.	35-6043931 Page 2
(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)	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	quired in Part I, li	ne 2; Part III, colum	n (b); and any other a	dditional information.	
		30			Schedule I (Form 990) (2016)
632102 11-01-16					

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 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 2016 Open to Public Inspection
Internal Revenue Service Name of the organizatio	▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f ROTARY FOUNDATION OF INDIANAPOLIS, INC.	Employer	identification number 043931
	RT VI, SECTION B, LINE 11B:		

THE TREASURER OF THE CLUB REVIEWS THE PROFESSIONALLY PREPARED FORM 990

BEFORE SIGNING AND MAILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUAL CONFLICT OF INTEREST STATEMENTS ARE OBTAINED FROM ALL BOARD MEMBERS

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS NO EMPLOYEES THEREFORE THEY DO NOT HAVE A FORMAL

PROCESS FOR DETERMINING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

EXECUTED COPIES OF THE ADOPTED GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, ANNUALLY COMPILED FINANCIAL STATEMENTS AND ANNUAL FEDERAL FORM 990

ARE AVAILABLE FOR REVIEW AT THE FOUNDATION'S OFFICE.

FORM 990, PART XII, LINE 2C:

THE BOARD APPROVES AND OVERSEES THE INDEPENDENT ACCOUNTANT

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

Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE R (Form 990)	Comple	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.	Organizations and Unrelated Partnerships anization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, Attach to Form 990.	tnerships _{ne 33,} 34, 35b, 36	, or 37.	ō O	OMB No. 1545-0047 2016 Open to Public
Department of the Treasury Internal Revenue Service	Infor	Information about Schedule R (Form 990)	Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.	www.irs.gov/form	<u>990.</u>	Employer identifi	Inspection cation number
Name of the organization	ion ROTARY FOUNDATION	ION OF INDIANAPOLIS	S, INC.			35-6043931	31
Part I dentificati	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	e if the organization answered "Yes" o	on Form 990, Part IV, line 33				
Name, add	(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
					_		
	A Deleted Tay-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	tions. Complete if the organization a	Inswered "Yes" on Form 990	, Part IV, line 34 b	ecause it had one o	r more related tax-exe	ampt
Part II organizatio	organizations during the tax year.					~	4.1
Nar	(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	Section 512(b)(13) controlled entity? Yes No
ROTARY CLUB OF IN 35-0624130, 650 N 1a TUNTANAPOLITS	OF INDIANAPOLIS, INC 650 NORTH MERIDIAN STREET SUITE 2015 IN 46204	PROMOTION OF COMMUNITY DEVELOPMENT	INDIANA	501(C)(4)		N/A	X
1 1 1							
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2016

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2016 ROTA	ROTARY FOUNDATION OF	ON OF	INDIANAPOLIS	LIS, INC.	· · · ·		on Part IV lin	a 34 hecaus	3 D - 0 (e it had one or r	35-60433331	Page 2
Part III organizations treated as a partnership during the tax year.	rganizations Taxable a artnership during the ta	as a Partne ix year.	e rship. Complete if	the organizatior	answered 7		פט, דמונ וע, וווא				
	(4)	(c)	(p)	(e)		Ð	(6)	£	9	9	(K)
(a) Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign country)	trolling y	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year a ss ets	Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	X General or managing le partner? 5) Yes No	General or Percentage managing partner? Yes No
		Kanoo					-				
		_									
	1										
	- 1-										
	1										
	T			-							
	F1	_									
Part IV Identification of Related Organizations Taxable as a Corporatio	Irganizations Taxable	as a Corp	oration or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	omplete if the o	rganization an	swered "Yes"	on Form 990, I	Part IV, line 3	34 because it ha	d one or m	ore related
- 1		וול וווכ ומי	ycaı.	101	F	(a)	-	U U	(a)	(H	0
(a) Name, address, and ElN	EIN	Prin	(b) Primary activity	Legal domicile Dir (state or	Direct controlling entity	Type (C cor		f total ne	year	Percentage ownership	Section 512(b)(13) controlled entity?
טו ופומופט טואמווגמוו	5			foreign country)		or trus	()		assers		Yes No
			_								
				_							
						_	_				
							<u>.</u>				
						_					
632162 09-06-16				33					Sche	dule R (For	Schedule R (Form 990) 2016

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Page 3		Yes No		Х
35-6043931		٨		1a
Schedule R (Form 990) 2016 ROTARY FOUNDATION OF INDIANAPOLIS, INC.	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 unis surrouted.	1 During the tax year, did the organization engage in any of the nonwing indiraction of the any of the organization engage in any of the any of

Part V Transactions With Related Organizations. Complete in the organization and				
···· O ··· ··· ··· ···················				Yes No
Note: Complete line 1 if any entry is listed in ratio in our of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed	n Parts II-IV?	
1 During the tax year, did tille organization engage in any of any construction of the number of the antity		•		1a X
a Receipt of (I) interest, (II) annumes, (III) royames, or (IV) remained on the second of the second se				1b X
b Gift, grant, or capital contribution to related organization(s)				1c X
c Gift, grant, or capital contribution from related organization(s)				X
d Loans or loan guarantees to or for related organization(s)				
e Loans or loan guarantees by related organization(s)				
				×
f Dividends from related organization(s)				
a Sale of assets to related organization(s)				
Exchange of assets with related organization(s)				
i 1 2000 of facilities and inment or other assets to related organization(s)				1j A
				in dia
k Lease of facilities, equipment, or other assets from related organization(s)				
	inization(s)			
Fellotinalice of services of montacting on the draiting services of the servic	nization(s)			+
				1n X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	loui(s)			10 X
 Sharing of paid employees with related organization(s) 				
				tn X
p Reimbursement paid to related organization(s) for expenses				
q Reimbursement paid by related organization(s) for expenses				
				1r X
r Other transfer of cash or property to related organization(s)				
(s)			· · · · · · · · · · · · · · · · · · ·	
If the answer to any of the above is "Yes," see the instructions for	who must complete the	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.	
	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved
DOWADY CLIIB OF INDIANAPOLIS, INC.	0	68,000.FMV	FMV OF SERVICES PROVIDED	0
	M	C	CEE ABOVE FOR AMOUNT	
(2) ROTARY CLUB OF INDIANAPOLIS, INC.	4			
(4)				

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Schedule R (Form 990) 2016

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	ROTARY FOUNDATION OF		INDIANAPOLIS, INC.				35-6043931	3931	Page 4
Schedule R (Form 390) 2010 2020 2020 2020 2020 2020 2020 20	ble as a Partnership. Col	mplete if the organ	ization answered "Yes" on	Form 990, Part IV, lin	e 37.				
، سد ا	entity taxed as a partnersl	nip through which sion for certain inv	the organization conducted estment partnerships.	more than five perce	ent of its activities (m	leasured b	y total assets or	. gross re	venue)
nat was not a related organization. See its (a) Name, address, and EIN of entity	Primary activity	(c) Legal domicile (state or foreign	(d) (e) Predominant income partnessec. (related, unrelated, sofie)3 excluded from tax under sofie)3	(f) sec. Share of total	(g) Share of end-of-year	(h) Dispropor- tionate allocations?	(h) (i) (i) (k) Disproper Code V-UBI General or Percentage Reneration (k) binate amount in box 20 managing ownership ownership	(j) General or managing partner?	(k) Percentage ownership
		country)	sections 512-514) Yes No		0000	Yes No		Yes No	
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Schedule R	(Form 990) 2016	ROTARY	FOUNDATION	OF	INDIANAPOLIS,	INC.	<u>35-6043931</u>	Page 5
Part VII	Supplemental li	nformation.						
	Provide additional in	formation for respor	nses to questions on S	Schedu	ule R. See instructions.			
						-	<u> </u>	
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						_		
				_				
						_		
		- —						

NP-20 State Form 51062

(R7 / 8-13)

Name of Organization

Indiana Department of Revenue

Indiana Nonprofit Organization's Annual Report

For the Calendar Year or Fiscal Year Beginning 07 01 2016 and Ending 06 30 2017 MM/ DD/ YYYY MM/ DD/ YYYY

Due on the 15th day of the 5th month following the end of the tax year. NO FEE REQUIRED.

County

MARION

ZIP Code

Change of Address Amended Report Final Report: Indicate Date Closed

Telephone Numbe

317 631 3733

Federal Identification Number

35 6043931

Contact's Telephone Number

Indiana Taxpayer Identification Number

Check if:

ROTARY FOUNDATION OF INDIANAPOLIS INC Address 650 NORTH MERIDIAN STREET NO 1A State Citv 46204-1214 INDIANAPOLIS, IN Printed Name of Person to Contact

MATTHEW WILL

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under Section 513 of the Internal Revenue Code, you must also file Form IT-20NP.

Current Information

- 1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
- 70 2. Indicate number of years your organization has been in continuous existence.
- 3. Attach a schedule, listing the names, titles and addresses of your current officers.
- 4. Briefly describe the purpose or mission of your organization below.

TO FURTHER THE PHILOSOPHY OF THE ROTARY OF "SERVICE ABOVE SELF" BY MAKING GRANTS FOR CHARITABLE AND EDUCATIONAL PURPOSES IN THE GREATER INDIANAPOLIS AREA.

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

	TREASURER	
Signature of Officer or Trustee	Title	Date
Name of Person(s) to Contact	Daytime Telephone Number	
Imp ortant: Indi	Please submit this completed form and/or extension to: ana Department of Revenue, Tax Administration	
	P.O. Box 6481	
	Indianapolis, IN 46206-6481 Telephone: (317) 232-0129	

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption. Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



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FORM NP-20 LIST OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT	1
NAME AND ADDRESS	TITLE		
MATTHEW WILL 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	PRESIDENT		
RALPH TAYLOR 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	VICE PRESIDENT		
MARY BURGER 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	SECRETARY/TREASURER		
BILL BUBENZER 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	DIRECTOR		
BENTON MARKS 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	DIRECTOR		
BRIAN BUCHANAN 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	DIRECTOR		
JEFF LAKE 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	EX OFFICIER		
JOHN MAINELLA 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	EX OFFICIER		
LARRY BRODNIK 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	EX OFFICIER		
LUCIA CARTER 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	DIRECTOR		
MATT BURNETT 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	DIRECTOR		
MIKE SCHIELE 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	EX OFFICIER		

ROTARY FOUNDATION OF INDIANAPOLIS, INC.

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PAT GARTEN 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	DIRECTOR
RAMONA ADAMS 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	EX OFFICIER
SHEILA CARLSON 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	EX OFFICIER
KELLY TINGLE 650 NORTH MERIDIAN STREET, NO. 1A INDIANAPOLIS, IN 46204-1214	EX OFFICIER