

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



Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the separate instructions.

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2012 Open to Public

_				1010000001
A	For the 2012 c	elendar year, or tax year beginning 07/01/12, and ending 06/30/13		
В	Check if applicable	C Name of organization	D Emplo	yer identification number
	Address change	ROTARY INTERNATIONAL OF FIVE POINTS		
$\vec{\exists}$	Name change	Doing Business As	57-	-6025611
믁	•	Number and street (or P O box if mail is not delivered to street address) Room/suite		one number
ᆜ	Initial return	POST OFFICE BOX 5472	803	3-787-7017
	Terminated	City, town or post office, state, and ZIP code		
$\neg$	Amended return	COLUMBIA SC 29250	G Gross reco	erpts \$ 144,418
룩		F Name and address of principal officer	G 01033 100	
	Application pending	R. DOUGLAS NEAL, JR.	is a group return for	affiliates? Yes X No
			all affiliates included	12 Yes No
			If "No," attach a list	
_	Tax-exempt status	501(c)(3) <b>X</b> 501(c) ( <b>4</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527		. ,
÷		DOTATIC DOMARY ORC		
<u>ј</u> К	Form of organization		up exemption numb	· · · · · · · · · · · · · · · · · · ·
	<del></del>			M State of legal domicile
	1	mmary		<del></del>
	1	scribe the organization's mission or most significant activities		
9	See	Schedule O		
ğ				
Ě				•
Š	2 Check thi	s box > If the organization discontinued its operations or disposed of more than 25% of its net as	coto	
ဖွ	2 Check thi			1 4
త	3 Number o	f voting members of the governing body (Part VI, line 1a)	3	14
Ęį	4 Number of	findependent voting members of the governing body (Part VI, line 1b)	4	77
Ξ	5 Total num	ber of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
Activities & Governance	6 Total num	ber of volunteers (estimate if necessary)	6	80
_	7a Total unre	elated business revenue from Part VIII, column (C), ling 12, 12, 12, 12, 12, 13	7a	
	b Net unrela	ated business taxable income from Form 990-Taline 34	7b	C
		Prio	r Year	Current Year
Ð	8 Contribute	ons and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)		0
Revenue	9 Program	service revenue (Part VIII, line 2g)		144,147
94	10 Investmen	service revenue (Part VIII, line 2g)  Int income (Part VIII, column (A), lines 3, 4, and 7d)  International Column (A), lines 5, 6d, 8c, 9c, 10c, and 1 e 3 3 4 4 4 6 3 3 4 6 3 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		271
ž	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 e)		0
	12 Total reve	nue – add lines 8 through 11 (must equal Part VIII, column (A), line-12)		144,418
	1	d similar amounts paid (Part IX, column (A), lines 1–3)		83,925
	1		<del></del>	
	1 4- 0.	aid to or for members (Part IX, column (A), line 4)	<del></del>	0
Ses	1	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
둤	1001110103310	nal fundraising fees (Part IX, column (A), line 11e)		0
Expe	<b>b</b> lotal fund	raising expenses (Part IX, column (D), line 25) ▶ 0		
ш	17 Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,067
	18 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		138,992
	19 Revenue	ess expenses Subtract line 18 from line 12		5,426
Net Assets or	893		f Current Year	End of Year
Sets	20 Total ass	ets (Part X, line 16)	146,900	133,934
\$	21 Total liabi	ities (Part X, line 26)	87,968	72,039
<u>2</u>	22 Net asset	s or fund balances Subtract line 21 from line 20	58,932	61,895
		nature Block		
		egury, I declare that I have examined this return, including accompanying schedules and statements, and to the be	st of my knowled	dge and belief it is
		nplete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		-90 4.10 55.101, 11 15
		WIN IN .	12/	12/11
e:	an   P s	gnature of officer	Date	1779
-	a   :		Date	•
не	ere   4	Walt pathem product		
		pe or print name and title	<del></del>	
_		preparer's name Preparer's signature Date	Check	If PTIN
Pai	<u> </u>		/13/14 self-emp	ployed P00237625
	eparer Firm's nar		Firm's EIN	46-1692136
Us	e Only	3920 Forest Drive, Ste C		
	Firm's add	Golombia GG 20204 4027	Phone no	803-787-7017
		this return with the preparer shown above? (see instructions)		Yes X No

Form 990 (2012)

			57-6025611	Page 2
	<del>-</del>	vice Accomplishments		(T)
		ns a response to any question in this	s Part III	X
See Sche	e the organization's mission:			
see sche	dure o			
2 Did the organi	zation undertake any significant	program services during the year which were	not listed on the	
prior Form 990		program controls daring the year which were	The field on the	Yes X No
•	ribe these new services on Sche	edule O		
		ke significant changes in how it conducts, any	program	
services?	<b>.</b>	, ,		Yes X No
If "Yes," descr	nbe these changes on Schedule	÷0		
4 Describe the o	organization's program service a	accomplishments for each of its three largest p	program services, as measured by	
expenses Sec	ction 501(c)(3) and 501(c)(4) or	ganizations are required to report the amount	of grants and allocations to others,	
the total exper	nses, and revenue, if any, for ea	ich program service reported.		
·				
4a (Code		126,320 including grants of \$	83,925 ) (Revenue \$	)
		BLE ENTITIES AS WELL A		
		YOUTH, EDUCATION, IMPR	COVING QUALITY OF LIF	E AND
ERADICAT	ION OF DISEASE.			
	•			
4b (Code:	) (Expenses \$	including grants of \$	\ (Bayanya f	
TD (Code.	/ (Expenses $\phi$	including grants of \$	) (Revenue \$	,
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				•
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
				·
			·	
•			•	,
				•
		_		
	n services. (Describe in Schedul			
(Expenses \$		cluding grants of \$	) (Revenue \$	)
4e Total program	n service expenses 🕨	136,542		

### Part IV Checklist of Required Schedules

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d  Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X 11e  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f  2a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 1 and XII 12a  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 X 1 and XII is optional 12b  12b Is the organization answered "No" to line 12a, then completing Schedule D, Parts X 1 and XII is optional 12b  13d Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrasing, business, investment, and program service activities outside the United States; or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b  5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 15  6 Did the organization report and than \$15,000 of expenses for professio		c		Yes	No
2 is the organization enaptive microtic morting better behalve it. Schedule D. Schedule of Contributions (see instructions)?  2 is the organization enaptive microtic or inderce by ordinary to the candidates for public office? If "Yes," complete Schedule C, Part I is decided to the organization or age can be supported to the organization or age can be supported by the support of the organization as each of SO1(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar anomatic as defined in Review Procedure 39 151 If "Yes," complete Schedule C, Part II is the organization maintain any donor advised funds or any amiliar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule C, Part II is the organization maintain any donor advised funds or any amiliar funds or accounts? If "Yes," complete Schedule D, Part II is the organization maintain collections of works of art, historical treasures, or other similar assets of the organization organization maintain collections of works of art, historical treasures, or other similar assets of the organization maintain collections of works of art, historical treasures, or other similar assets of the organization organization and the part X, provided credit convenient, debt management, credit repair, or debt organization, directly or through a related organization, hold assets in temporarily restricted endowments, permainent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV if the organization deviation, directly or through a related organization, hold assets in temporarily restricted endowments, permainent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI if the organization deviation, directly or through a related organization, hold assets in temporary restricted endowments, permainent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI if the organization directly	1				x
section Selection (Selection) and the complete Schedule C, Part I  4 Section Selection) and the tax year? If "Yes," complete Schedule C, Part II  4 Is the organization a section 501(c)(d), 501(c)(d), 501(c)(d), 601(c)(d), 601(c)(d)	2		<del></del>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the fix year? If Yea's, compilete Schedule C, Part II  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dives, assessments, or similar amounts as defined in Revenue Procedure 98, 199 If Yea's, compilete Schedule C, Part II  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts 'II  Yea's, compilete Schedule D, Part I  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If Yea's, compilete Schedule D, Part II  8 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If Yea's, compilete Schedule D, Part II  9 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If Yea's, compilete Schedule D, Part II  10 Did the organization report an amount in Part X, Ime 21, for eastrow or custodial account liability, serve as a custodian for amounts not listed in Part X, Ime 21, for eastrow or custodial account liability, serve as a custodian for amounts not listed in Part X, Ime 21, for eastrow or custodial account liability, serve as a custodian for amounts not listed in Part X, Ime 21, for eastrow or custodial account liability, serve as a custodian for amounts not listed in Part X, Ime 21, for eastrow or custodial account liability, serve as a custodian for amounts not listed in Part X, Ime 21, for eastrow or debt in eastrowers and accounts or custodial account in the part X, Ime 10, Imen 10, Imen 10, Imen 10, Imen 10, Imen 10, Imen 10, Ime	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 50 (c)(4), 501(c)(6), or 501(c)(6) up anazimation that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 1  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7  8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part II 8  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian flor amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9  9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian flor amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10  10 Did the organization report an amount for large for a counter of the complete Schedule D, Part V 10  11 If the organization report an amount for investments—other securities in Part X, line 10° If "Yes," complete Schedule D, Part V, V, VI, VI, VI, VX, VX as a spinicable 10° If "Yes," complete Schedule D, Part V, V, VI, VI, VI, VX, VX, VX as a policable 10° If "Yes," complete Schedule D, Part X, Inc 10° If "Yes," complete Schedule D, Part X, Inc 10° If "Yes," complete Schedule D, Part X V, Inc 10° If "Yes," complete Schedule D, Part X V		candidates for public office? If "Yes," complete Schedule C, Part I	3		X
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Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  17  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  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  10 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization attach a copy of its audited financial statements to this return?  20 Did the organization attach a copy of its audited financial statements to this return?			16		<u> </u>
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9 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  10a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b	8	•			
If "Yes," complete Schedule G, Part III  19  10a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20a  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b			18		<u> </u>
Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a  20b	9				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_		<del> </del>		X
			<del></del>		X
	D	it "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K If "No," go to line 25	24a		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		_	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	100		
	disqualified person outstanding as of the end of the organization's tax year? 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	İ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	-	<u> </u>
-	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ľ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{\ddot{\mathbf{x}}}{\mathbf{x}}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		<u> </u>
••	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	-30	<del></del>	
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
-	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ŀ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		<u> </u>
• •	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\dashv$	$\frac{\mathbf{x}}{\mathbf{x}}$
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334	-+	
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256	ŀ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	<del>-  </del>	
55	related organization? If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
Ji	•		ŀ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			v
20	Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u> </u>
38	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	_		
	13. Note: All Loth 330 life Sale required to complete Schedule O	38	X	

Check if Schedule O contains a response to any question in this Part V  Test N  Test The number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  By If at least one is reported on line 2a, did the organization file all required federal employment tax returms?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Judy Horden organization have unrelated business gross income of \$1,000 or more during the year?  Judy Horden organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Judy Horden organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  Judy Horden organization that it was or is a party to a prohibited tax shelter transaction?  Judy Horden organization have annual gross receipts that are normally greater than \$100,000, and did the		990 (2012) ROTARY INTERNATIONAL OF FIVE POINTS 57-6025611		P	age
to Enliet the number reported in Box 3 of Form 1096 Enter -0-if not applicable  Enter the number of Forms W-26 included in the 1st Enter- 0-if not applicable  Define the number of Forms W-26 included in the 1st Enter- 0-if not applicable  Define organization comply with backup withholding note for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  Satsements, filed for the calendar year ending with or within the year covered by their return  If all seatons are speciated in ine 2, and the organization file all required feederal employment tax returns?  Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to sife (see instructions)  All the reganization have unrelated bacinesing gross recome of \$1,000 a more during the year?  Note. If the sum of lines 1 and 2 a is greater than 250, you may be required to sife (see instructions)  All the reganization have unrelated bacinesing gross recome of \$1,000 a more during the year?  Satisfy the strip of the size of the	Pa				_
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be Enter the number of Forms W-2G included an lave 1a Enter o- If not applicable Oblit the organization comply with backup withholding nulse for reportable payments to vendors and reportable gaining (gambling) winnings to prize winners?  Site the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year encing with or within the year covered by this return?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  If "Yes," has if filed a Form 900-1 for this year? If "No," provide an explanation in Schedule 0  Note: If ye sum of the sum of the file organization in Form 1D Foo. 22 1, Report of Foreign Bank and Financial Accounts  Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum of the foreign country    Note: If ye sum of the sum	_		·	Yes	No
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reportable gaming (gambing) winnings to prize women?  2 Erfett the number of employees reported on Form W.3, Transmittal of Wage and Tax  Statements, filled for the calendar year ending with or within the year covered by the return  3 If all least one is reported on fill and 2, all dit the organization file all required foderal employment tax returns?  3 If all least one is reported on fill and 2, all dits organization file all required foderal employment tax returns?  3 If the very state of the state of t			-		
28 Enter the number of temployees reported on Form VA-3, Transmittal of Wage and Tax Statements, Elie of the Calendary year ending with workinh the year covered by the return  2	С		,		
Statements, filed for the calendar year ending with or within the year covered by this return  If al least one is reported on line 24, dit the organization file all required federal employment tax returns?  Note, if the sum of lines 14 and 24 is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a 2 yill "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0  3b 14 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a first income a country over, and a country of the country over, and the country of	•		1c		X
the fall elast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 260, you may be required to 6-file een returnations)  Note if the sum of lines 1 and 2a is greater than 260, you may be required to 6-file een returnations?  1 b the organization have unrelated business gross income of \$1,000 or more during the year?  1 if "Yes," has if filed a Form 990-T for this year? If No, provide an explanation in Schedule O  2 a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account, and the provided and the secondary over, a financial account in a foreign country {	Za	I I		`	
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over, a financial account in a foreign country (such as a bank account, secuntes account), or other financial accounts account)?  If "Yes," enter the name of the foreign country \   If "Yes," enter the name of the foreign country \   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  \$a			3b		
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b If "Yes", enter the name of the foregon country. ▶  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  Was the origanization a party to a prohibited tax shelter transaction at any time during the tax year?  5a			4.		₩
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  3 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 Did the organization soluted any contributions that were not tax deductible as charitable contributions?  5 Different tax deductible?  6 Different tax deductible?  6 Different tax deductible contributions under section 170(c).  7 Different tax deductible contributions under section 170(c).  8 Different tax deductible contributions under section 170(c).  9 Different tax deductible contributions under section 170(c).  10 Different tax deductible contributions under section 170(c).  11 Different tax deductible contributions under section 170(c).  12 Different tax deductible contributions under section 170(c).  13 Different tax deductible contributions under section 170(c).  14 Different tax deductible contributions of the value of the goods or services provided?  15 Different tax deductible contributions of the value of the goods or services provided?  16 Different tax deductible contributions of the value of the goods or services provided?  17 Different tax deductible contributions of tax defending the year and prevention of the value of the goods or services provided?  17 Different tax deductible contributions of tax defending the year and	h	•	4a		4
Sa   Xa the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b   Xa the organization have annual gross receipts that are normally greater than \$100,000, and did the organization between the tax deductible as characteristic transactions?  6a   Does the organization between annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as characteristic transactions?  6b   Trees," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  a   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7   Did the organization notify the donor of the value of the goods or services provided?  1   Did the organization notify the donor of the value of the goods or services provided?  2   Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7   Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7   Did the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7   Did the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7   Did the organization may the year, pay premiums, directly or indirectly, or a personal benefit contract?  7   Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization flee Form 1098-0?  8   Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization maintaining donor advised funds and section 509(a	D	·			٠.
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chantable contributions?  6 B	52		E .	1	¥
c If "Yes" to line 5 ao r 5b, did the organization file Form 8886-T?  6 Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible as chantable contributions?  6 B					
be 10es the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 If Yes, 7 did the organization notify the donor of the value of the goods or services provided?  10 If Yes, 7 did the organization notify the donor of the value of the goods or services provided?  10 If Yes, 7 indicate the number of Forms 8282 filed during the year  11 Obd the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  11 If Yes, 7 indicate the number of Forms 8282 filed during the year  12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 If the organization receive any funds, directly or indirectly, or any premiums on a personal benefit contract?  14 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  15 If the organization received a contribution of cars, boats, arpinises, or other vehicles, did the organization file a Form 1098-C?  15 Sponsorting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations in a property donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations maintaining donor advised funds.  16 Justice of the organization maintaining donor advised funds.  17 Justice of the organization make any laxable distributions under section 4966?  18 Justice of the organization make any laxable distributions under section 4966?  19 Did the organization make any laxable distributions under section 4966?  20			_		
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Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	D	·		I	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  12b  13a  13a  13b  13b	120		40.	ŧ	
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13c			12a		
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13b  13b  13c				I	
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X			122		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  14a X	đ	•	ısa		
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?  13b 13c 13c	h	- · · · · · · · · · · · · · · · · · · ·		I	
c Enter the amount of reserves on hand  13c  14a  Did the organization receive any payments for indoor tanning services during the tax year?  14a  X				ļ	
14a Did the organization receive any payments for indoor tanning services during the tax year?	c			1	
<del></del>			142	<del></del> f	x
			$\overline{}$		

Form 990 (2012) ROTARY INTERNATIONAL OF FIVE POINTS 57-6025611 Page 6 · 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 14 Enter the number of voting members of the governing body at the end of the tax year 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 77 ь Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 The governing body? X 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization R. DOUGLAS NEAL, JR. 3920 FOREST DRIVE COLUMBIA SC 29204 803-787-7017

Part VII	Compensation of Officers, Dire	ectors, Trustees, Key Employees, Highest Compensated Employees, an	nd
٠.	Independent Contractors		

Check if Schedule O contains a response to any question in this Part VII

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 reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A)  Name and Title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	rson ı	than o s böth r/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)OLIVIA JONES					-				<del></del>	<u></u>
	2.00									
DIRECTOR	0.00	X	L.,		L_			0	0	0
(2) MARCIA MEDWAY										
	2.00	l						_		
DIRECTOR	0.00	X						0	. 0	0
(3) RION COBB										
	2.00									_
DIRECTOR	0.00	X		<u> </u>				0	0	0
(4) CHERYL MONAHAN	2 00									
DIRECTOR	2.00	x			l					_
DIRECTOR (5) MARGIE HEGGIE	0.00	<u> </u>			$\vdash$				0	0
(5)IMMGIE HEGGIE	2.00				İ					
DIRECTOR	0.00	x						o	0	0
(6) MIKE DAWSON	0.00			-		H				
(0,-====	2.00						l			
DIRECTOR	0.00	x						0	0	0
(7) WADE SPARKS										
	2.00									
DIRECTOR	0.00	x						o	0	0
(8) TRAVIS BELMAN			-			П				
	2.00					il				
	0.00	X						0	0	0
(9) WILLIAM H. LATHA										<u> </u>
~	10.00									
PRESIDENT	0.00	Ш		X				0	0	0
(10) ANDREW FOLKS										
-	3.00									,
PRESIDENT ELECT	0.00	Ш		X				0	0	0
(11) R. DOUGLAS NEAL,										
	4.00				i					_
TREASURER DAA	0.00	لــــا		X				0	0	Earn 990 (2012)

Part VII Section A. Officers	, Directors, Trus	stee	5, r.e	∌y ⊏r	пріс	yee	s, ar	nd Hignest Compensated	Employees (continued)				
' (A) Name and trile	(B) Average hours per week (list any	bo	x, uni	Pos check ess pe	erson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estmated amount of other compensation			
	hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organiz and rei organiza	ation ated	
(12) JILL E. MICHAELS		-		$\vdash$		<u> </u>				<del>                                     </del>			
(12)0222 2. 112011121	3.00												
SERGEANT-AT-ARMS	0.00	<u> </u>		x				0	0				
(13) TERI STOMSKI	2 00												
SECRETARY	3.00			x		İ		0	o				c
(14) LOUIS DESSAU	0.00	H							0	<del>                                     </del>			
(,	2.00							Ì					
VICE PRESIDENT	0.00			X				0	0				
(15)													
(16)													
(17)	<u> </u>	ļ		_									
	-												
(18)													-
(19)													
-										ĺ			
1b Sub-total	•	<u></u>					▶						
c Total from continuation sheed d Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A				<b>&gt;</b>						
Total number of individuals (increportable compensation from			to th	ose	listed	abo	ve)	who received more than \$1	00,000 in				
3 Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dire	ctor,	or tr	ustee	e, key	y em	ploy	ee, or highest compensated	ı		3	Yes	No X
For any individual listed on line organization and related organization.	1a, is the sum of	f rep	ortab	ole co	mpe	ensat	ion a		n the				
individual					6-			proloted erapping to a con-	4d.cal		4		X
5 Did any person listed on line 1a for services rendered to the org	ganization? If "Ye								iividuai	<del>.</del>	5		X
Section B. Independent Contracto     Complete this table for your five compensation from the organization.	e highest compei	nsate	ed inc	depe	nden	nt cor	ntrac	ctors that received more that	n \$100,000 of				
	(A) business address								(B) tion of services		Co	(C) mpensat	ion
				_		,			<del>-</del>				
									<u>.</u> –				
_						· -		···					
Total number of independent c received more than \$100,000 c								listed above) who	0				
m												000	

	rt V	Statement of Reve Check if Schedule (	<b>nue</b> O cor	itains a	response to	any question in t	his Part VIII.		rage .
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns	1a						0.12, 0.10, 0.10,14
ran	b	Membership dues	1b			I			
O E	С	Fundraising events	1c			1	,		
ar /	d	Related organizations	1d			I			
S,E	е	Government grants (contributions)	1e			1			<u> </u>
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f						# ' # #
<u> </u>	g	Noncash contributions included in lines 1a-		\$		1			•
Son	h	Total. Add lines 1a–1f		•	▶	1			
		7 4 4 11			Busn. Code				
Program Service Revenue	2a	FOOTBALL PARKING PRO	).TECT		Busii. Code	96,220	96,220		•
Rev	b		OECI		<del>  -</del>	29,822	29,822	<u> </u>	
ce	C	DUES .			<del>  </del>	17,880	17,880		
ervi	d				<del></del>	225			
n S	u	INITIATION FEES				225	225	,	<del> </del>
yrar	e	All sales and an arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales and arrangement of the sales are			<del>                                     </del>			<del></del>	
Jo.		All other program service rever	iue		<b>—</b>	144 147			]
=	g					144,147			T
	3	Investment income (including d	iviaen	is, interes		271			0.74
		and other similar amounts)		. 🏲 📙	271	-	<del></del> -	271	
	4	Income from investment of tax-	exemp	t bond pro	oceeds -				
	5	Royalties			<b>•</b>			<del></del>	
		(i) Real		(II) I	Personal	1			
	6a	Gross rents				<b>‡</b>			
	b	Less rental exps				1		-	
	С	Rental inc or (loss)				Į.			′.
	_d								
	7a Gross amount from sales of assets (i) Secunties (ii) C				) Other				
		other than inventory				•			
	b	Less cost or other	_						·
		basis & sales exps		Ì					
	С	Gain or (loss)				1		•	
	d	Net gain or (loss)			<b></b>		ĺ		
_	8a	Gross income from fundraising even	its				-	······································	
E I		(not including \$				<u> </u>		,	
Ş.		of contributions reported on line 1c)				İ			
ř		See Part IV, line 18	а						`
Other Revenue	b	Less direct expenses	b						
ō		Net income or (loss) from fundr	- 1	events		1	İ	- ;	
		Gross income from gaming activities	- 1						
	-	See Part IV, line 19	a						
	h	Less direct expenses	b			<b>!</b>			
		Net income or (loss) from gamin	- 1	ution	•	<b>†</b>	İ	:	
			ny acu	VILLES					
	iva	Gross sales of inventory, less	_						
		returns and allowances	a						
		Less cost of goods sold	b			1		, :	
	<u> </u>	Net income or (loss) from sales	ot inv	entory	<b>P</b>				
į		Miscellaneous Revenue			Busn. Code	1			
	11a				<del>   -</del>				
	b				<del>                                     </del>			<del></del>	
	С				<u> </u>				
	d	All other revenue			L				
	е	Total. Add lines 11a-11d			▶				
	12	Total revenue. See instructions	s _	_	▶ :	144,418	144,147	0	271

### Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a response			ete column (A)	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				одропос
	organizations in the U.S. See Part IV, line 21	83,925	83,925		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				***************************************
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				<u> </u>
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			_	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	2,450		2,450	<u> </u>
b				·	
C	Accounting	1	_		<del>"</del>
d	Lobbying				
e	Professional fundraising services See Part IV, line 17			.,	<del></del> _
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	42 205	40 205		
40	(A) amount, list line 11g expenses on Schedule O)	42,395	42,395		<del></del>
12	Advertising and promotion	· · · · · · · · · · · · · · · · · · ·			
13	Office expenses				
14	Information technology Royalties				
15 16	Occupancy			<del></del>	<del></del>
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				<del></del>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		<del></del>	·	<del></del>
20	Interest				·
21	Payments to affiliates		-		······································
22	Depreciation, depletion, and amortization	1,305	1,305	-	
23	Insurance				
24	Other expenses itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			. [	,
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O)	,		I	
а	SECURITY & OTHER	6,817	6,817		
b	LOT CLEAN UP	2,100	2,100		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	138,992	136,542	2,450	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X' **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 92,177 78,234 Cash-non-interest bearing 1 2 Savings and temporary cash investments 1,750 2,727 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a 1,305 other basis Complete Part VI of Schedule D 1,305 b Less accumulated depreciation 10b 10c 52,973 52,973 11 Investments—publicly traded securities 11 12 Investments—other securties See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 146,900 133,934 16 16 17 Accounts payable and accrued expenses 87,968 72,039 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 Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 87,968 Total liabilities. Add lines 17 through 25 72,039 26 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 58,932 61,895 28 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 58,932 33 Total net assets or fund balances 61,895 33 146,900 133,934 Total liabilities and net assets/fund balances

Form 990 (2012)

Form	990 (2012) ROTARY INTERNATIONAL OF FIVE POINTS 57-6025611			Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				⅃ℿ⅃
1	Total revenue (must equal Part VIII, column (A), line 12)	1			418
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	38,	992
3	Revenue less expenses Subtract line 2 from line 1	3		5,	426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		58,	932
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-2,	463
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		61,	895
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				l
2a	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 on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	m 990	0 (2012)

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization

Employer Identification number

	•	İ		
R	OTARY INTERNATIONAL OF FIVE POINTS	ļ	57-6	025611
Pa	ert I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Ad		
	organization answered "Yes" to Form 990, Part I	V, line 6.		·
		(a) Donor advised funds		b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (dunng year)			
4	Aggregate value at end of year			<u></u>
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive	· ·		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w			
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
-	conferring impermissible private benefit?			Yes No
	art II Conservation Easements. Complete if the orga		90, Par	t IV, line 7
1	Purpose(s) of conservation easements held by the organization (check a			
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo		d area
	Protection of natural habitat	Preservation of a certified historic s	structure	
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserve assement on the last day of the tax year	ration contribution in the form of a conservation	on	
	outsiment on the last day of the lax year			Held at the End of the Tax Year
а	Total number of conservation easements		20	neid at the End of the Tax Year
b			2a 2b	·
c		ded in (a)	2c	
	Number of conservation easements included in (c) acquired after 8/17/0	• •		*
	historic structure listed in the National Register	o, and not on a	2d	
3	Number of conservation easements modified, transferred, released, extin	nguished, or terminated by the organization of		<u> </u>
	tax year ▶	garanta, ar ar managar ay ma angamaanan a		
4	Number of states where property subject to conservation easement is lo	cated ▶		
5	Does the organization have a written policy regarding the periodic monitor			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year		]
	<b>•</b>	•		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	inservation easements during the year		
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)		
	(i) and section 170(h)(4)(B)(ii)?			∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easemer			
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements that descrit	bes the	
De	organization's accounting for conservation easements.	Historical Transvers as Other Ci	:1 A	4-
T	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to F		miiar A	issets.
1-	If the organization elected, as permitted under SFAS 116 (ASC 958), not			-
ıa	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide, in Part XIII, the text of the footnote to its financial		æ ui	
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		hoot	
	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide the following amounts relating to these items:	minutes, oddoction, or research in fulfillerance	~ 01	
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			<b>⊅</b> \$
2	If the organization received or held works of art, historical treasures, or o	ther similar assets for financial dain, provide	the	<b>v</b>
_	following amounts required to be reported under SFAS 116 (ASC 958) re		uic	
а	B	g to mose nome	•	\$
	Assets included in Form 990. Part X		_	\$

scne	dule D (Form 990) 2012 ROLLER I	ATEMATION?	7T ()	· PIVE E	OINIS	37-0	02301	<u> </u>		P	age ∠
Pa	ert III 🐪 Organizations Maintainin	g Collections of	Art, H	istorical Tr	easures,	or Other	Similar	Assets	continu	ed)	
3 ·	Using the organization's acquisition, accessic collection items (check all that apply)	on, and other records,	check a	iny of the follow	ing that are	a significar	nt use of its				
а	Public exhibition	d 🗌	Loan or	exchange prog	grams						
b	Scholarly research	e 🗂	Other	0.	-						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain t	how they	further the ora	anization's e	exempt num	nose in Par	+			
•	XIII.	modiono dina oxpidiir i		idialor the org	unization o c	xcmpt pur	posc III i gi	•			
5	During the year, did the organization solicit or	receive donations of	art histo	ancal trassuras	or other cin	nılar					
	assets to be sold to raise funds rather than to					IIIIai			☐ Ye		1
Pa	ert IV Escrow and Custodial Ari					swered "	Ves" to F	orm 990		_	No
	line 9, or reported an amou	_	-	_	ization an	SWCICG	163 (01	Omi 330	, raitiv	<b>,</b>	
12	Is the organization an agent, trustee, custodia				<u> </u>						
ıa	included on Form 990, Part X?	an or other intermedia	ily ior co	mindulions of o	ther assets r	101					٦.,
	·			.1_					Y€	es _	No
b	If "Yes," explain the arrangement in Part XIII	and complete the folio	wing tat	ole.					A		—
_	December halance						_		Amoun		
C								1c			
a	Additions during the year						<u> </u>	1d			
e	Distributions during the year							1e			—
f	Ending balance						Ľ	1f			
	Did the organization include an amount on Fo								Y€	s _	No
.,	If "Yes," explain the arrangement in Part XIII										
<b>P</b> a	rt V Endowment Funds. Comp				<u>es" to Fol</u>	<u>m 990, I</u>	Part IV, li	ne 10			
	1	(a) Current year	<u> </u>	(b) Pnor year	(c) Two ye	ars back	(d) Three	years back	(e) Fou	r years t	ack
1a	Beginning of year balance	<u> </u>	<u> </u>								
b	Contributions		ļ						<u> </u>		
С	Net investment earnings, gains, and										
	losses								ļ		
đ	Grants or scholarships							<u> </u>	1.		
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses		ļ								
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g,	column (a)) hel	ld as						
а	Board designated or quasi-endowment	%									
b	Permanent endowment ▶ %										
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%									
3a	Are there endowment funds not in the posses	sion of the organization	on that a	re held and adi	ministered fo	r the					
	organization by								ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)	一	
b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedul	e R?					3b		
4	Describe in Part XIII the intended uses of the										
Pa	ert VI Land, Buildings, and Equi				10.						
	Description of property	(a) Cost or other b		(b) Cost or o		(c) A	ccumulated		(d) Book	value	
		(investment)		(othe	er)		preciation	ľ		-	
1a	Land								_	_	
	Buildings								_	_	
	Leasehold improvements	· ·						<del>-   -</del>			
	Equipment		· <del></del> -								—
	Other	<u> </u>			1,305	<u> </u>	1,3	305			
	I. Add lines 1a through 1e (Column (d) must ed	gual Form 990. Part X	. column	(B), line 10(c)			-/-	<b>—</b>			
_			,	· · · · · · · · · · · · · · · · · · ·				P 1			

(10)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Part X, line 25	•		
1.	(a) Description of liability	(b) Book value		<del></del>
(1) Federal	income taxes			
(2)				
(3)	_			
(4)				
(5)				•
(6)				
(7)				
(8)			,	
(9)				
(10)				
(11)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 (AS	C 740) Footnote In Part XIII, provide the text of the footnote to t	he organization's financial statem	ents that reports the organization's	
liability for unco	ertain tax positions under FIN 48 (ASC 740). Check here if the to	ext of the footnote has been provi	ded in Part XIII	$\prod$
DAA	-		Schedule D (Form	990) 201

Sche	dule D (Form 990) 2012 ROTARY INTERNATIONAL OF FIVE		<u> 57-602561</u>		Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	evenue per Ret	urn	
1 .	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	_2b			
С	Recovenes of prior year grants	2c		]	
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	_
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With E	xpenses per R	eturr	<u> </u>
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				_
а	Donated services and use of facilities	2a			
b	Pnor year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII )	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 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			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

Complete this part to 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 D (Form 990) 2012 ROTARY INTERNATIONAL OF FIVE POINTS 57-6025611

Page 5

Part XIII Supplemental Information (continued)

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

2012
Copen to Public Inspection

Employer identification number

e X PROGRAMMING SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, (h) Purpose of grant or assistance Yes 57-6025611 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 65,477 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ROTARY INTERNATIONAL OF FIVE POINTS (c) IRC section if applicable 57-0657549 General Information on Grants and Assistance (p) EIN 3 Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? sc 29302 401 EAST KENNEDY STR STE B-1 (a) Name and address of organization or government (1) ETV OF SC SPARTANBURG Part II Part 2 ල 3 <u>2</u> 9 3 8 6

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) ROTARY INTERNATIONAL OF FIVE POINTS 57-6025611

Page.2 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional non-cash assistance (d) Amount of (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance information. Part IV Part III က

Schedule I (Form 990) (2012)

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

Department of the Treasury Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

ROTARY INTERNATIONAL OF FIVE POINTS

Employer Identification number 57-6025611

Form 990 - Organization's Mission or Most Significant Activities

PROVIDE FINANCIAL SUPPORT TO HELP LOCAL CHARITIES WITH A FOCUS ON

EDUCATION, YOUTH, LEADERSHIP AND QUALITY OF LIFE. TO ALSO PARTICIPATE ON A

GLOBAL SCALE TO HELP ERADICATE POLIO AND IMPROVE WATER QUALITY TO

ECONOMICALLY DEPRESSED AREAS IN THE WORLD AND TO SUPPORT OTHER WORLDWIDE

HUMANITARIAN CAUSES. ROTARY IS BASED ON A MISSION OF SERVICE ABOVE SELF.

Form 990, Part I, Line 6

ROTARY CLUB MEMBERS PARTICIPATE IN A VARIETY OF CLUB SERVICE PROJECTS AND FUNDRAISING FUNCTIONS/ACTIVITIES.

Form 990, Part III, Line 4d - All Other Accomplishment EXPENSES FOR CLUB OPERATION TO ENABLE THE CLUB TO FUNCTION.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE 990 RETURN IS AVAILABLE TO ANY MEMBER OF THE ORGANIZATION AND IS KEPT
ON FILE BY THE CLUB'S TREASURER.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
THIS ORGANIZATION'S FORM 990 CAN BE REVIEWED BY REQUEST BY CONTACTING THE
CLUB AT THE ADDRESS ON RECORD.

Form 990, Part IX, Line 11g - Other Fees for Services
Description

Program Service

Mgt & General

Fundraising

Name of the organization	ROTARY IN	ITERNATIONAL	OF FIVE POI	NTS	Employer identifica	
ROTARY DIS	TRICT DUES	3				,
	\$	2,525	\$	0	\$	0
ROTARY INT	ERNATIONAL	DUES			-	
	\$	5,222	\$	0	\$	0
DISTRICT CO	ONFERENCE					
	\$	250	\$	0	\$	0
GIFTS/BADG	ES/ENGRAVI	NG				
,	\$	320	\$	0	\$	0
INTERNATION	NAL CONFER	RENCE	•			
	\$	340	\$	0	\$	0
LEADERSHIP	TRAINING					
	\$	917	\$	0	\$	0
MISCELLANE(	ous					
	\$	50	\$	0	\$	0
TRAINING EX						
,	\$	182	\$	0	\$	0
POSTAGE						
,	\$	158	\$	0	<b>\$</b>	0
PRINTING		0.0		,		_
COCTAT EXERN	\$ ************************************	82	\$	0 .	<b>\$</b> .	0
SOCIAL EVE		070	•	•		
SUPPLIES	\$	970	\$	0	<b>, \$</b>	0
POPPLIES	ė	156	ė	0	ė	0
OTHER UNCA	\$ PECORTZED		\$	0 .	<b>\$</b>	0
OTHER UNCA	\$ \$	180	\$	0	\$	0
WEBSITE EXI		100	<b>4</b>	U	Ÿ	U
MEDSITE EAL	. enses					

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization Employer identification number ROTARY INTERNATIONAL OF FIVE POINTS 57-6025611 30 \$ 0 \$ 0 **MEALS EXPENSES** 29,708 0 0 **DEPRECIATION EXPENSE** \$

0

1,305

0

# Form 4562

Department of the Treasury Internal Revenue Service

(99)

# **Depreciation and Amortization**

► See separate instructions.

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2012

> Attachment Sequence No

170

Name(s) shown on return Identifying number ROTARY INTERNATIONAL OF FIVE POINTS 57-6025611 Business or activity to which this form relates Indirect Depreciation Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If marned filing separately, see instructions 500,000 (a) Description of property (b) Cost (business use only) 6 (c) Elected cost COMPUTER EQUIPMENT 1,305 1,305 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 1,305 Я 9 Tentative deduction Enter the smaller of line 5 or line 8 1,305 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 13 305 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2012 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction penod service only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 vrs. h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L Nonresidential real MM 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L c 40-vear S/L 40 yrs MM Part IV Summary (See instructions ) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

8868

Application for Extension of Time To File an Exempt Organization Return

Rev January 2013	3)						ļ		
epartment of the liternal Revenue S	Treasury ervice	▶ File a	a separate a	pplication for each return.	_				
		tomatic 3-Month Extension, complet	e only Part	and check this box				<b>▶</b> X	
If you are f	iling for an Ad	ditional (Not Automatic) 3-Month Ext	tension, cor	nplete only Part (lon page 2	of this form)				
o not compl	ete Part II un	lessyou have already been granted an a	automatic 3-r	nonth extension on a previous	sly filed Form 88	68			
lectronic fili	ng (e-file).Yo	u can electronically file Form 8868 if you	need a 3-mo	onth automatic extension of til	me to file (6 mor	ths for			
corporation r	equired to file	Form 990-T), or an additional (not autom	natic) 3-mont	h extension of time. You can d	electronically file	Form			
•		of time to file any of the forms listed in F				n			
		ted With Certain Personal Benefit Contra							
		s on the electronic filing of this form, visit				ofits			
Part I		c 3-Month Extension of Time.							
•	equired to file	Form 990-T and requesting an automati	c 6-month ex	tension – check this box and	complete			▶ □	
Part I only	6	and 4400 C Slave) and another DEMICE		must use Form 7004 to reque	at an autonoian	of time		لسا	
-	•	ing 1120-C filers), partnerships, REMICs	s, and trusts t	must use Form 7004 to reque	st an extension	oi time			
o file income t	ax returns		•	ı	Enter filer's ide	ntifvin	a numi	per, see instructions	
ype or	Name of eve	empt organization or other filer, see instr	uctions		Employer ider				
orint	Nume of ex	empt organization of other mer, doe met	400000					(,	
,,,,,,,	ROTAR	INTERNATIONAL OF E	IVE PO	IVE POINTS 57-6025611					
ile by the		eet, and room or suite no. If a P.O. box,			Social security number (SSN)			)	
lue date for	POST	OFFICE BOX 5472							
iling your eturn See	City, town or post office, state, and ZIP code For a foreign address, see instructions								
nstructions	COLUM	SIA SC	29250						
Enter the Retu	ırn code for the	e return that this application is for (file a s	separate app	lication for each return)				01	
Application	1		Return	Application				Return	
ls For			Code	Is For				Code	
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)				07	
Form 990-B	L		02	Form 1041-A				08	
Form 4720 (	(individual)		03	Form 4720				09	
Form 990-P	F		04	Form 5227				10	
Form 990-T	(sec. 401(a) c	r 408(a) trust)	05	Form 6069				11	
Form 990-T	(trust other th	an above)	06	Form 8870				12	
Telephone If the orga If this is for	anization does or a Group Ret group, check t	not have an office or place of business in urn, enter the organization's four digit G	roup Exempt	States, check this box ion Number (GEN)	. If this i	s		▶ []	
until C for the c ▶ □	02/15/14 organization's calendar yea	or	n for the orga	anization named above. The e					
2 If the ta	x year entered	nning 07/01/12, and ending in line 1 is for less than 12 months, che			inal return				
	Change in acco	r Form 990-BL, 990-PF, 990-T, 4720, or	6069 enter	the tentative tax less any		$\neg$			
		See instructions.	3000, OHIO	and to meast o tan, 1000 any		3a	\$		
		r Form 990-PF, 990-T, 4720, or 6069, ea	nter any refu	ndable credits and					
		nts made Include any prior year overpay				3b	\$		
		ct line 3b from line 3a Include your payr							
EFTPS	(Electronic Fe	ederal Tax Payment System) See instru	ctions			3c	\$		