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Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

OMB No 1545-0047

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

Internal Revenue Service A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30. C Name of organization Check if applicable D Employer identification number Address change ROTARY CLUB OF FIVE POINTS Name Ichange 57-6025611 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number]Final returr POST OFFICE BOX 5472 803-760-1552 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 156,733. Amended COLUMBIA, SC 29250 H(a) Is this a group return Applica-F Name and address of principal officer: RICH WEINACKER Yes X No for subordinates? pendina 4404 FOREST DRIVE, COLUMBIA, SC H(b) Are all subordinates included? Tax-exempt status: 501(c)(3) **X** 501(c)(4) (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ 5POINTSROTARY.ORG **H(c)** Group exemption number ▶ Corporation ☐ Trust Association K Form of organization: L Year of formation: M State of legal domicile: SC Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL SUPPORT TO Activities & Governance HELP LOCAL CHARITIES WITH A FOCUS ON EDUCATION, YOUTH, Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 80 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T. line 34 7b 0. **Prior Year Current Year** 0. 0 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 159,663 156,687. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0 159,695 156, Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 89,932. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 86,643 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. b Total fundraising expenses (Part IX, column (D), line 25) 59,491 55,607. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part) 146,134 145,539. Revenue less expenses. Subtract line 18 from line 12 13,561 11,194. Ssets or Ralances **Beginning of Current Year End of Year** Total assets (Part X, line 16) 2 2016 214,629 275,122. 20 139,411 Total liabilities (Part X, line 26) 90.112. 124,517 Net assets or fund balances. Subtract line 21 135,711 OGDEN. UT Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign 1-22-16 RICH WEINACKER TREASURER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid 4-21-16 M MONTEA GADATS self-employed Preparer Firm's EIN FIRM'S NAME DELLEGIT DAVIS DECOSIMO Firm's address 1901 MATH ST., STE 900 Use Only Phone no. (203) 256-0002 DWMBTA, SC 29201 May the IRS discuss this return with the preparer shown above? (see instructions) Yes ___ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

	1 990 (2014) ROTARY CLUB (F FIVE POINTS		<u> 57-6025611</u>	Page 2
Pa	rt III Statement of Program Service Ac	complishments			
	Check if Schedule O contains a response or i	ote to any line in this Part III			
1	Briefly describe the organization's mission:				
•	PROVIDE FINANCIAL SUPPORT	TO HELP LOCAL (THARTTTES WITH A	FOCIIS ON	
	EDUCATION, YOUTH, LEADERSH			SO PARTICIPA	አጥፔ
	ON A GLOBAL SCALE TO HELP				
				TEK QUALITI	10
	ECONOMICALLY DEPRESSED ARI				
2	Did the organization undertake any significant prog	am services during the year w	hich were not listed on	 1	
	the prior Form 990 or 990-EZ?			Yes	X No
	If "Yes," describe these new services on Schedule	D.			
3	Did the organization cease conducting, or make sig	nificant changes in how it con-	ducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.				
4	Describe the organization's program service accom-	plishments for each of its thre	e largest program services, as m	neasured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are re				
	revenue, if any, for each program service reported.	,	9	, , . ,	
4a		9 . including grants of \$	89,932.) (Revenue	Φ.	١
40	TO ASSIST LOCAL CHARITABLE	PRINTTER AC WI	TIT AC THURDHAMT		
					A NTD
	PORJECTS THAT FOCUS ON YOU	TH, EDUCATION,	IMPROVING QUALIT	LA OL PILE 1	HIND
	ERADICATION OF DISEASE.				
					
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4b	(Code) (Expenses \$	including grants of \$) (Revenue	¢	
	(00d0) (Exposicos ©			*	
					
					
		· · · · · · · · · · · · · · · · · · ·			
		···			
					
	·				
4c	(Code) (Expenses \$	including grants of \$) (Revenue S	\$)
	, (5.1.1			· · · · · · · · · · · · · · · · · · ·	′
		· · · · · · · · · · · · · · · · · · ·			
					
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ including gran	ts of \$) (Revenue \$)	
4e	Total program service expenses ▶	143,089.			
				Form 99	90 (2014)

Pa	rt IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	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 tax year? If "Yes," complete Schedule C, Part II	4		ļ
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	İ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
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?			ĺ
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	j	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.		ĺ	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
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		x
С	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		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		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		X
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If IIV all to long OOs did the agreement in the long and the long and between the through the long of the second o			- -

٠٠	rt IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		163	110
	domestic government 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 or other assistance to or for domestic individuals on			T
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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 through 24d and complete			İ
	Schedule K. If "No", go to line 25a	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), 501(c)(4), and 501(c)(29) 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			Γ
	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			1
	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):			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
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?			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 ((2014)

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	Check if Schedule O contains a response or note to any line in this Part V		 			
10	Enter the number reported in Day 2 of Farm 1000 Fatar 0 of not analisable	1.	1	\	Yes	No
b	Enter 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	1a		н —		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	1b		4		
٠	(gambling) winnings to prize winners?	eporte	ible garring	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1		1c		
	filed for the calendar year ending with or within the year covered by this return	2a		1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		<u></u>	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction		• •	20	<u> </u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,	•	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	,	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ritv over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		Х
b	If "Yes," enter the name of the foreign country:			<u> </u>		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		*********	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit			
	any contributions that were not tax deductible as charitable contributions?	Ŭ		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		••			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c	L	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	et?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	€		.	
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				.	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:	1 1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:	1 1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	\rightarrow	
h	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	425				
С	Enter the amount of reserves on hand	13b 13c				
	Did the organization receive any payments for indoor tanning services during the tax year?	100		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e 0		14b		
					990 (2014
				1 1 1 1 1 1 1		,

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-	
			Yes	No
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	ļ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	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			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	ļ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ŀ		
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ļ.		
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	İ	ĺ	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) at	/ailabl	ө	
	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	financ	ıal	
	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:			
	RICH WEINACKER - 803-760-1552			
	4404 FOREST DRIVE, COLUMBIA, SC 29206			

PERSONA1

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

Check if Schedule O contains a response or note to any line 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.

(A) Name and Title	(B) (C) Average (do not check more than one box, unless person is both an							(D) Reportable	(E) Reportable	(F) Estimated amount of	
	hours per week (list any hours for related organizations below	stee or director	institutional trustee	Officer Officer	recto	Highest compensated control of so to the solution of the solut	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) TERI STOMSKI	10.00	Ē	Ë	5	-Ke	= 5	윤				
PRESIDENT		X		X				0.	0.	0	
(2) JILL MICHELS	3.00										
PRESIDENT-ELECT		X		X		<u> </u>		0.	0.	0	
(3) MICHAEL BEAM	2.00								. 1	_	
SECRETARY		X		X				0.	0.	0	
(4) CHERYL MONAHAN	4.00							_		_	
TREASURER		X		X				0.	0.	0	
(5) DAVID WHEELER	3.00									•	
SERGEANT-AT-ARMS		X		X				0.	0.	0	
(6) ANDREW FOLKS	2.00		ļ						0	^	
PAST-PRESIDENT		X	-			-		0.	0.	0	
(7) EDDIE SULLIVAN	2.00	x						0.	0.	0	
DIRECTOR	2.00	^	-			-		· · · · · · · · · · · · · · · · · · ·	0.		
(8) FRANK KENDRICK	2.00	x						0.	0.	0	
DIRECTOR (A)	2.00	^	-			\vdash		<u> </u>		J	
(9) JIMMY CHAO	2.00	x						0.	0.	0	
DIRECTOR (10) PATTY CAVANAUGH	2.00					 					
DIRECTOR		X						0.	0.	0	
(11) SHARON BUDDIN O'KEEFE	2.00										
DIRECTOR		X						0.	0.	0	
(12) JENNY ISGETT	2.00										
DIRECTOR		X					<u> </u>	0.	0.	0	
(13) NICK FOONG	2.00										
DIRECTOR		X			<u> </u>			0.	0.	0	
(14) BILL REYNOLDS	2.00	1							_	_	
DIRECTOR		X	ļ	<u> </u>	_	ऻ_		0.	0.	0	
(15) ROBERT WALKER	2.00									^	
DIRECTOR		X				-		0.	0.	0	
		1			_	_					
	1	ı	1	1	l .	1	1		[l	

Form **990** (2014)

PERSONA1

Form 990							_			57-60	25	611	F	age 8
Part VI	Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box offic	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		one th an	(D) (E) Reportable Reportable			(F) Estimated amount of other		of		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS				e tion ted
								ļ -						
														
_														
								_						
					L									
	o-total al from continuation sheets to Part V al (add lines 1b and 1c)	 II, Section A						> > >	0.		0.			0.
2 Tota	al number of individuals (including but ripensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	0,000 of reportable)		T.V	(
	the organization list any former officer,				ey er	nplo	уөе	, or l	highest compensated e	mployee on		3	Yes	No X
4 For	any individual listed on line 1a, is the si related organizations greater than \$15	um of reportab	le co	mp						 the organization		4		X
5 Did	any person listed on line 1a receive or a dered to the organization? If "Yes," con	accrue compe	nsati	ion f	from	any	uni			idual for services		5		X
Section	B. Independent Contractors									\$100,000 of			from	
	nplete this table for your five highest co organization. Report compensation for	-							n the organization's tax					-
	(A) Name and business	address	NC	NI	Ξ			4	(B) Description of s	services			C) ensatio	n
								-				_		
								+						
								-						
	al number of independent contractors (ncluding but n	ot lir	nite	d to	tho	se li	sted	l above) who received n	nore than				
	0,000 of compensation from the organi	_					0		·				000	

432008 11-07-14

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII			
				or more to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	. 1a					
ira Dan		Membership dues	1b					
اغ ي	C	Fundraising events	1c					
#1		Related organizations	1d					
S,E		Government grants (contribut			ì			
Sign		All other contributions, gifts, gran						
돌	•	similar amounts not included abo		1				
至日	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	, id- ii 4					
				Business Code				
ę,	2 a	FOOTBALL PARKIN	IG PROJE	900099	103,916.	103,916.		
اہٍ ≧	b	MEAL RECEIPTS		900099	33,038.	33,038.		
SE	C	TATTE		900099	19,283.	19,283.		
e a	d	THE STATE OF THE	3	900099	450.	450.		
Program Service Revenue	е							
<u>q</u>	f	All other program service reve	enue					
}	g	Total. Add lines 2a-2f			156,687.		_	
	3	Investment income (including	dıvidends, ınter	est, and				
		other similar amounts)		▶	46.			46.
}	4	Income from investment of ta	x-exempt bond r	·· r				
į	5	Royalties , , .		. ▶				
		•	(i) Real	(ii) Personal				
	6 a	Gross rents						1
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d			•				
	-	Gross amount from sales of	(i) Securities	(II) Other	-			
		assets other than inventory	Wood	(1) 51.15.				
Ì	h	Less: cost or other basis						
	_	and sales expenses						
ĺ	c	Gain or (loss)						
	d	Net gain or (loss)						
	R a	Gross income from fundraisin	a events (not	, · · · ·			······································	
ğ	-	including \$	- :					
Other Revenue		contributions reported on line						
æ		Part IV, line 18	a	1	ľ			
를	h	Less: direct expenses	b					
ŏ		Net income or (loss) from fund	• •					
[Gross income from gaming ac	-					
		Part IV, line 19	а					
-	h	Less: direct expenses	b					
Ì		Net income or (loss) from gam						
		Gross sales of inventory, less	-					
ľ		and allowances		1				
	h	Less: cost of goods sold						
		Net income or (loss) from sale		—	J	J		
Ì		Miscellaneous Revenu		Business Code				
	11 a							
l	b						····	
	c						-	
ļ	d	All other revenue						
Ì	e	Total. Add lines 11a-11d		•				-
	12	Total revenue. See instructions.			156,733.	156,687.	0.	46.
43200 11-07-	14	····						Form 990 (2014)

Pa	rt IX Statement of Functional Expens	ses			
Sect	on 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oti	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	89,932.	89,932.		
2	Grants and other assistance to domestic				
	ındıviduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages				 .
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):			2 452	
а	Management	2,450.		2,450.	
b	Legal .				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				······································
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	235.	235.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	<u> </u>			
17		· · ·			· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	6,439.	6,439.	 -	
20	Interest	0,400.	0,200.		
21	Payments to affiliates	8,409.	8,409.		
22	Depreciation, depletion, and amortization	0, ±05.	0/1031		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line)				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEAL EXPENSES	27,562.	27,562.		
b	PARKING PROJECT	9,306.	9,306.		
c	GIFTS/BADGES/ENGRAVING	750.	750.		
d	TRAINING EXPENSE	430.	430.		
е	All other expenses	26.	26.		
25	Total functional expenses. Add lines 1 through 24e	145,539.	143,089.	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.			}	

Part	<u> </u>	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	99,761.	1	155,221
	2	Savings and temporary cash investments .		2	
	3	Pledges and grants receivable, net	575•	3	930
	4	Accounts receivable, net		4	_
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined unde	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributir	1		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
- 1	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1, 305	5.		
	b	Less: accumulated depreciation 10b 1,305	0.	10c	0
1	11	Investments - publicly traded securities	114,293.	11	118,971
	2	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intermilla acceta		14	
	15	Other assets. See Part IV, line 11		15	
- 1	16	Total assets. Add lines 1 through 15 (must equal line 34)	214,629.	16	275,122
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	90,112.	18	139,411
	9	Deferred revenue		19	
2	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
l.	22	Loans and other payables to current and former officers, directors, trustees,			
]		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
ء ا	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
2	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
12	26	Total liabilities. Add lines 17 through 25	90,112.	26	139,411
\top		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and			
,		complete lines 27 through 29, and lines 33 and 34.		·	
2	27	Unrestricted net assets	124,517.	27	135,711
2	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
3	80	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
3	32	Retained earnings, endowment, accumulated income, or other funds		32	
5	33	Total net assets or fund balances	124,517.	33	135,711
- 1	14	Total liabilities and net assets/fund balances	214,629.	34	275,122

Form 990 (2014)

<u>Form</u>	990 (2014) ROTARY CLUB OF FIVE POINTS	57-6025	611	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,733.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,539.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,194.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	124	<u>,517.</u>
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		
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	<u> 135</u>	<u>,711.</u>
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			\	res No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		}	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		
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	d on a		
	separate basis, consolidated basis, or both:			1
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		_2b	<u> X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		1
	consolidated basis, or both:			
	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	e audit,		ĺ
	review, or compilation of its financial statements and selection of an independent accountant?	••	_2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ıred audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2014)

SCHEDULE D

(Form 990)

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.

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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	ROTARY CLUB OF FIV		57-6025611			
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Acco	unts. Complete if the		
	organization answered "Yes" to Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b) Fu	nds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only			
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	onferring			
	impermissible private benefit?			Yes No		
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pai	rt IV, line 7	·		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histori	ically impo	rtant land area		
	Protection of natural habitat	Preservation of a certific	ed historic	structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	a conserv	ation easement on the last		
	day of the tax year.		,			
			<u> </u>	Held at the End of the Tax Year		
а	Total number of conservation easements .		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included ın (a) 🔒 🔒	. <u>2c</u>			
d	Number of conservation easements included in (c) acquired	9	1			
	listed in the National Register	2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organizatıo	n during the tax		
	year ▶					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe	- · · · · · · · · · · · · · · · · · · ·				
	violations, and enforcement of the conservation easements	••		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting					
7	Amount of expenses incurred in monitoring, inspecting, and			\$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the 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 conservat					
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes th	e organiza	ition's accounting for		
Day	conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures or Oth	or Simi	lar Assats		
Fai	Complete if the organization answered "Yes" to Form			iai A33613.		
4-	If the organization elected, as permitted under SFAS 116 (A		nt and ha	lance sheet works of ort		
ıa	historical treasures, or other similar assets held for public ex	•				
	the text of the footnote to its financial statements that described		e or papir	service, provide, in art Am,		
h	If the organization elected, as permitted under SFAS 116 (A)		nd halanc	a sheet works of art, historical		
U	treasures, or other similar assets held for public exhibition, e					
	relating to these items:	ducation, of research in further ance of publi	C 301 VICO,	provide the fellowing amounts		
	(i) Revenue included in Form 990, Part VIII, line 1		.	\$		
	(ii) Assets included in Form 990, Part X			\$ \$		
2	If the organization received or held works of art, historical tre	Pastures or other similar assets for financial o				
~	the following amounts required to be reported under SFAS		,, piovi	••		
а	Revenue included in Form 990, Part VIII, line 1		•	\$		
	Assets included in Form 990, Part X			\$ \$		
U	, locate indiadou in Form ood, Fart A			T		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		CLUB OF FI	VE P	OINTS				<u>57-60</u>	25611	Page 2		
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures, c	or Othe	er Simil	ar Asse	ts(contin	ued)		
3 `	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a s	ignificant	use of its	collection	items		
	(check all that apply):											
а	Public exhibition		a 🔲	Loan or exc	hange progra	ams						
b	Scholarly research	•	• 🗆	Other		_		_				
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how th	ney further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.			
5	During the year, did the organization solicit o	r receive donations	of art, hi	istorical trea	sures, or othe	er sımila	r assets					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or											
	reported an amount on Form 990, Par											
1a	Is the organization an agent, trustee, custodi		•	contribution	ns or other as	sets not	included		٦	<u> </u>		
					•				Yes	∟ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:								
									Amount			
	Beginning balance						1c					
d	Additions during the year			••			1d					
е	Distributions during the year		•••	••			_1e					
f	Ending balance	·					<u>1f</u>		1			
	Did the organization include an amount on Fo						iity?	L	_ Yes	⊢ No		
Par	If "Yes," explain the arrangement in Part XIII.						^					
rai	t V Endowment Funds. Complete i							vanna haale	(-) Four			
	Danis and a same below as	(a) Current year	(0) -	rior year	(c) Two year	SDACK	(a) Trifee	years back	(e) rour	years back		
1a	Beginning of year balance		-						-			
b	Contributions											
	Net investment earnings, gains, and losses		 									
	Grants or scholarships		 						 			
е	Other expenditures for facilities											
	and programs											
	Administrative expenses	·			 							
g	End of year balance		() 1						<u> </u>			
2	Provide the estimated percentage of the curr	•	•	g, column (a	a)) Neid as.							
	Board designated or quasi-endowment >%											
	Permanent endowment	% %										
С	Temporarily restricted endowment											
0-	The percentages in lines 2a, 2b, and 2c should have there endowment funds not in the posses		otion the	at are held a	and administs	rad far t	he erganı	zation				
Sa		ssion of the organiz	allon in	at at 0 11010 a	ina auministe	160 IOI I	ne organi	Zation	Г	Yes No		
	by:								3a(i)	165 140		
	(i) unrelated organizations			•		•		• •	3a(ii)			
L	If "Yes" to 3a(ii), are the related organizations	Listed as required	on Scher	dula R2					3b			
4	Describe in Part XIII the intended uses of the	•			•			••	<u> </u>	l		
Par			OWITIOITE	iuiiuo,								
	Complete if the organization answere) Part IV	/ line 11a. S	See Form 990.	Part X.	line 10.					
	Description of property	(a) Cost or o			t or other		ccumulate	ed De	(d) Book	value		
	begonption of property	basis (investi			(other)		preciation		(a) Door			
12	Land											
b	Buildings											
C	Leasehold improvements											
d	Equipment							1-				
	Other				1,305.		1,3	05.		0.		
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line i						0.		

► 0 . Schedule D (Form 990) 2014

Schedule D (Form 990) 2014

PERSONA1

<u>Sche</u>	dule D (Form 990) 2014 ROTARY CLUB OF FIVE POINTS		57-6025611 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.
-,	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	•	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	7)
c	Recoveries of prior year grants	2c	┥
q	Other (Describe in Part XIII.)	2d	7 1
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
-	Investment expenses not included on Form 990, Part VIII, line 7b	40	1 1
a		4a	={
b	Other (Describe in Part XIII.)	4b	⊢
	Add lines 4a and 4b		4c
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	conta With Expanses no	5 Deture
Pai	t XII Reconciliation of Expenses per Audited Financial Staten		er Keturn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		
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:	1 1	
а	Donated services and use of facilities	2a	_
b	Prior 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	
	Add lines 4a and 4b	-	4c
_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
5	t XIII Supplemental Information.	·	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add		
			
			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public

Inspection

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

Schedule I (Form 990) (2014) % X Employer identification number 57-6025611 (h) Purpose of grant ROGRAMMING SUPPORT PROGRAMMING SUPPORT or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) : ; : ٥. ٠. (e) Amount of assistance non-cash : Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 000 9 67,503 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. ROTARY CLUB OF FIVE POINTS criteria used to award the grants or assistance? Enter total number of other organizations listed in the line 1 table 57-0657549 57-1127197 General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization 401 EAST KENNEDY STREET STE B-1 or government SPARTANBURG, SC 29302 Name of the organization 2749 LAUREL STREET COLUMBIA, SC 29204 HEALTHY LEARNERS ETV OF SC Part Part II

432101 10-15-14

Page 2 Schedule 1 (Form 990) (2014) (f) Description of non-cash assistance 57-6025611 (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. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance 18 (c) Amount of cash grant ROTARY CLUB OF FIVE POINTS (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) 432102 10-15-14 Part III

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

ROTARY CLUB OF FIVE POINTS	57-6025611
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
LEADERSHIP	
FORM 990, PART VI, SECTION B, LINE 11:	
THE 990 RETURN IS AVAILABLE TO ANY MEMBER OF THE ORGANIZ	ATION AND IS KEPT
ON FILE BY THE CLUB'S TREASURER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S FORM 990 CAN BE REVIEWED BY REQUEST B	Y CONTACTING THE
CLUB AT THE ADDRESS ON RECORD.	
	
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