

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

1706
2016Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

July 1

, 2016, and ending

June 30

, 2017

B Check if applicable

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

Rotary Club of Hampton County

Number and street (or P O box, if mail is not delivered to street address) D Employer identification number

57-603643

PO Box 361

Room/suite

E Telephone number

City or town, state or province, country, and ZIP or foreign postal code

Hampton, SC 29924

F Group Exemption
Number ► G Accounting Method Cash Accrual Other (specify) ►I Website: ► www.hamptonrotarysc.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other Service Club

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

<input type="checkbox"/> 1	Contributions, gifts, grants, and similar amounts received	1	5230 75
<input type="checkbox"/> 2	Program service revenue including government fees and contracts	2	0 00
<input type="checkbox"/> 3	Membership dues and assessments	3	7504 25
<input type="checkbox"/> 4	Investment income	4	0 00
5a	Gross amount from sale of assets other than inventory	5a	0.00
b	Less: cost or other basis and sales expenses	5b	0.00
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0 00
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0 00
b	Gross income from fundraising events (not including \$ 5230 75 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	23995.00
c	Less: direct expenses from gaming and fundraising events	6c	12254.99
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	11740 01
7a	Gross sales of inventory, less returns and allowances	7a	0.00
b	Less: cost of goods sold	7b	0.00
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0 00
8	Other revenue (describe in Schedule O)	8	34 17
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	24509 18
10	Grants and similar amounts paid (list in Schedule O)	10	17022 04
11	Benefits paid to or for members	11	3097 00
12	Salaries, other compensation, and employee benefits <input type="checkbox"/>	12	0 00
13	Professional fees and other payments to independent contractors <input type="checkbox"/>	13	0 00
14	Occupancy, rent, utilities, and maintenance	14	0 00
15	Printing, publications, postage, and shipping	15	114 65
16	Other expenses (describe in Schedule O) <input type="checkbox"/>	16	4810 89
17	Total expenses. Add lines 10 through 16 ►	17	25044 58
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-535 40
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	24903 68
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24368 28

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2016)

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	24903.68	22 24368 28
23	Land and buildings	0 00	23 1 00
24	Other assets (describe in Schedule O)	0.00	24 0 00
25	Total assets	0.00	25 0 00
26	Total liabilities (describe in Schedule O)	0.00	26 0 00
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	24903.68	27 24368 28

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	Club serves community by raising funds for high school scholarships, exchange student, Back to school backpacks, Children's Day, and a county wide distribution of dictionaries to approx 600 third grade students and help supply teacher needs at all schools within the County			
28a	(Grants \$ 11676.35) If this amount includes foreign grants, check here ► <input type="checkbox"/>			11676 35
29	Granted Funds to the Rotary Foundation, End Polio Now Fund, Trust for Alzheimers, Clean Water Project and the Gift of Life (surgeries for children)			
29a	(Grants \$ 2360.69) If this amount includes foreign grants, check here ► <input type="checkbox"/>			2360 69
30	Club service: Provides funds for the community to support the American Red Cross, Friends of Hospice, Track Camp, State Park, Boys and Girls State			
30a	(Grants \$ 2985.00) If this amount includes foreign grants, check here ► <input type="checkbox"/>			2985.00
31	Other program services (describe in Schedule O)			
31a	(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>			0 00
32	Total program service expenses (add lines 28a through 31a)			32 17022 04

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Debbie Bishop-Phillips President	3	0 00	0 00	0 00
Kathleen Barnes President Elect	2	0 00	0 00	0 00
Sarah Lynn Tuten Secretary	2	0 00	0 00	0 00
Mary Ann Watson Treasurer	3	0 00	0.00	0 00
Mike Meyer Foundation Chair	1	0.00	0.00	0 00
Hank Foy Membership Chair	1	0 00	0.00	0 00
Chad Westendorf Service Chair	1	0 00	0 00	0 00
Holbrook Platts Program Chair	1	0.00	0 00	0 00

A60

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33		✓
34		✓
35a		✓
35b		
35c		✓
36		✓
37a	37a	
b		
37b		✓
38a		
b	38b	
39		
a	39a	
b	39b	
40a		
b		
c		
d		
e		
40b		✓
40e		✓
41	List the states with which a copy of this return is filed ► South Carolina	
42a	The organization's books are in care of ► Mary Ann Watson Telephone no. ► 843-816-5770	
	Located at ► 1370 Grass Hill Road, Estill, SC ZIP + 4 ► 29918	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	
	If "Yes," enter the name of the foreign country: ►	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 34 17	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
c	Did the organization receive any payments for indoor tanning services during the year?	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																			
		46	2																																			
Part VI Section 501(c)(3) organizations only																																						
All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.																																						
Check if the organization used Schedule O to respond to any question in this Part VI <input type="checkbox"/>																																						
47	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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No																																			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	2																																			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓																																			
b	If "Yes," was the related organization a section 527 organization?	49b																																				
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."																																					
<table border="1"> <tr> <td>(a) Name and title of each employee</td> <td>(b) Average hours per week devoted to position</td> <td>(c) Reportable compensation (Forms W-2/1099-MISC)</td> <td>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</td> <td>(e) Estimated amount of other compensation</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																															f Total number of other employees paid over \$100,000 ► 0	
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation																																		
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."																																					
<table border="1"> <tr> <td>(a) Name and business address of each independent contractor</td> <td>(b) Type of service</td> <td>(c) Compensation</td> </tr> <tr><td> </td><td> </td><td> </td></tr> </table>		(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																d Total number of other independent contractors each receiving over \$100,000 ► 0																		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation																																				
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge																																						
Sign Here <input checked="" type="checkbox"/>	Mary Ann Watson Signature of officer		Date 11/10/2017																																			
	Mary Ann Watson, Treasurer Type or print name and title																																					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN																																	
	Firm's name ►		Firm's EIN ►																																			
	Firm's address ►		Phone no																																			
May the IRS discuss this return with the preparer shown above? See instructions ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																						

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

Sign Here	<input checked="" type="checkbox"/> <u>Mary Ann Watson</u> <small>Signature of officer</small>	11/10/2017 <small>Date</small>
<input type="checkbox"/> <u>Mary Ann Watson, Treasurer</u> <small>Type or print name and title</small>		

Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

57-6036431

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

(i) Name of supported organization

(ii) FIN

(iii) Type of organization
(described on lines 1-10
above (see instructions))

(iv) Is the organization listed in your governing document?

(vi) Amount of other support (see instructions)

(A)

(B)

(c)

(D)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28,999.00	10,787.00	29,649.00	24,903.68	24,368.28	118,706.96
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.00	0.00	0.00	0.00	0.00	0.00
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.00	0.00	0.00	0.00	0.00	0.00
4 Total. Add lines 1 through 3	28,999.00	10,787.00	29,649.00	24,903.68	24,368.28	118,706.96
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.00
6 Public support. Subtract line 5 from line 4						118,706.96

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	28,999.00	10,787.00	29,649.00	24,903.68	24,368.28	118,706.96
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0.00	0.00	0.00	0.00	0.00	0.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.00	0.00	0.00	0.00	0.00	0.00
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0.00	0.00	0.00	0.00	0.00	0.00
11 Total support. Add lines 7 through 10						118,706.96
12 Gross receipts from related activities, etc. (see instructions)				12		118,706.96
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	100 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

Rotary Club of Hampton County

Employer identification number

57-6036431

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Rotary Club of Hampton County	Bar-B-Que	✓		6375.00	0.00	3522.70
2 Rotary Club of Hampton County	Gun Project	✓		990.00	0.00	0.00
3 Rotary Club of Hampton County	Onion Project	✓		9640.00	0.00	5800.00
4 Rotary Club of Hampton County	Oyster Roast	✓		6990.00	0.00	2932.29
5						
6						
7						
8						
9						
10						
Total				23,995.00	0.00	12,254.99

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

South Carolina

.....

.....

.....

.....

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Bar-B-Que (event type)	(b) Event #2 Onion Project (event type)	(c) Other events Oyster Roast (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6375.00	9640 00	6990 00	23,005 00
	2 Less. Contributions	0 00	0 00	0.00	0 00
	3 Gross income (line 1 minus line 2)	6375 00	9640 00	6990.00	23,005 00
Direct Expenses	4 Cash prizes	0 00	0 00	0 00	0 00
	5 Noncash prizes	0 00	0 00	0 00	0 00
	6 Rent/facility costs	0 00	0 00	600 00	600 00
	7 Food and beverages	0 00	0 00	1582.29	1582.29
	8 Entertainment	0 00	0 00	350 00	350 00
	9 Other direct expenses	3522 70	5800 00	400 00	9722 70
	10 Direct expense summary. Add lines 4 through 9 in column (d)				12,254 99
	11 Net income summary. Subtract line 10 from line 3, column (d)				10,750 01

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

Rotary Club of Hampton County

Employer identification number

57-6036431

Line 8 Other Revenue

Interest Income **\$34.17**

Line 10 Grants and similar amounts paid

American Red Cross	\$1275.00	Girls State	\$360.00
Dictionary Project	\$1314.42	Literacy Project	\$7728.87
Back to School	\$265.69	Lake Warren	\$300.00
Boys State	\$300.00	Polio Plus	\$731.50
CART	\$879.19	Scholarships	\$2000.00
Children's Day	\$367.37	Track Camp	\$600.00
Friends of Hospice	\$150.00	Water Project	\$250.00
Gift of Life	\$500.00	TOTAL	\$17022.04

Line 16 Other Expenses

District Dues	\$682.50	Web Hosting	\$80.00
District Conference	\$1111.30	Annual Meeting	\$706.85
Grant Seminar	\$140.00	Quickbooks	\$297.40
Guest Meals	\$104.39	TOTAL	\$4810.89
PETS Training	\$199.00		
Rotary International Dues	\$1439.45		
Secretary of State	\$50.00		