OMB No 1545-1150	
2017	29
Open to Public Inspection	492
2018	04
ation number	00
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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)

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

Ope ns

	e Service Information about Form 990-EZ and its inst			,	100	<u> </u>		
		, 2017, and	d ending		06-3	0 ,2018		
Check if ap	plicable C Name of organization	C Name of organization			D Employer identification number			
Address ch	ange ROTARY CLUB OF GWINNETT COUNTY	ROTARY CLUB OF GWINNETT COUNTY			23-7278669			
Name char	ge Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Telepho	one nui	mber		
nıbal returr	1							
inal return			220-A	(47	0) 56	4-6837		
Amended r	eturn City or town, state or province, country, and ZIP or foreign postal code		۸(،	F Group	Exemp	tion '		
			UV					
Accounti	ng Method		+	Check ►	X ft	he organization is not		
				required to	attach	Schedule B		
		4947(a)(1) o	r 527	(Form 990,	990-E	Z, or 990-PF)		
	-	Other		. .				
Add lines	5 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or mo	re, or if total a	ssets				
rt II, colu	mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ							
art i			•			•		
	Check if the organization used Schedule O to respond to any que	estion in th	is Part I	• • • • • •		<u>x</u>		
1	Contributions, gifts, grants, and similar amounts received	• • • • •		• • • • • •	1	126,028		
2	33	• • • • •		• • • • • •	2			
3	Membership dues and assessments	• • • • •		• • • • • •	3			
4	Investment income				4	3,142		
5a	Gross amount from sale of assets other than inventory	• • • 5a						
b	Less cost or other basis and sales expenses	• • • 5b						
С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from I	line 5a)			5c			
6	Gaming and fundraising events							
а	Gross income from gaming (attach Schedule G if greater than							
	\$15,000)	· · · 6a						
b	Gross income from fundraising events (not including \$		of contributio	ns				
	from fundraising events reported on line 1) (attach Schedule G if the							
	sum of such gross income and contributions exceeds \$15,000)	• • • 6ь		57,559				
l	•	· · · 6c		23,218				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6l	b and subtra	ıct					
	line 6c)			• • • • • •	6d	34,341		
		• • • <u>7a</u>		1,140				
		· · · 7b	<u> </u>	6,611				
	• • • • • • • • • • • • • • • • • • • •				7c	(5,47 <u>1</u>)		
	,			• • • • • •	8	" 11,910		
				<u></u>	9	169,950		
				• • • • • •	10			
	1 111	CFIV	-D	• • • • • •	-			
	Salanes, other compensation, and employee benefits		<u>U.</u>		-			
	Professional fees and other payments to independent contractors				$\overline{}$			
		A. 2 T. SO	19 - 기우]	• • • • • •	-			
			2.	• • • • • •	15			
16	Other expenses (describe in Schedule O))FN	1	• • • • • •	16	147,153		
			<u> </u>	>	17	147,153		
17	Total expenses. Add lines 10 through 16				$\overline{}$			
17 18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	22,797		
17 18 19	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (m	nust agree v	vith	• • • • •	18			
17 18 19	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (mend-of-year figure reported on prior year's return)	nust agree v	vith		19			
17 18 19	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (m	nust agree v	vith			22,797		
	Check if ap Address ch Name char Initial return Final return Amended in Application Accounti Website Form of c Add lines rt II, colu art i 1 2 3 4 5a b c 6 a b c d 7a b c 8 9 10 11 12 13 14	Check if applicable Address change Name change Name change Name change Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not deliv	Check if applicable Address change Name c	Check of applicable Address change ROTARY CLUB OF GWINNETT COUNTY Number change Notate change Number and street (or PO box, if mail is not delivered to street address) Rocm/suite 1500 SUGARIOAF PARKWAY 220 - A Cacounting Method Cash Accrual Other (specify) Notate of Method Cash Accrual Other (specify) Notate of Method Cosh Corporation Trust Association Corporation Trust Association Check only one) - Sol(o(s) Sol(o(s) Sol(o(s) - (meer no) 4947(s)(1) or 527 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the Check of the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments Investment income Sa Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from fundraising events (not including some from fundraising events of the sum of such gross income and contributions exceeds \$15,000) b Gross income from fundraising events (not including some from fundraising events for graning and fundraising events (not including some from fundraising events for graning and fundraising events (not including some from fundraising events for graning and fundraising events (not including some from fundraising events for graning and fundraising events (not including some from fundraising events for graning and fundraising events (not including some from fundraising events for graning and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold 7b 1 Grants and similar amounts paid (list in Schedule O) 1 Benefits paid to or for members 2 Salanes, other compensati	Check if applicable Address change Address change More change More change Mittel return Member and street (or PO box, if mail is not delivered to street address) Number and street (or PO box, if mail is not delivered to street address)	Check of applicable Address change Address change Address change Address change Anne change Initial return Final return/hommated in the properties of the p		

Form 990-EZ (2017) ROTARY CLUB OF GWINNET	on commy		22.5	7270	c.c.o. Page 6
Part II Balance Sheets (see the instructions for Part I			23-7	7278	669 Page 2
Check if the organization used Schedule O to re	•	in this Bort II			₽
Check if the organization used Schedule O to 18	espond to any question				
22 Cash, savings, and investments			ginning of year	22	(B) End of year
23 Land and buildings			274,382	22	286,431
24 Other assets (describe in Schedule O)			0 	24	0 601
25 Total assets			5,728	25	9,601
==		<u> </u>	280,110	26	296,032
27 Net assets or fund balances (line 27 of column (B) must agre		·	8,719	27	1,844
Part III Statement of Program Service Accomplish			271,391		294,188
Check if the organization used Schedule O to r	•	·	🖂		Expenses
What is the organization's primary exempt purpose? PROMOTE B				(Req	uired for section
				501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for ea				orga	nizations, optional for
as measured by expenses. In a clear and concise manner, describe persons benefited, and other relevant information for each program to		number of		othe	rs)
28 THE ROTARY CLUB OF GWINNETT SUPPORTS THE				+	·
THROUGHOUT VARIOUS PROGRAMS OF COMMUNITY		NG			
MONETARY AWARDS TO VARIOUS APPROVED ORGAN					
	includes foreign grants, cl	neck here	▶ □	28a	147,153
29			<u></u>	1	237/255
	 .				
(Grants \$) If this amount	includes foreign grants, cl	neck here · · · ·	▶ □	29a	
30		·			
(Grants \$) If this amount	ıncludes foreign grants, cl	neck here · · · ·	▶ 🔲	30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount	includes foreign grants, cl	neck here	▶ 📋	31a	
32 Total program service expenses (add lines 28a through 31a)				32	147,153
Part IV List of Officers, Directors, Trustees, and Key Emp	loyees (list each one eve	n if not compensated	- see the instru	ctions	for Part IV)
Check if the organization used Schedule O to respond	I to any question in this Pa	nt IV			
	(b) Average	(c) Reportable	(d) Health benefits		43.54.4.4.4.4.4.4
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to empl benefit plans, and	, I	(e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensa		
MARK WILLIS					
PRESIDENT	4.00	0		0	0
JENNIFER S HIBBARD					
PRESIDENT-ELECT	4.00	0		0	0
LAINE NOWELL					
SECRETARY	4.00	. 0		0	0
TERRY SWAIM					
TREASURER	4.00	0		0	0
BRANDY LYNN SWANSON					
MEMBERSHIP CHAIR	4.00	0		0	0
WILLIAM F MCCARGO					
FOUNDATION CHAIR	4.00	0		0	0_
WANDA WEEGAR					
SERVICE PROJECT CHAIR	4.00	0		0	0
JENNIFER K HENDRICKSON					
PAST PRESIDENT	4.00	0	<u> </u>	0	0
WAYNE ELLISON					
YOUTH SERVICES CHAIR	4.00	0		0	0
BOB RULE	1	l		- 1	

4.00

4.00

4.00

4.00

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0 Form 990-EZ (2017)

ADMINISTRATION / SERGEANT AT ARMS

RODNEY BRUNDIDGE
DISTRICT GRANT CHAIR

FELLOWSHIP CHAIR

ADAM FRANGOS

NICOLE HENDRICKSON PUBLIC IMAGE CHAIR

33 Dd the organization engage in any spinificant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Vier any spinificant changes made to the organization or governing documents?" If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 a Dd the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Ines 2,6, and 73, anning others) 35 a Dd the organization shave unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Ines 2,6, and 73, anning others) 35 a Dd the organization shave unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Ines 2,6, and 73, anning others) 36 b If "Yes," to line 35s, has the organization filed a Form 990-T for the year? If "Yes," provide an explaination in Schedule O. 36 value of year and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36 Dd the organization undergon a liquidation, dissolution, emmantor, or agnificant desponation on fat assets during the year? If "Yes," complete Schedule L, Part III and enter the total amount involved 37 a Dd the organization file Form 1128-POL for this year? 38 a Dd the organization file Form 1128-POL for this year? 39 a Dd the organization manned an a proxy year and still outstanding at the end of the tax year covered by this return? 39 a Section 501(c)?) organizations Enter 39 any such loans made in a proxy year and still outstanding at the end of the tax year covered by this return? 39 a Section 501(c)?) organizations Enter 39 a Indianation fees and capital contributions included on line 6, for public use of club facilities 39 a Section 501(c)?) organizations Enter 39 a Indianation fees and capital contributions incl	Pai	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
33 Dd the organization engage in any spinificant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Vier any spinificant changes made to the organization or governing documents?" If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 a Dd the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Ines 2,6, and 73, anning others) 35 a Dd the organization shave unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Ines 2,6, and 73, anning others) 35 a Dd the organization shave unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Ines 2,6, and 73, anning others) 36 b If "Yes," to line 35s, has the organization filed a Form 990-T for the year? If "Yes," provide an explaination in Schedule O. 36 value of year and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 36 Dd the organization undergon a liquidation, dissolution, emmantor, or agnificant desponation on fat assets during the year? If "Yes," complete Schedule L, Part III and enter the total amount involved 37 a Dd the organization file Form 1128-POL for this year? 38 a Dd the organization file Form 1128-POL for this year? 39 a Dd the organization manned an a proxy year and still outstanding at the end of the tax year covered by this return? 39 a Section 501(c)?) organizations Enter 39 any such loans made in a proxy year and still outstanding at the end of the tax year covered by this return? 39 a Section 501(c)?) organizations Enter 39 a Indianation fees and capital contributions included on line 6, for public use of club facilities 39 a Section 501(c)?) organizations Enter 39 a Indianation fees and capital contributions incl		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗆
defailed description of each activity in Schodule O Were any significant changes made to the organizing or governing documents? If "Yes." attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 34 bid the organization bear unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 bid If "Yes." (and 556, has the organization field as from 990-17 for the year? If "No." provide an explaination in Schedule O 35 bid If "Yes." (bid the 936, has the organization field as from 990-17 for the year? If "No." provide an explaination in Schedule O 35 bid If "Yes." (bid the organization as escion \$01(c)(4), \$01(c)(5), or \$01(c)(6) organization subject to section 603(a) endoor, reporting, and provid as requirements during the year? If "No." provide an explaination in Schedule O 36 bid the organization undergo a liquidation, dissolution, termination, or significant deposition of net assets during the year? If "Yes." complete spicicable parts of Schedule P. In a subject to section 603(a) endoor of the organization undergo a liquidation, dissolution, termination, or significant deposition of net assets during the year. If "Yes." complete spicicable parts of Schedule P. In a bid the organization borrow from or make any loan to any orfider, director, fusice, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 bid "Yes." complete spicabile parts of Schedule P. In Important the parts of the organization and the parts of the tax year covered by this return? 39 Section 501(c)(7) organizations. Enter amount of load mine 9 30 Section 501(c)(7) organizations. Enter amount of load mine 9 310 Section 501(c)(7) organizations. Enter amount of load in engage in any excess benefit transaction and engage and engage and engage and engage and engage				Yes	No
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents of they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1.000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990 T for the year? If "Yes," provide an explanation in Schedule O was the organization and proxy tax requirements during the year? If "Yes," complets Schedule C, Part III 36c Obd the organization undergo a liquidation, disciolition, termination, or significant disposition of notice, septiming, and proxy tax requirements during the year? If "Yes," complets Schedule C, Part III 37 a Enter amount of potical expenditives, direct or indirect, as described in the instructions 37a 38 b Did the organization the Form 1120-PDL for this year? 39 a Did the organization the Form 1120-PDL for this year? 31 b Did the organization the Form 1120-PDL for this year? 38 b Did the organization the Form 1120-PDL for this year? 38 b Did the organization the Form 1120-PDL for this year? 39 b Did the organization the School the Part I and enter the total amount involved 39 b Did the organization the School the Part I and enter the total amount involved 39 Section 301(c)?) organizations Enter a in instance have and explanation the part of part of the organization organization the part of part of the part of	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions). 35 a Drid the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 b If "Yes," to line 35a. has the organization field at Pom 990-T for the year? ("No," provide an explanation in Schedule O 33b. If "Yes," to line 35a. has the organization of section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and proxy tax requirements during the year? ("No," provide an explanation in Schedule O 33b. If "Yes," complete spipicable paris of Schedule N 1 and 1 an		detailed description of each activity in Schedule O	33		Х
oop of the amended documents if they reflect a change to the organization's name Chlewise, explain the change on Schedule C (See instructions) 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business statistics (such as those reported on lines 2.6a, and 7a, among others)? 55 b If "Tes", to line 53a, has the organization field a Form 990-11 for the year? If "No," provide an explanation in Schedule C 836b 6 Wiss the organization a section 50 (c()(4), 501 (c()5), or 501 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Nes", complete Schedule C, Part III	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
change on Schedule C (See instructions) a Dit the reginarization have unrelated business grass income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Fes," to line 53, has the organization filed a Form 950-T for the year? If "No," provide an explination in Schedule C 356. b If "Fes," to line 53, has the organization filed a Form 950-T for the year? If "No," provide an explination in Schedule C 356. c Was the organization a section 5015(e)(4), 5016(c), 65016(c)), 65016(c), 65016(c) granization undergo a file global development of the section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 356. Did the organization undergo a liquidation, dissolution, termination, or significant dissoppition of net assets undergo the provided provided and the section 4011 to section 4011. b Did the organization file Form 1120-POL for this year? 37 a Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? b If "Yes," complete Schedule L, Part II and enter the total amount microled section 501(c)(7) organizations. Enter a Instation Rese and capital contributions moluded on line 9 38 Section 501(c)(7) organizations. Enter a Instation Rese and capital contributions moluded on line 9 39 Section 501(c)(3) organizations. Enter a Instation Research and the section 4911 b section 4912 b section 4915 b 50 Gross reception, sinduled on line 9 for public use of club facilities a Crise of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4956 excess benefit transaction during the year, or did tengage in an excess benefit transaction in a prior year that his not been reported on any of its prior Formis 590 or 950E-27 ("Nes", complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations managers or di					
33 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines £ 0.6 a. and 72 a. among offerens?)? b If "Yes," to line 35s, has the organization filled a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b. c Was the organization a section 50 ((c)(4), 501 (c)(5), or 501 (c)(6) organization subject to section 603(e) notice, reporting, and prov tax requirements during the year? If "Yes," complete Schedule C, Part III 35c. 18 Did the organization undergo a liquidation, dissolution, termination, or significant disposedron for et assets during the year? If "Yes," complete applicable parts of Schedule N in enstructions			34		Х
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, sporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 5b Did the organization undergo a disquation, dissociation, termination, or significant disposition of not assets during the year? If "Yes," complete splicable parts of Schedule N 37a Enter amount of policical expenditures, direct or indirect, as described in the instructions	35 a				
b if "Yes," to line 35a, has the organization field a Form 990-T for the year? if "No." provide an explanation in Schedule C G Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete splicible plant of Schedule N 36 37 a Enter amount of policical expenditures, direct or indirect, as described in the instructions 37 b 13 b 14 b 15 b 16 the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 37 a year) such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 a 16 l'Yes," complete Schedule L. Part II and enter the total amount involved 39 section 501(c)(7) organizations. Enter 39 into 15 life the sea and capitate contributions included on line 9 39 section 501(c)(3) organizations. Enter 39 section 501(c)(3) organization 39 section 501(c)(3) organization 30 secti			35a	j	Х
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Sphedule C, Part III	b		\vdash		
reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a ilquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a 37a 37b 37a 37b 37a 37b 37a 37b 37b					
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 37 a Enter amount of Political expenditures, direct or indirect, as described in the mistructions ▶ 37a 37b \$75 a Enter amount of political expenditures, direct or indirect, as described in the mistructions ▶ 37a 37b \$75 a Did the organization file Form 1120-POL for this year? \$76 b Did the organization file Form 1120-POL for this year? \$77 a b Did the organization file Form 1120-POL for this year? \$78 a Did the organization file Form 1120-POL for this year? \$79 b If "Yes," complete Schedule L, Part II and enter the total amount involved \$70 b If "Yes," complete Schedule L, Part II and enter the total amount involved \$70 b If "Yes," complete Schedule L, Part II and enter the total amount involved \$70 b If "Yes," complete Schedule L, Part II and enter the total amount involved \$70 b If "Yes," complete Schedule L, Part II and enter the total amount involved \$70 b If "Yes," complete Schedule L, Part II and enter the total amount involved \$70 b If "Yes," complete Schedule I, Part II and enter the total amount involved \$70 b If Yes," complete Schedule I, Part II and enter the total amount involved \$70 b If Yes, "complete Schedule I, Part II and enter the total amount of the organization during the year under section 4912 b section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4955 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \$70 b At any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If "Yes," complete Form 8885 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax spelarity over a financial account in a foreign country (self-Part Part Part Part Part Part Part Part			35c		Х
during the year? If "Yes," complete applicable parts of Schedule N 1	36		***		
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 b Did the organization file Form 1120-POL for this year? 38 a Did the organization file Form 1120-POL for this year? 39 a Did the organization brown from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 39 a Section 501(c)(7) organizations 39 a Botton 501(c)(7) organizations 39 a Botton 501(c)(7) organizations 39 a Botton 501(c)(8) organizations 30 a Botton 501(c)(8) organizations 30 a Botton 501(c)(8) organizations 30 a Botton 501(c)(8) organization 30 a Botton 5	••		36		Х
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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: 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 You are in 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 44d Did the organization have a controlled entity within the meaning of section 512(b)(13)? 5 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		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
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If "Yes," enter the name of the foreign country: 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 Year		· '	.]		
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 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 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 44 c Did the organization receive any payments for indoor tanning services during the year? 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45 a 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	C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		<u> X</u>
and enter the amount of tax-exempt interest received or accrued during the tax year Ye 44 a 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 45 a 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					_
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	L
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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	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
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		completed instead of Form 990-EZ	44a		Х
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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	С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
explanation in Schedule O					
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			44d		
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	45 a	•	\vdash		X
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)	45b		Х

1 0.111 0.50-1	ROTARI CHOB OF G	WINNEIT COOKIT			23-1	27600		- i age -
46 Di	d the organization engage, directly or indirectly, in	political campaign activitie	es on behalf of or in oppo	sition		F	Ye	es No
	candidates for public office? If "Yes," complete Sc	• •					46	x
Part V	Section 501(c)(3) organizations of	only						
	All section 501(c)(3) organizations	must answer questi	ons 47 - 49b and 52	2, and com	plete the	tables	for line	es
	50 and 51.							_
	Check if the organization used Sch	edule O to respond	to any question in t	nis Part VI		• • • •		<u>· </u>
47 Di	d the experimentary experience in labeliance and interest and	have a sanka- 504/b) -l-	-A			_	Ye	s No
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						47		
•	the organization a school as described in section 1				 	-	48	
	d the organization make any transfers to an exemp					 	19a	
	Yes," was the related organization a section 527 o					7	19b	
50 Co	emplete this table for the organization's five highest	t compensated employees	s (other than officers, dire	ctors, trustee	s and key			
em	oployees) who each received more than \$100,000	of compensation from the	organization If there is	none, enter "	None "			
		(b) Average	(c) Reportable	(d) Health I contributions if		(e) Est	ımated an	nount of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a	ind deferred		er compe	
		devoted to position	(FOITIS VV-2/1095-WISC)	Comper	Sauon			
				<u> </u>	-			
								
	tal number of other employees paid over \$100,000							
	emplete this table for the organization's five highest	·		received mor	e than			
<u> </u>	00,000 of compensation from the organization If t	nere is none, enter None						
	(a) Name and business address of each independent contract	tor	(b) Type of service	•	(6	c) Compen	sation	
d Tot	al number of other independent contractors each i	eceiving over \$100 000						
	the organization complete Schedule A? Note: A	•	ızatıons must attach a					
	mpleted Schedule A)	· 🛮	Yes 🛚	No
Under pen	alties of perjury, I declare that I have examined this return	n, including accompanying so	chedules and statements, ar	id to the best of	my knowledg	e and bel	ef, it is	
true, correc	ct, and complete Declaration of preparer (other than offi	cer) is based on all information	on of which preparer has an	knowledge				
	- ffe bloom							
Sign	Signature of officer MILIC A. Willis	Prosded		Date / .	4/2015			
Here	Type or print name and title	recorden		01/1	710017			
		reparer's signature	A Date	1.	heck X if	PTIN		
Paid	J TERRY GORDON CPA	I. Tomason	11-19-20	I .	elf-employed		74001	
Prepar		ND CO CPAS	<u>μ. 13-20</u>	Firm's E		FULZ	001	<u> </u>
Use Or		WY SOUTH STE 250						
	NORCROSS GA 3009			Phone n	<u>770</u> -	449-49	921	
May the II	RS discuss this return with the preparer shown ab	ove? See instructions			1	► 🛛	Yes [No
EEA				-		For	n 990-E	Z (2017)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization ROTARY CLUB OF GWINNETT COUNTY 23-7278669 01. Description of other revenue (Part I, line 8) DESCRIPTION TRUOMA UNREALIZED INVESTMENT GAIN 11,910 02. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT MEALS 62,873 DUES PAYMENTS 13,941 CONFERENCES/MEETINGS 2,600 NEW MEMBER EXPENSE 324 CLUB DIRECTORY & WEBSITE 820 OFFICE SUPPLIES 337 AWARDS/GIFTS 378 FAMILY OF ROTARY 653 BANK CHARGES 3,582 UNCOLLECTED DUES 1,894 THE GEORGIA LAWS OF LIFE ESSAY CONT 1,200 POLIO PLUS 1,000 HIDDEN HEROES 13,897 ROTARY SCHOLARSHIP GWINN TECH 3,000 UNALLOCATED CHARITABLE GIVING 10,035 YOUTH SERVICES 11,334 KICKS FOR KIDZ 1,250

1,000

7,927

SHELTER BOX

DISTRICT GRANT

Name of the organization		Employer identification number				
ROTARY CLUB OF GWINNETT COUNTY		23-7278669				
TRF CONTRIBUTIONS	4,108					
INTERNATIONAL PROJECT	5,000					
	147, 153					
03. Description of other assets (Pa	rt II, line 24)					
CATEGORY	BEGINNING OF YEAR	END OF YEAR				
MEMBER DUES RECEIVABLE	5,728	9,601				
ALIEN DODG NEGET VILLED	37.20	3,002				
04. Description of total liabilitie	s (Part II, line 26)					
CATEGORY	BEGINNING OF YEAR	END OF YEAR				
DUE TO OTHER ORGANIZATIONS	8,719	1,844				
•						
		· · · · · · · · · · · · · · · · · · ·				