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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Intern	nal Reve	nue Service	► Go to www.irs.gov	/Form990	for instructions ai	nd the lat	test i	nformation.	1000	Inspection					
A F	or the	e 2017 calend		UL 1.		d ending			2018						
В	Check if applicable	C Name o	of organization					D Employer		tion number					
	Addre chang Name		RY CLUB OF FIVE PO	INTS					F7 60	05.611					
\sqsubseteq	_ chang	e Doing b	ousiness as				_	-	<u>57-60</u>	25611					
	Initial return Final returni	ם אספיד	r and street (or P.O. box if mail is not de POFFICE BOX 5472	ered to str	eet address)	Room/s	uite	E Telephone		60-1552					
_	termin	. —	town, state or province, country, and	7ID or fore	ion poetal code			G Gross receipts		183,709.					
	Amen	ded COTT	MBIA, SC 29250	ZIF OI IOIE	ign postal code		- 1								
\vdash	return □Applic			TON C	ADDIC		\dashv	H(a) Is this a		Yes X No					
	ltion pendir		and address of principal officer MON OFFICE BOX 5472, CO			250-5	54	for SUDO H(b) Are all subo	rdinates? Irdinates inclu	= =					
<u></u>	ax-ex	empt status	501(c)(3) X 501(c)(4)	(insert i	no) 🔲 4947(a)(1) or	52 7	/ / If "No," a	attach a lis	st (see instructions)					
J١	Nebsi	te: ► 5POI	NTSROTARY.ORG			1	٦	H(c) Group ex	kemption i	number 🕨					
KF	orm of	organization.	Corporation Trust X As	sociation	Other >	∏ L Y	ear o	f formation; 1	954 м :	State of legal domicile: SC					
	art I	Summary	,			Ti T									
	1	Briefly describ	be the organization's mission or most	significant	activities PROV	VIDE	FIN	IANCIAL	SUPPO	ORT TO					
e	' '		CAL CHARITIES WITH												
ē	١,														
Governance	2		ox If the organization disco		•	oseo or m	iore t	nan 25% or its	1 1						
8	3		ting members of the governing body	•	•				3	15					
<u>ن</u>	4	Number of inc	dependent voting members of the gov	erning boo	dy (Part VI, line 1b)				4	15					
S	5	Total number	of individuals employed in calendar y	ear 2017 (F	Part V, line 2a)				5	0					
Activities &	6	Total number	of volunteers (estimate if necessary)						6	74					
Ę	7 a	Total unrelate	ed business revenue from Part VIII, co	lumn (C), lir	ne 12				7a	0.					
⋖	ь	Net unrelated	business taxable income from Form	990-T, line	34				7b	0.					
								Prior Year		Current Year					
	8	Contributions	and grants (Part VIII, line 1h)						0.	0.					
Ē	l		ice revenue (Part VIII, line 2g)					194,		181,104.					
Revenue	l	-		and 7d\					39.	2,605.					
æ	l		come (Part VIII, column (A), lines 3, 4,		- 4 4 4 - 5				0.	2,003.					
	l .		e (Part VIII, column (A), lines 5, 6d, 8c		•			104							
			- add lines 8 through 11 (must equal					194,		183,709.					
	l		milar amounts paid (Part IX, column (•	3)			144,		166,679.					
	14	Benefits paid	to or for members (Part IX, column (A	.), line 4)					0.	0.					
S	15		er compensation, employee benefits (F						0.	0.					
Expenses	16a	Professional f	fundraising fees (Part IX, column (A), li	he 11e R	ECEIVED				0.	0.					
ğ	b	Total fundrais	sing expenses (Part IX, column (D), line	25		733.									
ũ	17	Other expens	es (Part IX, column (A), lines 11a-11d,	124el/	AY 2 2 2019	S-0;		57,	239.	56,139.					
	18	Total expense	es (Part IX, column (A), lines 11a-11d, es Add lines 13-17 (must equal Part I)	X Golumn4	A):-line 25)	S		201,	495.	222,818.					
			expenses Subtract line 18 from line	12		그딸		<6,7		<39,109.>					
- Sa				1 00	SDEN, UT		Ben	inning of Curre		End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)				- 50	297,		279,972.					
SS(Bal	21	•	s (Part X, line 26)					167,		150,940.					
age /	21			L 00				129,		129,032.					
<u> </u>	rt II	Signatur	fund balances Subtract line 21 from	line 20				123,	740.	129,032.					
		<u> </u>													
			I declare that I have examined this return,							nowledge and belief, it is					
true,	correc	t, and complete	e. Declaration of preparer (other than office	r) is based o	on all information of v	which prepa	arer h								
			an boold						<u> -15 -</u>	<u>-19</u>					
Sigi	n	Signatur	e of officer					Date							
Her	е	MONI	CA GADDIS, PRESIDE	TI.											
		Type or	print name and title												
		Print/Type pre	parer's name	Preparer's	sionature		Da	ate	Check	PTIN					
Paid			E		gm-w				self employed	-					
	arer	Erm's same	Firm's name							Firm's EIN					
		Firm's name	<u> </u>						EIN						
use	Only	Firm's address	' ►												
								Phone	no.						
May	the IF	RS discuss thi	s return with the preparer shown abo	ve? (see <u>in</u> :	structions)					Yes No					

	1990 (2017) ROTARY CLUB OF FIVE POINTS	37-0023011	Page Z
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	PROVIDE FINANCIAL SUPPORT TO HELP LOCAL CHARITIES WITH A	FOCUS ON	
		O PARTICIPA	ATE
	ON A GLOBAL SCALE TO HELP ERADICATE POLIO AND IMPROVE WAT		
	ECONOMICALLY DEPRESSED AREAS IN THE WORLD	DIC QUILLIT	
			
2	Did the organization undertake any significant program services during the year which were not listed on the		(ਹ)
	prior Form 990 or 990-EZ?	LYe	s X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	└Ye:	s X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	revenue, if any, for each program service reported	,	
4a	(Code) (Expenses \$ 221,583. including grants of \$ 166,679.) (Revenue	. 181	,104.)
→ a	TO ASSIST LOCAL CHARITABLE ENTITIES AS WELL AS INTERNATION		, 1010
			NID.
	PORJECTS THAT FOCUS ON YOUTH, EDUCATION, IMPROVING QUALIT	I OF LIFE P	מאם
	ERADICATION OF DISEASE.		
			
			
4b	(Code) (Expenses \$) (Revenue	s \$)
		-	
		 	
4c	(Code) (Expenses \$	s \$)
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ 221,583.		

Form **990** (2017)

57-6025611

Form 990 (2017) ROTARY CLUB
Part IV Checklist of Required Schedules

	In the constant of the control of th		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			v
_	If "Yes," complete Schedule A	1		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		х
_	public office? If "Yes," complete Schedule C, Part I	-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	'	
_	during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		Х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
3	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
0	If "Yes," complete Schedule D, Part IV 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		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	<u> </u>		<u> </u>
•	as applicable			
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	х	
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 167 If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		<u> </u>
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
4a	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		<u> </u>
5	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		<u> </u>
6	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		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
		Form	990	(2017)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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			
	Schedule K If "No", go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	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		
	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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u> </u>
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,"	26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
_,	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L. Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	-	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		X
24	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- COA		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Earm.	990	(2017)

13b		
13c	L	
	140	Y

c Enter the amount of reserves on hand

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

a Is the organization licensed to issue qualified health plans in more than one state?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Form 990 (2017) ROTARY CLUB OF FIVE POINTS 57-6025611 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 through 7b

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	See in	structions								
	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	1a	15								
	If there are material differences in voting rights among members of the governing body, or if the governing			1							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
h	Enter the number of voting members included in line 1a, above, who are independent	1b	15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship										
_	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision								
•	of officers, directors, or trustees, or key employees to a management company or other person?	3 000	t Supervision	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 9	IGN Wa	s filed?	4	_	X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass		3 11100	5		X					
6	Did the organization have members or stockholders?	Clo		6		X					
_	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
/ a	more members of the governing body?										
	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	ookho	ldore or	7a		Х					
U	persons other than the governing body?	OCKIIO	iders, or	7b		х					
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hy th	n followung	 '''		-21					
8		ıı by tir	s lollowing	8a	Х						
	The governing body?			8b	X						
	Each committee with authority to act on behalf of the governing body?	abad a	t tha	00	- 22						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	cneu a	i ine	9		Х					
Sec	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			3		- 11					
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No					
100	Did the organization have local chapters, branches, or affiliates?			10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	antore	offiliator	iva							
U	and branches to ensure their operations are consistent with the organization's exempt purposes?	apters	, annates,	10b							
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body	u hofoi	e filing the form?	11a		X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y beloi	e ming the form.	110							
				12a		Х					
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")			120							
C		res, a	escribe	12c							
13	In Schedule O how this was done Did the organization have a written whistleblower policy?			13		Х					
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 approva	l by in	donondont	'-							
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	п Бу пт	dependent								
	The organization's CEO, Executive Director, or top management official			15a		х					
	Other officers or key employees of the organization			15b		X					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			130							
160	·	nont w	uth a								
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	IIII a	160		Х					
_	taxable entity during the year? If "Yes." did the organization follow a written policy or procedure requiring the organization to evaluate		articipation	16a		-23					
D		•	•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		ıs	165							
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b_							
	· · · · · · · · · · · · · · · · · · ·			_							
17 10	List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990.	(Soot	on 501/0\/3\c only\ c	واطوارور							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	เวยติ	on songaja omy) av	ranault	•						
	for public inspection. Indicate how you made these available. Check all that apply	_	h-4 (- 0)								
46	Own website Another's website X Upon request Other (explain			6-c	اما						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	ITHICT O	i interest policy, and	inanc	idi						
	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 book NEW MATTERIA - 803-920-8827	oks and	a records 📂		_						
	BEN MAULDIN - 803-920-8827										

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(F)				
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated			
	hours per week		, unles cer an					compensation from	compensation from related	amount of other			
	(list any	į						the	organizations	compensation			
	hours for	die				<u>B</u>		organization	(W-2/1099-MISC)	from the			
	related	stee (truste		a.	peusa		(W·2/1099·MISC)		organization			
	organizations below	ual tru	Innat		ploye	me a				and related organizations			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations			
(1) DAVID KELLER	15.00												
PRESIDENT		X		X				0.	0.	0.			
(2) MONICA GADDIS	6.00												
PRESIDENT-ELECT		Х		X		L		0.	0.	0.			
(3) JOHN E. TJAARDA	4.00												
SECRETARY		X		X			<u> </u>	0.	0.	0.			
(4) BENJAMIN J MAULDIN	4.00												
TREASURER		Х		X		<u> </u>	L	0.	0.	0.			
(5) D. WADE SPARKS	4.00												
SERGEANT-AT-ARMS		X		X		<u> </u>	L	0.	0.	0.			
(6) MICHAEL BEAM	4.00							_	_	_			
PAST-PRESIDENT		X					L	0.	0.	0.			
(7) LOUIS DESSAU	4.00							_	_	_			
DIRECTOR		X						0.	0.	0.			
(8) FRANK KENDRICK	4.00							_		_			
DIRECTOR		Х						0.	0.	0.			
(9) GEORGETTE SANDIFER	4.00												
DIRECTOR		X	<u> </u>					0.	0.	0.			
(10) ROBERT E PERRY	4.00									_			
DIRECTOR		X				L	L.	0.	0.	0.			
(11) BLAKELY CHIKHLIKER	4.00												
DIRECTOR		X				_		0.	0.	0.			
(12) CHERYL STANTON	4.00												
DIRECTOR		X	_			_		0.	0.	0.			
(13) BRIAN SZUMILAS	4.00									•			
DIRECTOR	4 00	X	ļ			<u> </u>	_	0.	0.	0.			
(14) ROBERT C. LENTZ	4.00								•	•			
DIRECTOR		X				\vdash	-	0.	0.	0.			
(15) NANCY MOODY	4.00								•	•			
DIRECTOR		Х				-	<u> </u>	0.	0.	0.			
													

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)	l l						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one						Reportable	Reportable	ortable Estimat			d
		hours per	box	, unle:	ss pe	rson ı	s both	n an	compensation	compensation	nc	an	nount (of
		week	-	cer an	d a d	recto	or/trus	tee)	from	from related	t		other	
		(list any	iclo:						the	organization			pensa	
		hours for	흉				pai	ŀ	organization	(W-2/1099-MIS	3C)		om the	
		related	stee	truste			bens		(W-2/1099-MISC)			_	anızatı	
		organizations below	ᄪ	onal		ologe	8 8						d relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	ons
			트	Ξ	10	포	± 5	윤	 					
			ł											
			\vdash	\vdash		-	\vdash	┝			-			
			ł											
							t			-				
						_	┝							
											$\overline{}$			
						_	<u> </u>	_						
			<u> </u>											
1b	Sub-total	·							0.		0.		_	0.
С	Total from continuation sheets to Part VII	l, Section A						•	0.		0.			0.
	Total (add lines 1b and 1c)	•						•	0.		0.			0.
	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	 ∋			
	compensation from the organization									•				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	olqn	yee,	or ł	highest compensated er	nployee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual]	3		<u> </u>
4	For any individual listed on line 1a, is the su	•		•					•	ne organization				
_	and related organizations greater than \$150			-							ŀ	4		X
5	Did any person listed on line 1a receive or a	•				•		elate	ed organization or individ	lual for services	ŀ			Х
Sec	rendered to the organization? If "Yes." com	plete Schedule	e J fo	OF SU	ch i	oe <i>r</i> s	on					5		Λ
1	Complete this table for your five highest coi	mpensated ind	epe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100.000 of com	 pensat	ion fro	m	
	the organization Report compensation for t	· ·	-							•				
	(A)								(B)		_	(C		
	Name and business	address	NC	NE	<u> </u>			\dashv	Description of s	ervices		ompe	nsatior	1
								-						
									-					
												.		
								\dashv						
2	Total number of independent contractors (in \$100,000 of compensation from the organization from the organizati	-	ot lin	nited	l to i	thos C		ted	above) who received mo	ore than	•	•	-	`
_	The state of the s													

ROTARY CLUB OF FIVE POINTS 57-6025611 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h_Total. Add lines 1a-1f **Business Code** 142,660. 142,660. 2 a FOOTBALL PARKING PROJE 900099 **b MEAL RECEIPTS** 900099 23,067. 23,067. c DUES 900099 15,377. 15,377. f All other program service revenue 181,104. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,605. 2,605. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue

183,709.

181,104.

0.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Form 990 (2017) ROTARY CLUB OF FIVE POINTS
Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		_	nplete column (A).	
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	166 670	166 670		
_	and domestic governments. See Part IV, line 21	166,679.	166,679.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			-	
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 10	Other employee benefits Payroll taxes				
	Fees for services (non-employees)				
11	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	125.		125.	
13	Office expenses	1,188.	1,188.		
14	Information technology	·			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,403.	5,403.		
20	Interest				
21	Payments to affiliates	8,263.	8,263.		
22	Depreciation, depletion, and amortization				
23	Insurance				<u> </u>
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.) MEAL EXPENSES	25,016.	25,016.		
_					
	PARKING PROJECT	14,176. 935.	14,176.	935.	
C	LICENSE AND FEES MISCELLANEOUS	575.	400.	175.	
d		458.	458.	1/3.	
	All other expenses Add lines 1 through 24s	222,818.	221,583.	1,235.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	222,010.	221,303.	1,233.	
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 174,147. 156,938. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 4,713. 1,467. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L. Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 1,305. basis Complete Part VI of Schedule D 10a 1,305. 0. 0. 10c b Less accumulated depreciation 10b 118,971. 121,567. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 297,831 279,972. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 150,940. 167,885. 18 18 Grants pavable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 150,940. 167,885. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here

X
and complete lines 27 through 29, and lines 33 and 34. or Fund Balances 129,032. 129,946. Unrestricted net assets 27 27 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 129,946. 129,032. 33 33 Total net assets or fund balances 297,831. 279,972.

Form 990 (2017)

Total liabilities and net assets/fund balances

	990 (2017) ROTARY CLUB OF FIVE POINTS	<u> 57-</u>	<u>-6025611</u>	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	183	3,7	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2			18.
3	Revenue less expenses Subtract line 2 from line 1	3	<39,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	129	9,9	<u>46.</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	38	3,1	<u>95.</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	129	<u>, 0</u>	<u>32.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	* 5		,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			e=
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1 1		ایا
	consolidated basis, or both		.	7	, ,
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		<u> </u>	<u> </u>
	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 Sche	dule O		٠,	'
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit		لــِــا
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Ц
			Form	990	(2017)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Inspection

Name of the organization

ROTARY CLUB OF FIVE POINTS

Employer identification number 57-6025611

Pa	tile Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the							
	organization answered "Yes" on Form 990, Part IV, lin	e 6								
		(a) Donor advised funds	(b) Funds 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 v	writing that the assets held in donor advise	ed funds							
	are the organization's property, subject to the organization's		Yes No							
6	Did the organization inform all grantees, donors, and donor a		used only							
	for charitable purposes and not for the benefit of the donor o									
	impermissible private benefit?	, , , , ,	Yes No							
Pa	till Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7							
1	Purpose(s) of conservation easements held by the organization	·								
	Preservation of land for public use (e.g., recreation or e		orically important land area							
	Protection of natural habitat		ified historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservation easement on the last							
	day of the tax year		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 stru	ucture included in (a)	2c							
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re							
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, reli	eased, extinguished, or terminated by the	organization during the tax							
	year ▶									
4	Number of states where property subject to conservation eas	sement is located >								
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of								
	violations, and enforcement of the conservation easements it holds?									
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year									
										
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year							
	▶ \$									
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(r	n)(4)(B)(ı)							
	and section 170(h)(4)(B)(ii)?		Yes No							
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and							
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	he organization's accounting for							
_	conservation easements									
<u> </u> Ra	tilli Organizations Maintaining Collections of		ner Similar Assets.							
	Complete if the organization answered "Yes" on Form									
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	ent and balance sheet works of art,							
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,							
	the text of the footnote to its financial statements that describ									
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provide the following amounts							
	relating to these items									
	(i) Revenue included on 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 treatment	asures, or other similar assets for financial	gain, provide							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	_							
а	Revenue included on Form 990, Part VIII, line 1		> \$							
b	Assets included in Form 990, Part X		▶ \$							

		<u>CLUB OF FI</u>								<u> 25611</u>		ge 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Sim	ilar /	<u>Assets</u>	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	following that	t are a si	gnifica	ınt use	of its c	ollection i	tems	
	(check all that apply)											
а	Public exhibition	•			hange progra	ams						
b	Scholarly research	•	• 📙 (Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	on's exer	npt pu	ırpose	ın Part	XIII		
5	During the year, did the organization solicit of		•			er sımılar	asset	s		7		1
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form	990, F	Part IV,	ine 9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custode	an or other intermed	liary for c	contributions	s or other as:	sets not	includ	ed	_	7		٠.,
	on Form 990, Part X?									」 Yes		No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able								
							\vdash	-		Amount		
	Beginning balance							1c				
a	Additions during the year							1d	-			
e	Distributions during the year							<u>1e</u> 1f		_		
70	Ending balance Did the organization include an amount on F.	orm 000 Bort V line	21 for a		istodial acco	unet habil		<u> </u>		Yes		No
	If "Yes," explain the arrangement in Part XIII						ity /			_ 162	H	140
Par							10					
	- Complete	(a) Current year	T	rior year	(c) Two year	ĭ		ree vea	ırs back	(e) Four	vears t	nack
1a	Beginning of year balance	(a) Garrent year	(3).	nor your	(0)) 00	ara baok	(4)	, 00 y 00		(0) - 00.	,00.0	<u> </u>
b.	Contributions											
c	Net investment earnings, gains, and losses								***			
d	Grants or scholarships								-	_		
e	Other expenditures for facilities											
•	and programs		i									
f	Administrative expenses											
9	End of year balance											
2	Provide the estimated percentage of the curi	rent year end balanc	e (line 1g	, column (a))) held as	•						
а	Board designated or quasi-endowment	•	%		•							
b	Permanent endowment	%										
c	Temporarily restricted endowment ▶	%										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administe	red for th	ne orga	anızatı	on	_		
	by										Yes	No
	(i) unrelated organizations									3a(ı)	_	
	(ii) related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Sc	chedule R?						3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds								
Par												
	Complete if the organization answere		· 1			ĭ						
	Description of property	(a) Cost or o		• •	or other		ccum			(d) Book	value	•
		basis (investr	ment)	basis	(other)	de	precia	tion	\dashv			
1a	Land					ļ						
b	Buildings											
С	Leasehold improvements					-			+			
d	Equipment				1 205	-		201	_			
	Other				<u>1,305.</u>	L		<u>, 30</u> !	2.			0.
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. colum	n (B), line 1	0c.)							0.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation Cost or end	of-year market value
I) Financial derivatives				
Closely-held equity interests				
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				-
Complete if the organization answered "Yes"	on Form 990, Part IV, In	ne 11c See Form 990, P	art X, line 13	
(a) Description of investment	(b) Book value	(c) Method of va	luation Cost or end	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
tal (Col. (b) must equal Form 990, Part X, col (B) line 13.)				
Complete if the organization answered "Ves"	on Form 990 Part IV lu	ne 11d See Form 990 P	art X line 15	
·	on Form 990, Part IV, III Description	ne 11d See Form 990, P	art X, line 15	(b) Book value
(a)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3) (4)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3) (4) (5)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) Jim	Description	ne 11d See Form 990, P	art X, line 15	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	ne 11e or 11f See Form	•	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990. Part X. col. (B) line (art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		•	(b) Book value
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	t XI Reconciliation of Revenue per Audited Financial Statem			²age →
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		ao poi motarin	
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a		
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	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
Ь	Other (Describe in Part XIII)	4b		
_	Add lines 4a and 4b		4c	
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.		5	
			Dod V has 4 Dod V has 0 Dod VI	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa		Part V, line 4, Part X, line 2, Part XI,	
ines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any ac	doitional information		
		·		
		<u> </u>		
				
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732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE (Form 990)

Name of the organization

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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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OMB No 1545-0047

Employer identification number

ROTARY CLUB OF FI	ROTARY CLUB OF FIVE POINTS	POINTS					57-6025611
_!ഗ	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection	uc
	stance?	· ,	· :		ì		☐ Yes 🛣 No
2 Describe in Part IV the organization's procedures for monitoring the use [Part III] Grants and Other Assistance to Domestic Organizations and D	ocedures for monite Domestic Organiz	pring the use of grant ations and Domestic	of grant funds in the United States Complete	States	nization answered "Y	of grant funds in the United States Complete if the organization answered "Yes" on Form 990 Part IV line 21 for any	IV line 21 for any
_	\$5,000 Part II can	be duplicated if additive	onal space is need	pa			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ETV OF SC							
401 EAST KENNEDY STREET STE B-1 SPARTANBURG, SC 29302	57-0657549		114,335.	0.			PROGRAMMING SUPPORT
-							
l	and government org	anizations listed in the	e line 1 table				•
3 Enter total number of other organizations listed in the line 1 table	is listed in the line 1	table					•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruction	ons for Form 990.					Schedule I (Form 990) (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 Open to Public

Name of the organization

ROTARY CLUB OF FIVE POINTS

Employer identification number 57-6025611

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEADERSHIP
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 RETURN IS AVAILABLE TO ANY MEMBER OF THE ORGANIZATION AND IS KEPT
ON FILE BY THE CLUB'S TREASURER.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S FORM 990 CAN BE REVIEWED BY REQUEST BY CONTACTING THE
CLUB AT THE ADDRESS ON RECORD.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PARKING RECEIPTS FROM PRIOR YEAR DIBURSED IN CURRENT YEAR 38,195.
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