

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
GASTONIA EAST ROTARY CLUB

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 972

City or town, state or province, country, and ZIP or foreign postal code
GASTONIA, NC 28053

D Employer identification number
23-7096884

E Telephone number
(704) 718-2961

F Group Exemption Number ▶ 0573

G Accounting Method Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.GASTONIAEASTROTARY.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 145,306

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

| | Description | | Amount |
|---|--|-----------|--------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 49,143 |
| | 2 Program service revenue including government fees and contracts | 2 | 16,536 |
| | 3 Membership dues and assessments | 3 | 51,134 |
| | 4 Investment income | 4 | 1,574 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ 49,143 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | 26,919 |
| c Less direct expenses from gaming and fundraising events | 6c | 65,781 | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | -38,862 | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ | 9 | 79,525 | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) | 10 | 21,596 |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 945 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | 120 |
| | 16 Other expenses (describe in Schedule O) | 16 | 55,202 |
| | 17 Total expenses. Add lines 10 through 16 ▶ | 17 | 77,863 |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 1,662 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 90,872 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | -223 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 92,311 |

Part II Balance Sheets (see the instructions for Part II)

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

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|------------------|
| 22 Cash, savings, and investments | 90,872 | 22 92,311 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 |
| 25 Total assets | 90,872 | 25 92,311 |
| 26 Total liabilities (describe in Schedule O). | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 90,872 | 27 92,311 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose?
TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE TO OTHERS

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

| | | |
|--|------------|--------|
| 28 See Additional Data Table | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | |
| 29 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) | | |
| (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 61,980 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---|--|--|---|--|
| PAGE MORGAN PRESIDENT | 2 50 | 0 | 0 | 0 |
| JASON RAMEY PRESIDENT-ELECT | 2 50 | 0 | 0 | 0 |
| VINCENT WONG TREASURER | 2 50 | 0 | 0 | 0 |
| STEVE D'AVRIA SECRETARY | 2 50 | 0 | 0 | 0 |
| MORGAN RHONEY IMMEDIATE PAST PRESIDENT | 2 50 | 0 | 0 | 0 |
| MICHAEL ALFRED DIRECTOR | 0 50 | 0 | 0 | 0 |
| SARA BROWNLEE DIRECTOR | 0 50 | 0 | 0 | 0 |
| MONTE MONTELEONE DIRECTOR | 0 50 | 0 | 0 | 0 |
| KELLY MORRIS DIRECTOR | 0 50 | 0 | 0 | 0 |
| LINDSAY NELSON DIRECTOR | 0 50 | 0 | 0 | 0 |
| JOHN PEA DIRECTOR | 0 50 | 0 | 0 | 0 |
| RANDY RILEY DIRECTOR | 0 50 | 0 | 0 | 0 |

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

Table with 3 columns: Question, Yes, No. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of VINCENT WONG Telephone no (704) 866-6756 Located at 150 S YORK STREET GASTONIA, NC ZIP + 4 28052

Table with 3 columns: Question, Yes, No. Rows include 42b, 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question, Yes, No. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

| | | |
|--|------------|-----------|
| | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | No |

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|--|------------|-----------|
| | Yes | 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 | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization a section 527 organization? | 49b | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

| | |
|--|--------------------|
| ***** Signature of officer | 2020-01-27 Date |
| VINCENT WONG TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|---|-------------------------|------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name TRENT WILSON | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00104338 |
| | Firm's name ▶ CHERRY BEKAERT LLP | Firm's EIN ▶ 56-0574444 | | | |
| | Firm's address ▶ 332 BURTONWOOD DRIVE GASTONIA, NC 28054 | Phone no (704) 865-2396 | | | |

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

Additional Data

Software ID:
Software Version:
EIN: 23-7096884
Name: GASTONIA EAST ROTARY CLUB

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--------|
| <p>28 GASTONIA EAST ROTARY PROVIDES SERVICE TO OTHERS, PROMOTES HIGH ETHICAL STANDARDS, ADVANCES WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS, PROFESSIONAL, AND COMMUNITY LEADERS (Grants \$ 21,596)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p> | 28a | 61,980 |

TY 2018 Transfers Personal Benefits Contracts Declaration

Name: GASTONIA EAST ROTARY CLUB

EIN: 23-7096884

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|---|--|
| Name of the organization GASTONIA EAST ROTARY CLUB | Employer identification number 23-7096884 |
|---|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | |
| c Media advertisements? | | | |
| d Mailings to members, legislators, or the public? | | | |
| e Publications, or published or broadcast statements? | | | |
| f Grants to other organizations for lobbying purposes? | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | |
| i Other activities? | | | |
| j Total Add lines 1c through 1i | | | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|-----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | No |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | Yes |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | No |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | |
|---|-----------|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

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

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|---|--|---|--------------|------------------|---|
| | | DOWNTOWN SUMMER CONCERT SERIES (event type) | (event type) | (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 76,062 | | | 76,062 |
| | 2 Less Contributions | 49,143 | | | 49,143 |
| | 3 Gross income (line 1 minus line 2) | 26,919 | | | 26,919 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | 10,496 | | | 10,496 |
| | 8 Entertainment | 23,693 | | | 23,693 |
| | 9 Other direct expenses | 31,592 | | | 31,592 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 65,781 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -38,862 | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

GASTONIA EAST ROTARY CLUB

Employer identification number

23-7096884

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME | DESCRIPTION INVESTMENT INCOME AMOUNT 1,574 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES | AFFILIATE NAME DISTRICT ROTARY AFFILIATE ADDRESS 7501 CELTIC COURT CHARLOTTE, NC 28277 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 4,278 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES | AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVENUE EVANSON, IL 60201 PURPOSE OF PAYMENT DUES AMOUNT OF PAYMENT 7,503 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 11,781 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION CIVIC GRANTEE NAME ROTARY FOUNDATION GRANTEE ADDRESS 1560 SHE RMAN AVENUE EVANSON, IL 60201 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 6,815 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION EDUCATIONAL GRANTEE NAME GASTON COUNTY SCHOOLS GRANTEE ADDRESS 943 OSCEOLA STREET GASTONIA, NC 28053 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH AMOUNT GIVEN 3,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 9,815 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES | DESCRIPTION BADGES & ENGRAVING AMOUNT 142 DESCRIPTION SUPPLIES AMOUNT 720 DESCRIPTION CONFERENCES & MEETINGS AMOUNT 40,384 DESCRIPTION INVESTMENT FEES AMOUNT 442 DESCRIPTION BANK FEES AMOUNT 18 DESCRIPTION CLUB DIRECTORY/WEBSITE AMOUNT 120 DESCRIPTION OTHER EXPENSES AMOUNT 13,376 TOTAL TO FORM 990-EZ, LINE 16 55,202 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS | DESCRIPTION CHANGE IN VALUE OF BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION AMOUNT -223 |