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1880個	For Dep	rm 990 partment of the Treas	sury e	Under ▶ The
Ш	A	For the 2007 ca	lendar y	ear, or tax y
STATUT	B	Check if applicable Address change Name change	Please use IRS label or print or	C Name o
NO ST	X	Initial return Termination	type See Specific	Numbe P C
Z	F		Instruc-	CITY

Return of Organization Exempt From Income Tax
r section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047 2007

<u> </u>		enue Servic			ave to use a copy of this re	eturn to sa	tisfy s	state reporting requi	emer	its Ç	pen 10 F	ublic in	spection
<u> </u>	For th	e 2007 ca		ear, or tax year beginning	, and ending								
5 B	Check if	applicable	Please	C Name of organization					D	Employer			
<u> </u>	Address	change	use IRS label or							57-6	025	<u>095</u>	
([Name ch	ance	print or	SUMMERVILLE R	OTARY CLUB				E	Telepho	ne num	ber	
בֿן מ	_	·	type	Number and street (or P O box	if mail is not delivered to street	address)		Room/suite		843-	832	-71	05
	Initial ret	urn	See	P O BOX 1791					F	Accountin	g metho	d· X	Cash
;	Termsied	iou,•	Specific Instruc-	City or town, state or country, a	nd ZIP + 4				1 🗆	Accrual	_		specify)
<u> </u>	Amende	d r <i>e</i> furn	tions.	SUMMERVILLE	SC 29	484					_	•	
Ē	Applicati	on penaing	• :	Section 501(c)(3) organizations and			H and	I are not applicable to s	ection	527 organiz	ations		
L] Applicati	on-penung		rusts must attach a completed Sch				Is this a group return for		-		Yes	X No
G	Websi	te: 🤨 N	/A					If "Yes," enter number				,	<u> </u>
I.		ization ty								ales 🚩	П	V	
Ŭ	_	only one	• —	501(c) (3) ∢ (insert no	4947(a)(1) or	527	ri(c)	Are all affiliates include		,	ш	res	∐ NO
_		_		301(c) (3) 4 (iliselt ilo) 1 4947(a)(1) 01 1		11/45	(If "No," attach a list. See in					
K	Check i		_	e organization is not a 509(a)(3) suppo		' I	H(a)	Is this a separate retur		•			т
	receipts	are normal	lly not mor	e than \$25,000 A return is not require	d, but if the organization choose	es -	 -	organization covered b				Yes	No No
_	to file a	return, be s	ure to file	a complete return		-	<u> </u>	Group Exemption I					
					70	000	M	Check ► X If ti	_			-	
ᆫ				6b, 8b, 9b, and 10b to line 12		,998		to attach Sch B (F			Z, or 9	90-PF	<u>) </u>
_	Part I			Expenses, and Changes		nd Balar	<u>ices</u>	(See the instru	<u>ictio</u>	ns.)			
	1		. •	fts, grants, and similar amounts	received				Į				
	а	Contribu	itions to	donor advised funds		18	1			1			
	b	Direct p	ublic sup	port (not included on line 1a)		11	<u> </u>		_[
	С	Indirect	public su	ipport (not included on line 1a)		10	<u>. </u>	23,55	8	1			
	d	Governr	ment con	tributions (grants) (not included	on line 1a)	_10	1		F	ł			
	e	Total (a	dd lines	1a through 1d) (cash \$	23,558 noncas	sh \$)		1e		23	,558
	2	Program	n service	revenue including government f	ees and contracts (from Pa	art VIBI	19817	EUNIT		2		14	,998
	3			s and assessments				MEMENT 1		3		35	,442
	4	Interest	on savin	gs and temporary cash investme	ents					4			
	5	Dividend	ds and in	terest from securities		A 1 1¢		4 0949		5			
	6a	Gross re	ents			AUI 1974	3 U	1 7012					
	ь	Less re	ntal expe	enses		ACC B	01 \ A4	ANAGENEAT	_				
	C		•	e or (loss) Subtract line 6b from		no cours	ÖĞ			6c			
	7	_		t income (describe	v	١	•			7			
	8a 8a			om sales of assets other	(A) Securities	′	т.	(B) Other					
	ē	than inv			(A) Goodinges	88	$^{+}$	(B) Other	[
(ש [ַ] אַ		•	er basis and sales expenses					\dashv	-			
	6			tach schedule)		81	_		[İ			
	d			•	and (D)	80	<u>: </u>		╣.				
	9			Combine line 8c, columns (A)				П	,	8d			
8				nd activities (attach schedule) I		g, check r	nere▶	L	ı	İ			
2017	а			not including \$	of	1	1		ı	- 1			
			•	orted on line 1b)		98	\neg			-			
	b			enses other than fundraising exp		91	<u> </u>		-				
	C			oss) from special events. Subtra		1	ſ		<u> </u>	9c			
AUG	10a			ventory, less returns and allowa	nces	10:	\neg	·····	- -∔				
	þ	Less co	st of goo	ods sold		10	b		⊧				
	C	Gross p	rofit or (lo	oss) from sales of inventory (atta	ich schedule). Subtract-line	s-10p-troid	_line	10a	1	0c			
F	11	Other re	venue (i	ionit ait vii, inie 100)	ļ	71_0	"		L	11			
零	12	Total re	venue. A	dd lines 1e, 2, 3, 4, 5, 6c, 7, 8d,						12		73	,998
25	" 13	Program	service:	s (from line 44, column (B))	56	الالل ا	3 (C)	2012	Ŀ	13		50	<u>,077</u>
W)	ğ 14	Manage	ment and	d general (from line 44, column (C))					14		4	,528
SCANNED	턴 15	Fundrais	sing (fron	n line 44, column (D))	<u> </u>	~~~	2 2			15			
·	16	Paymen	its to affil	lates (attach schedule)		<u>CGD</u>	Z:1	· * d *		16			
_	17	Total ex	penses.	Add lines 16 and 44, column (A)					17		54	,605
-	ទ្ធ 18			t) for the year Subtract line 17 f						18	-		,393
	S 19			nd balances at beginning of year					_ }_	19			,005
:	18 19 20 21			net assets or fund balances (at						20			, , , , ,
:	ğ 21			nd balances at end of year Com	•					21		116	, 398
F	or Privac	y Act and	Paperw	ork Reduction Act Notice, see	the separate	******	••••	<u> </u>	- L-				
	istructio AA	ns.									۲0	" ~ ₹?	9 (2007)

P	•	mus	t complete column (A) stion 4947(a)(1) nonexe	Columns	(B), (C), and	(D) are required for se	ction 501(c)(3) and (4)
	Tanotional Expenses	u 360	1	mpt cha	Trable trusts b	at optional for others (
	Do not include amounts reported on line		(A) Total	(B)	Program	(C) Management	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.				services	and general	
	Grants paid from donor advised funds (attach schedule)					1	•
	(cash \$)					1	,
	If this amount includes foreign grants, check here 🕨 🔲	22a				4.7	
	Other grants and allocations (attach schedule)						,
	(cash \$)						,
	If this amount includes foreign grants, check here 🕨 🔲	22b					4
23	Specific assistance to individuals (attach					, 1	
	schedule)	23					•
24	Benefits paid to or for members (attach						
	schedule)	24					
25a	Compensation of current officers, directors,						
	key employees, etc listed in						
	Part V-A	25a					
	Compensation of former officers, directors,						
	key employees, etc listed in		'				
	Part V-B	25b					
	Compensation and other distributions, not included above,						
	to disqualified persons (as defined under section						
	4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c					
	Salaries and wages of employees not included						
	on lines 25a, b, and c	26					
	Pension plan contributions not included on				!		
	lines 25a, b, and c	27		_			·
28	Employee benefits not included on lines						
	25a – 27	28					
	Payroli taxes	29					
	Professional fundraising fees	30					
	Accounting fees	31	 	ļ <u>-</u>			
	Legal fees	32	005			205	
	Supplies	33	225			225	
	Telephone	34	1 200			1 200	
	Postage and shipping	35	1,380		-	1,380	
	Occupancy	36					
	Equipment rental and maintenance	37	 	ļ			
	Printing and publications	38		 			
	Travel	39	4,692	ļ	4,692	<u> </u>	
	Conferences, conventions, and meetings	40	4,032		4,092		
	Interest	41					
	Depreciation, depletion, etc (attach schedule)	42	 	<u> </u>		,-	
	Other expenses not covered above (itemize) SEE STATEMENT 2	42-	48,308		45,385	2,923	
a	SEE SIRIEMENI 2	43a	40,300	 	45,565	2,925	
b	•	43b		 			· · · · · · · · · · · · · · · · · · ·
C		43c		 	 		
a		43d					
e	•	43e		 			
T		43f			· · · · · · · · · · · · · · · · · · ·		
_ g	Total functional sympasses Add base 22s	43g	 	 			<u> </u>
44	Total functional expenses. Add lines 22a						
	through 43g (Organizations completing	1					
	columns (B)-(D), carry these totals to lines		54,605		50,077	4 520	^
1	13-15)	44	1 34,603	L	_30,011	4,528	0
	nt Costs. Check Liftyou are following SOP 98-2	4 6,	kalona aaliestatiaa	.d.d	\ Desaram a		Yes X No
	any joint costs from a combined educational campaign and		= :				Yes X No
					ed to Program se		 ·
<u>(Hi)</u>	the amount allocated to Management and general \$, and (iv) the amo	unt allocat	eu to rundraising	Ι Ψ	

(Grants and allocations \$

(Grants and allocations \$

(Grants and allocations \$

e Other program services (attach schedule)

SEE

Total of Program Service Expenses (should equal line 44, column (B), Program services)

STMT

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

If this amount includes foreign grants, check here

Statement of Program Service Accomplishments (See the instructions) Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments What is the organization's primary exempt purpose? **Program Service** SEE STATEMENT 3 Expenses (Required for 501(c)(3) and All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number (4) orgs, and 4947(a)(1) of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) trusts, but optional for organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others) others) BUSINESS PROFESSIONALS PROVIDING FINANCIAL RESOURCES TO INDIVIDUALS AND ORGANIZATIONS FOR IMPROVED HEALTH, EDUCATION AND MENTAL SUPPORT. 45,385 If this amount includes foreign grants, check here (Grants and allocations If this amount includes foreign grants, check here (Grants and allocations C

> 50,077 Form 990 (2007)

	art IV					
	Note:		nin the description	(A) Beginning of year		(B) End of year
\neg	45	Cash—non-interest-bearing		97,005	45	31,692
	46	Savings and temporary cash investments		7, 5 5 5	46	
	70	cavings and temporary saon investments				
	47a	Accounts receivable	47a		Ì	
	b	Less allowance for doubtful accounts	47b		47c	
					"	
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors	s, trustees, and		İ	
		key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as define	ed under section 4958(f)(1)) and			
		persons described in section 4958(c)(3)(B) (att_sched	ule)		50b	
	51a	Other notes and loans receivable (attach				
s		schedule)	51a			
Assets	b	Less: allowance for doubtful accounts	51b		51c	
As	52	Inventories for sale or use			52	
	53 54a	Prepaid expenses and deferred charges	- 0 0		53	04 706
		Investments—publicly-traded SEE STATEMENT securities	5 Cost FMV		54a	84,706
	b	Investments—other securties (attach schedule)	Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach			İ	
		schedule)	55b		55c	
	56	Investments—other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	57a]		
	b	Less accumulated depreciation (attach				
		schedule)	57b		57c	
	58	Other assets, including program-related investments				
		(describe ▶		58		
	59	Total assets (must equal line 74) Add lines 45 through	ıh 58	97,005	59	116,398
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue		-	62	
es	63	Loans from officers, directors, trustees, and key empl	oyees (attach			
Liabilities	١	schedule)			63	
Liat	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	05		•	 	64b	
	65	Other liabilities (describe)		- 0.5	
	66	Total liabilities. Add lines 60 through 65		0	66	0
			and complete lines		***	
	U.g.	67 through 69 and lines 73 and 74				
ω.	67	Unrestricted		97,005	67	116,398
S	68	Temporarily restricted			68	
ala	69	Permanently restricted			69	
8 P		anizations that do not follow SFAS 117, check here	▶			
ä		complete lines 70 through 74			.	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds			70	
ets	71	Paid-in or capital surplus, or land, building, and equip	ment fund		71	
1SS	72	Retained earnings, endowment, accumulated income	, or other funds		72	
et /	73	Total net assets or fund balances. Add lines 67 thro	ugh 69 or lines			
Z	1	70 through 72 (Column (A) must equal line 19 and co	olumn (B) must		! .	
		equal line 21)		97,005		116,398
	74	Total liabilities and net assets/fund balances. Add I	ines 66 and 73	97,005	74	116,398

orm	990 (2007)	SUMMERVILLE ROTAR	Y CLUB		57-602509	95			Page 5
Pa	irt (V-A	Reconciliation of Revenue	per Audited Financia	l Stater	nents With Reve	nue per Re	turn	(See the	•
		instructions.)	-						
a -	Total revenue	e, gains, and other support per audit	ed financial statements				а		73,998
b	Amounts incli	uded on line a but not on Part I, line	12.						
1	Net unrealize	d gains on investments			b1				
2	Donated serv	ices and use of facilities			b2				
3	Recoveries of	f prior year grants			b3				
4	Other (specify	· · ·							
		•			b4			-	
	Add lines b1	through b4					b		
С	Subtract line	•				Ì	С		73,998
d		uded on Part I, line 12, but not on lin	nea:						
1		xpenses not included on Part I, line			d1				
	Other (specif	•			- <u>"'</u>	-			
_	(-	,,			d2				
	Add lines d1	and d2			<u> </u>		d		
е		e (Part I, line 12) Add linesc and d				▶	e		73,998
	rt IV-B	Reconciliation of Expenses	ner Audited Financi	al State	ments With Eyn	enses ner		irn	70,000
a		es and losses per audited financial		ui Otate	mento with Exp	choco per	a	1	54,605
b	•	uded on line a but not Part I, line 17	natements						31,000
1		rices and use of facilities			b1				
2		justments reported on Part I, line 20			b2				
3		ted on Part I, line 20			b3				
4	Other (specif				D3				
7	Other (specia	y)			b4				
	Add lines b1	through h4			<u> </u>		_		
c	Subtract line	•					_b		54,605
d		uded on Part I, line 17, but not on lii	2001				<u> </u>	 	34,003
					امدا			1	
1		xpenses not included on Part I, line	OD		d1				
2	Other (specif	y)							
	And all loons and all dis				d2				
_	Add lines d1		<u>.</u>				<u>d</u>	 	54,605
е –	irt V-A	Gurrant Officers Directors				<u> </u>	е		
F	31 t A-W	Current Officers, Directors or key employee at any time during					і опіс	er, airector, t	rustee,
		or noy omployed at any time dams	, the year even it they were	1100 00111		(C) Compensal	رD)	Contributions to	(E) Evenne
		(A) Name and address			(B) Title and average hours per	(If not paid, ent	er e	nployee benefit ans & deferred	(E) Expense account and other
		· · · · · · · · · · · · · · · · · · ·		-	week devoted to position	-0.)	CÓN	npensation plans	allowances
	ONNIE STRAW	N	SUMMERVILLE	ŀ	TREASURER			•	
M	AIN ST		SC 29843		6		٩	0	0
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Form	990 (2007) SUMMERVILLE ROTARY CLUB	57-6025	095			P	age 6
	rt V-A Current Officers, Directors, Trustees, and Key Empl	oyees (continued)					No
75a	Enter the total number of officers, directors, and trustees permitted to vote on or	rganization business at	board			I	•
	meetings	>			ŧ		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part \	/-A, or highest compens	sated	1	1		
	employees listed in Schedule A, Part I, or highest compensated professional an	d other independent		į	ł		
	contractors listed in Schedule A, Part II-A or II-B, related to each other through	family or business		•	I		
	relationships? If "Yes," attach a statement that identifies the individuals and exp	lains the relationship(s)		Ļ	75b		<u> </u>
				E .	I		
С	Do any officers, directors, trustees, or key employees listed in Form 990, Part V	'-A, or highest		-	I		
	compensated employees listed in Schedule A, Part I, or highest compensated p	rofessional and other			I		,
	independent contractors listed in Schedule A, Part II-A or II-B, receive compens	ation from any other			I		
	organizations, whether tax exempt or taxable, that are related to the organization	n? See the instructions	for	ŀ	ŧ		`
	the definition of "related organization"			Ļ	75c		X
	If "Yes," attach a statement that includes the information described in the instru-	ctions			- 1		
	Does the organization have a written conflict of interest policy?				75d		X
Pa	rt V-B Former Officers, Directors, Trustees, and Key Emplo	•	-				
	(If any former officer, director, trustee, or key employee received co	•			he ye	ar, list	that
	person below and enter the amount of compensation or other benef	tits in the appropriate co	(C) Compensation	(D) Contributions to	T /E) Expe	
	(A) Name and address	(B) Loans and Advances	(if not paid,	employee benefit plans & deferred compensation plans	acco	unt and	other
			enter -0-)	compensation plans	 a	llowand	es
N/	A						
_					┼─		
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			<u> </u>				
Pa	nt VI Other Information (See the instructions.)					Yes	No
76	Did the organization make a change in its activities or methods of conducting a	ctivities? If "Yes," attach	a				
	detailed statement of each change				76		Х
77	Were any changes made in the organizing or governing documents but not repo	orted to the IRS?			77		X
	If "Yes," attach a conformed copy of the changes					,	
78a	Did the organization have unrelated business gross income of \$1,000 or more of	during the year covered	by		1		1
	this return?				78a		X
b	If "Yes," has it filed a tax return onForm 990-T for this year?			ļ	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during	ng the year? If "Yes," at	ach				
	a statement .				79	<u></u>	X
80a	Is the organization related (other than by association with a statewide or nation	wide organization) throu	ıgh				
	common membership, governing bodies, trustees, officers, etc., to any other ex	empt or nonexempt				1	
	organization?				80a		X
b	If "Yes," enter the name of the organization▶	~ :	_		8		
	•	whether it is 🔲 exem	npt or 🔲 non	exempt	, 1		1
81a	Enter direct and indirect political expenditures (See line 81 instructions.)	Ĺ	81a	0	;	Ċ	l `
b	Did the organization file Form 1120-POL for this year?				81b	L	X

Form	990 (2007) SUMMERVILLE ROTARY CLUB 57-6025095		P	age 7
Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			<i>,</i>
	amount as revenue in Part I or as an expense in Part II	/		1
	(See instructions in Part III) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	_	
_	If "Yes" was answered to either 85a or 85b,do not complete 85c through 85h below unless the organization	000		
	received a waiver for proxy tax owed for the prior year.			
С	Dues, assessments, and similar amounts from members 85c		,	
d	Section 162(e) lobbying and political expenditures 85d	, .	:	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1	<u>.</u>	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	•	1
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f	509		\vdash
•	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the		•	
	following tax year?	85h	-	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12			
ь	Gross receipts, included on line 12, for public use of club facilities 86b	1		
87	501(c)(12) orgs Enter a Gross income from members or shareholders 87a	1		
b	Gross income from other sources (Do not net amounts due or paid to other	1.		
	sources against amounts due or received from them) 87b	ľ		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under		-	
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89Ь	· · · · · · · · · · · · · · · · · · ·	<u>X</u>
C	Enter: Amount of tax imposed on the organization managers or disqualified	2		
	persons during the year under sections 4912, 4955, and 4958	ľ		
d	,			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	-		l
_	transaction?	89e	ļ	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
9	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the			
	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings		ŀ	
00-	at any time during the year?	89g	L	<u> </u>
	List the states with which a copy of this return is filed NONE			
b	Number of employees employed in the pay period that includes March 12, 2007 (See			^
04.	Instructions) The books are in care of ▶ RONNIE STRAWN Telephone no ▶ 843-	032	_71	75
91a	The books are in care of ► RONNIE STRAWN MAIN STREET Telephone no ► 843-	034	- / 1	, U
	Located at ► SUMMERVILLE, SC ZIP+4 ► 29483			
L				
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	1 1
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	O45	Yes	No X
	account)? If " Yes," enter the name of the foreign country▶	91b	ļ	 ^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	1	1	
	and Financial Accounts	:	,	

Form	990 (2007) SUMMERVILLE ROTARY CLUB		57-	6025095	5		Page 8
	t VI Other Information (continued)						Yes No
	At any time during the calendar year, did the organization mair	ntain an office	outside of the Unite	d States?		91c	X
	If "Yes," enter the name of the foreign country ▶				•		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990) in lieu ofForm	1041—Check here	a			▶ □
	and enter the amount of tax-exempt interest received or accrue			_	▶ 92		
	t VII Analysis of Income-Producing Activitie						
				Cueluded	hu sastas 512 512 as 514		(E)
	Enter gross amounts unless otherwise		d business income		by section 512, 513, or 514	Rela	ted or
ındıca		(A) Business code	(B) Amount	(C) Exclusion	(D) Amount		t function
93	Program service revenue			code			21 ACA
а	CHARITY GOLF TOURNAMENT	<u> </u>					31,464
b	LESS RELATED COSTS					<u>-</u> -	16,747
C	WATER SALES AT AZALEA FESTIVL						1,253
d	LESS RELATED COSTS						-972
е							
f	Medicare/Medicaid payments					l	
g	Fees and contracts from government agencies						
94	Membership dues and assessments						35,442
95	Interest on savings and temporary cash investments						
96	Dividends and interest from securities						
97	Net rental income or (loss) from real estate						
	debt-financed property						
	not debt-financed property						
			1				
98	Net rental income or (loss) from personal property						
99	Other investment income					<u> </u>	
100	Gain or (loss) from sales of assets other than inventory						
101	Net income or (loss) from special events	ļ			<u> </u>	 	
102	Gross profit or (loss) from sales of inventory				<u>.</u>	 	
103	Other revenue a						
þ						<u> </u>	
С			ļ			ļ	
d						<u> </u>	
9				<u></u>		ļ	
104	Subtotal (add columns (B), (D), and (E))			0	0		50,440
105	Total (add line 104, columns (B), (D), and (E))				▶		50,440
Note:	Line 105 plus line 1e, Part I, should equal the amount on line	12, Part I					
	rt VIII Relationship of Activities to the Accor		of Exempt Pur	poses (S	ee the instruction	ıs.)	
	ne No. Explain how each activity for which income is repo						
	of the organization's exempt purposes (other than				,		
N,	/A						
					 		
					·····		
				<u></u> .			
Da	rt IX Information Regarding Taxable Subsid	liaries and	Disconarded Fi	ntities (S	ee the instruction	s)	
	(A) (B)		(C)		(D)		E)
	lame, address, and EIN of corporation, partnership, or disregarded entity partnership interesting interesting in the corporation of the corporatio	est	Nature of activities		Total income	End-ò	of-year sets
	N/A	%					
		%					
		%					
		%					
Pa	rt X Information Regarding Transfers Asso	ciated with	Personal Ben	efit Contra	acts (See the ins	struction:	s.)
(a) Did the organization, during the year, receive any funds, direb) Did the organization, during the year, pay premiums, directly lote: If "Yes" to (b), file Form 8870 and Form 4720 (see instruct	y or indirectly,				Y	es X No
						Form	n 990 (2007)

Form 990 (200			57-6025095			² age 9
Part XI	Information Regarding Transfe	rs To and From Controlle	d Entities. Complete	e only if the org	ganization	
	is a controlling organization as	defined in section 512(b)(1	13).			
					Yes	No
106 Did the	e reporting organization make any transfers	to a controlled entity as defined i	n section 512(b)(13) of			
the Co	de? If "Yes," complete the schedule below to	or each controlled entity			<u>,</u>	X
	(A)	(B)	(C)		(5)	
	Name, address, of each	Employer ID	Description of		(D) Amount of tra	anefor
_	controlled entity	Number	transfer		Amount or the	a1131 0 1
a						
ь						
c						
	Totals			<i>i</i>	4	
		<u>_</u>		· · · · · · · · · · · · · · · · · · ·	1	Т
					Yes	No_
	e reporting organization receive any transfer	• • • • • • • • • • • • • • • • • • •			ļ	x
512(6)	(13) of the Code? If "Yes," complete the scl				 	<u> </u>
	(A) Name, address, of each	(B) Employer ID	(C) Description of	;	(D)	
i	controlled entity	Number	transfer		Amount of tr	ansfer
					1	
a						
						
ь						
7						
c					Ì	
	Tatala		,			
	Totals		,	,		
					Yes	No
108 Did th	e organization have a binding written contra	ct in effect on August 17, 2006, o	covering the interest,			
rents,	royalties, and annuities described in question	on 107 above?			<u>. </u>	
	Under penalties of perjury, I declare that I have ex	camined this return, including accompa	nying schedules and statements	, and to the best of m	y knowledge	
Please	and belief, it is true, correct, and complete Declar	ration of preparer (other than officer) is	based on all information of whic	n preparer nas any Kr 1	nowleage	
Sign						
Here	Signature of officer			Date		
	Type or print name and title			· · · · · · · · · · · · · · · · · · ·	Preparer's SSN or	DTIN
Paid	Preparer's		l is	heck if	(See Gen Instr X	()
Preparer's	signature			mployed >	P005381	
Use Only	Firm's name (or yours WEBSTERR			EIN	<u> 57-077</u> €	<u>6381</u>
Joe Only	if self-employed), 100 SOUT	H MAIN STREET, ST	UITE G	Phone		
	address, and ZIP + 4 SUMMERVI	LLE, SC 29483		no ▶ {	843-873-	4400

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),

or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization Employer identification number SUMMERVILLE ROTARY CLUB 57-6025095 Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours empl benefit plans account and other (c) Compensation than \$50,000 per week devoted to position & deferred comp allowances NONE Total number of other employees paid over \$50,000 Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms). If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of other contractors receiving over \$50,000 for other services

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

CHE	edule A (Form 990 or 990-EZ) 2007 SOFMERVILLE ROTARI CLUB 57-602509			age z
Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$	1		х
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a		x
b	Lending of money or other extension of credit?	<u>2</u> b	\ 	X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		x
6	Transfer of any part of its income or assets?	20		x
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		x
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	-	x
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		х
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g Did the organization make any taxable distributions under section 4966?	4a 4b		x
b	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	ــــــــــــــــــــــــــــــــــــــ	_	4
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-		
	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised			
f	funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		(0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Pi	art l'	Reason for Non-Private Founda	ition Status (See p	pages 4 through 8	of the instr	uctions.)					
l cer 5	tify th	nat the organization is not a private foundation b A church, convention of churches, or association			box)						
6		A school Section 170(b)(1)(A)(ii) (Also complete	ete Part V)								
7		A hospital or a cooperative hospital service org	janization Section 170(l	o)(1)(A)(III)							
8		A federal, state, or local government or govern	mental unit Section 170	0(b)(1)(A)(v)							
9		A medical research organization operated in co	onjunction with a hospita	I Section 170(b)(1)(A)	(III)Enter the h	ospital's name,	, city,				
		and state ▶									
10		An organization operated for the benefit of a co (Also complete the Support Schedule in Part I'	-	ed or operated by a gov	ernmental uni	Section 170(b)(1)(A)(iv)				
11a		An organization that normally receives a substation (b)(1)(A)(vi) (Also complete the Support So		from a governmental u	nıt or from the	general public	Section				
11b		A community trust Section 170(b)(1)(A)(vi) (A	lso complete the Suppor	t Schedule in Part IV-A	()						
12	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A)										
13		An organization that is not controlled by any direquirements of section 509(a)(3) Check the b	pox that describes the ty	pe of supporting organi		erwise meets the	e				
		Type I Type II	Type III-Functionally In	tegrated Typ	e III-Other						
		Provide the following inform (a) Name(s) of supported organization(s)	ation about the suppor (b) Employer identification number (EIN)	ted organizations. (Set (c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organizatio	d) upported on listed in upporting zation's	(e) Amount of support				
					Yes	No					
							 				
Tota	al		<u> </u>	1		>					
14		An organization organized and operated to tes	t for public safety. Secti	on 509(a)(4) (See pag	e 8 of the instr	uctions)					

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12)Use cash method of accounting.

NOTE	You may use the worksheet in the instruct	ions for converting tr	om the accrual to the	cash method of accoun	nung		
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants. See line 28.)						
16	Membership fees received						
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of						
	facilities in any activity that is related to the						
	organization's charitable, etc , purpose		<u></u>				
18	Gross income from interest, dividends,						
	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties,						
	income from similar sources, and unrelated						
	business taxable income (less section 511 taxes) from businesses acquired by the						
	organization after June 30, 1975		ļ				
19	Net income from unrelated business						
	activities not included in line 18				ļ		
20	Tax revenues levied for the organization's						
	benefit and either paid to it or expended on				ļ	1	
	its behalf				ļ		
21	The value of services or facilities furnished to						
	the organization by a governmental unit without charge. Do not include the value of						
	services or facilities generally furnished to the						
	public without charge						
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
24	Line 23 minus line 17						
25	Enter 1% of line 23						
26	Organizations described on lines 10 or 1	11: a Enter 2% of	f amount in column (e)	, line 24	•	26a	
b	Prepare a list for your records to show the						
	governmental unit or publicly supported or	rganization) whose to	otal gifts for 2003 throu	igh 2006 exceeded the	•		
	amount shown in line 26a Do not file this	list with your return	n. Enter the total of all	these excess amounts	•	26b	
С	Total support for section 509(a)(1) test. Er	nter line 24, column ((e)		•	26c	
d	Add. Amounts from column (e) for lines	18	19				
		22	26b		•	26d	
θ	Public support (line 26c minus line 26d tol	al)			•	26e	
f	Public support percentage (line 26e (nui	merator) divided by	line 26c (denominato	r))	> _	26f	%
27	Organizations described on line 12:	a For amounts incli	uded in lines 15, 16, ar	nd 17 that were receive	ed from a "disqua	lified	
	person," prepare a list for your records to	show the name of, a	nd total amounts recei	ived in each year from,	each "disqualifie	ed person "	
	Do not file this list with your return. Ente	er the sum of such ar	mounts for each year				N/A
	(2006) (20	05)	(2004	1)	(2003)	
b	For any amount included in line 17 that wa	as received from eac	h person (other than "	disqualified persons"),	prepare a list for	your records	to
	show the name of, and amount received f	or each year, that wa	as more than thearger	of (1) the amount on I	ne 25 for the year	r or(2) \$5,000	ŀ
	(Include in the list organizations described	in lines 5 through 1	1b, as well as individu	als Do not file this list	t with your return	n. After compi	ıtıng
	the difference between the amount receiv	ed and the larger am	ount described in(1) or	r (2), enter the sum of t	these differences	(the excess	
	amounts) for each year	-					N/A
	(2006) (20	05)	(2004	1)	(2003)	
С	Add. Amounts from column (e) for lines	15	16				
	17	20	21		•	27c	
đ		and line 27	b total		•	27d	
е	Public support (line 27c total minus line 2	7d total)			•	27e	
f	Total support for section 509(a)(2) test: E	•	e 23, column (e)	▶ 27f			
g	Public support percentage (line 27e (nui			<u> </u>	•	27g	%
h		• •	•	••		27h	%
28	Unusual Grants: For an organization des				g 2003 through 2	2006,	
	prepare a list for your records to show, for			· •	-		
	description of the nature of the grant Do r	not file this list with	your return. Do not in	clude these grants in li	ne 15		

Pa	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A		Yes	No
-	other governing instrument, or in a resolution of its governing body?	29		
80	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	7		Ţ
	brochures, catalogues, and other written communications with the public dealing with student admissions,	1	,	
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following	-	,	}
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ļ
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b	ļ	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)			
	in you answered the to any of the above, please explain. (If you need more space, attach a separate statement)			1
				1
33	Does the organization discriminate by race in any way with respect to			
	book the digamental distinuities by face in any may with respect to			
а	Students' rights or privileges?	33a	[
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c	ļ	
d	Scholarships or other financial assistance?	33d		-
	Educational values 0			
Đ	Educational policies?	33e		
	Use of facilities?	33f		
'	Use of facilities:	331	 	
g	Athletic programs?	33g		
3				
h	Other extracurricular activities?	33h	İ	ľ
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		,	ŧ	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	-	}
	Lieu the commented with the cush old cust have revaled as comment 4-30]
b	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	34b	ļ	
	If you answered "Yes" to either 34a or b, please explain using an attached statement	1.	i .	1. 3
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05	,	•	
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	Ţ	ĺ
	The state of the s		<u> — </u>	

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Sch	edule A (Form	n 990 or 990-EŻ) 2007	SUMMER	RVILLE ROTARY CLU	B 57-602509	5	F	age 7
	art VII				s and Relationships With Noncharita	ble		
		Exempt Organiza	tions (Se	ee page 14 of the instruction	ns.)			
51			-		with any other organization described in section	1		
					, relating to political organizations?			T
а			nization to a	noncharitable exempt organization	n of	<u></u>	Yes	No
(i) Cash							-	X
	• • • • • • • • • • • • • • • • • • • •	assets				a(ii)		X_
b	Other trans					b(i)		J.
	(i) Sales or exchanges of assets with a noncharitable exempt organization							X
	(ii) Purchases of assets from a noncharitable exempt organization							
		al of facilities, equipmen		issets		b(iii)	 	X
		bursement arrangemer	nts			b(iv)		X
		s or loan guarantees		or fundament collectations		b(v)		X
			•	or fundraising solicitations		b(vi)		X
c d				other assets, or paid employees	umn (b) should always show the fair market valu		L	<u> </u>
u					arm (b) should always show the fair market value in ar			
				•	other assets, or services received	ıy		
	(a)	(b)	It, snow in C	(c)	(d)			
	Line no	Amount involved	Name o	f noncharitable exempt organization	Description of transfers, transactions, and sha	ring arrangem	ents	
N/	A			· · · · ·				
			"-					
	·							
52a b	described in		Code (other	ed with, or related to, one or more than section 501(c)(3)) or in section		▶ □ Y	es [X No
		(a)		(b)	(c)			
		Name of organization		Type of organization	Description of relationship			
	N/A	··						
					,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_ ,_			
				1				

57-6025095

Federal Statements

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FYE: 12/31/2007

Form 990, Part I, Line 1c - Indirect Public Support

Description	 Cash	No	ncash		Total
DISTRICT 7770 GRANT	\$ 2,500	\$		\$	2,500
CART CONTRIBUTIONS FROM MEMBERS	618				618
FINES COLLECTED FROM MEMBERS	2,829				2,829
GIFT OF LIFE CONTRIBUTIONS	 17,611				17,611
TOTAL	\$ 23,558	\$	0	. \$	23,558

Federal Statements

FYE: 12/31/2007

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Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
MEMBERSHIP DUES	\$ 67,865
LESS MEALS PORTION	-27,506
LESS ANNUAL BANQUET	-6,186
VISITOR REMBMT FOR MEALS	1,269
TOTAL	\$ 35,442

57-6025095

Federal Statements

FYE: 12/31/2007

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$ \$	\$		\$
GIFT OF LIFE CONTRIBUTN DIST	15,000	15,000		
INTERNATIONAL/DISTRICT DUES	8,472	8,472		
PAUL HARRIS CONTRIBUTIONS	7,135	7,135		
GRANT	5,000	5,000		
SCHOLARSHIPS TO HIGH SCH SRS	2,659	2,659		
STIPEND TO FOREIGN EXCHG STDT	970	970		
DICTIONARY PROJECT	1,462	1,462		
AWARDS, PLAQUES & PINS	1,412	1,412		
CONTRIB TO WATER MISSION PROJ	1,000	1,000		
CART CONTRIBUTION	1,275	1,275		
CHILDREN IN CRISIS	500	500		
CHRISTMAS GIFTS-'EES OF FIRE	500	500		
OYSTER ROAST/REDNECK FEST/ETC	2,609		2,609	
WEBSITE	314		314	
TOTAL	\$ 48,308 \$	45,385 \$	2,923	\$ 0

2/14/2009 11:26 AM

57-6025095

Federal Statements

2/14/2009 11:26 AM

FYE: 12/31/2007

Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

AFFILIATE OF INTERNATIONAL ROTARY CLUB TO ENCOURAGE PROFESSIONAL AND BENEVOLENT ACTIVITIES WORLDWIDE AND IN THE LOCAL COMMUNITIES

Statement 4 - Form 990, Part III, Line e - Other Program Services

Description

EMPHASIS TO THE UNITY OF FRIENDS AND FAMILY

Federal Statements

FYE: 12/31/2007

57-6025095

2/14/2009 11:26 AM

Statement 5 - Form 990, Part IV, Line 54a - Publicly Traded Securities

Description	Beginning of Year	End of Year	Basis of Valuation	
CORPORATE STOCK PRUDENTIAL PRUDENTIAL	\$	\$ 69,505 15,201		
TOTAL	\$ 0	\$ 84,706		