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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number
		ROTARY CLUB OF ST. ANDREWS		57-6022354
		Number and street (or P.O. box, if mail is not delivered to street address)		E Telephone number
		P.O. BOX 30572		
		City or town, state or country, and ZIP + 4	F Group Exemption Number	
		CHARLESTON, SC 29417		

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) _____

I Website: N/A

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 210,255.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1		
	2	Program service revenue including government fees and contracts	2	54,466.	
	3	Membership dues and assessments	3	76,993.	
	4	Investment income	4	2,237.	
	5a	Gross amount from sale of assets other than inventory STMT 3. 5a 61,552.	5c	<32,503.>	
	b	Less cost or other basis and sales expenses 5b 94,055.			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	6c		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1) 6a			
	b	Less direct expenses other than fundraising expenses 6b			
	7a	Gross sales of inventory, less returns and allowances 7a	7c		
	b	Less cost of goods sold 7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			
	8	Other revenue (describe SEE STATEMENT 2) 8 15,007.	9	116,200.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			
	Expenses	10	Grants and similar amounts paid (attach schedule)	10	
		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		
14		Occupancy, rent, utilities, and maintenance	14		
15		Printing, publications, postage, and shipping	15		
16		Other expenses (describe SEE STATEMENT 1) 16 159,378.	17	159,378.	
17		Total expenses. Add lines 10 through 16	18	<43,178.>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	566,318.	
	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)	20		
	20	Other changes in net assets or fund balances (attach explanation)	21	523,140.	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20			

Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,410.	44,654.
23 Land and buildings		
24 Other assets (describe PUBLICLY TRADE SECURITIES)	522,908.	478,486.
25 Total assets	566,318.	523,140.
26 Total liabilities (describe)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	566,318.	523,140.

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 15 2010

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No	
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X	
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X	
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b Did the organization file Form 1120-POL for this year?		X	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations Enter			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911	N/A		
b Section 501(c)(3) and (4) organizations 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," complete Schedule L, Part I	40b	X	
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d Enter amount of tax on line 40c reimbursed by the organization		0.	
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X	
41 List the states with which a copy of this return is filed	SC		
42a The books are in care of	MELONIE HAMMOND-TRACE	Telephone no	(843) 577-7040
Located at	100 CALHOUN ST., STE 300, CHARLESTON, SC	ZIP + 4	29401
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X	
If "Yes," enter the name of the foreign country			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X	
If "Yes," enter the name of the foreign country:			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A	
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X	

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46- Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47- Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48- Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a- Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50- Complete this table for the 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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000				

- 51- Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here Signature of officer: *Melanie Hammond-Trace* Date: *5/17/10*

Type or print name and title: **MELONIE HAMMOND-TRACE, V-PRESIDENT**

Paid Preparer's Use Only Preparer's signature: *[Signature]* Date: *5/17/10* Check if self-employed: ☐ Preparer's Identifying Number (See instr): *843-577-7040*

Firm's name (or yours if self-employed), address, and ZIP + 4: **ELLIOTT DAVIS LLC/PLLC
100 CALHOUN ST., STE. 300
CHARLESTON, SC 29401** EIN: *843-577-7040* Phone no: *843-577-7040*

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION	AMOUNT		
CONTRIBUTIONS	41,371.		
DUES	7,972.		
INVESTMENT FEES	3,220.		
OTHER EXPENSES	61,023.		
SCHOLARSHIPS	30,000.		
SPECIAL EVENTS	15,792.		
TOTAL TO FORM 990-EZ, LINE 16	159,378.		

FORM 990-EZ	OTHER REVENUE	STATEMENT	2
DESCRIPTION	AMOUNT		
DIVIDENDS	14,862.		
INTEREST	88.		
INTEREST- CHECKING	57.		
TOTAL TO FORM 990-EZ, LINE 8	15,007.		

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
LONG-TERM CAPITAL GAINS	55,461.	85,431.	0.	<29,970.>	
SHORT-TERM CAPITAL GAINS	6,091.	8,624.	0.	<2,533.>	
TO FORM 990-EZ, LINE 5	61,552.	94,055.	0.	<32,503.>	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	ROTARY CLUB OF ST. ANDREWS	57-6022354
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 30572	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHARLESTON, SC 29417	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990
 ☒ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870
☐ Form 990-BL
 ☐ Form 990-PF
 ☐ Form 990-T (trust other than above)
 ☐ Form 4720
 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MELONIE HAMMOND-TRACE

- The books are in the care of ☒ 100 CALHOUN ST., STE 300 - CHARLESTON, SC 29401

Telephone No. ☒ (843) 577-7040

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year 2009, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒

Title ☒ V-PRESIDENT

Date ☐