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, process as original return

OMB No 1545-1150

Open to Public

0906. Short 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 Department of the Treasury

Section 2006 colonidary year, or tax year beginning and ending process of the pr	·			Ine organization may have to use a copy of this return to satisfy state		uiremei	nts	mspection
Supplementary   Supplementar	3	_			ending			
SUMMERVILLE ROTARY CLUB    Severe   Power   Po	A.	ap	plicab	1 10000		D Empl	oyer i	identification number
State   Comparison   Comparis			Change	bb   USB IRS   label or				
Website:     Check only one     X   501(c) (3 )     (insert no.)     4947(e)(1) or         227   (required to attach Schedule B   rem Not. 996-72. which is a complete return.     4   Check	∰ <b>&amp;</b>			print or SUMMERVILLE ROTARY CLUB	· •			
Website:     Check only one     X   501(c) (3 )     (insert no.)     4947(e)(1) or         227   (required to attach Schedule B   rem Not. 996-72. which is a complete return.     4   Check	ASIS.	$\sqsubseteq$	return	See Number and Street (or P.O. box, it mail is not delivered to street address)	Room/suite			
Website:     Check only one     X   501(c) (3 )     (insert no.)     4947(e)(1) or         227   (required to attach Schedule B   rem Not. 996-72. which is a complete return.     4   Check	200			Instruc- P O BOIL I , J I		84	<u> 13 – </u>	821-2205
Website:     Check only one     X   501(c) (3 )     (insert no.)     4947(e)(1) or         227   (required to attach Schedule B   rem Not. 996-72. which is a complete return.     4   Check	TE 2	$\sqsubseteq$	return			F Grou	р Ехе	mption
Website:     Check only one     X   501(c) (3 )     (insert no.)     4947(e)(1) or         227   (required to attach Schedule B   rem Not. 996-72. which is a complete return.     4   Check	三翼_		Applica pendin	SUMMERVILLE, SC 29484				
Website:     Check only one     X   501(c) (3 )     (insert no.)     4947(e)(1) or         227   (required to attach Schedule B   rem Not. 996-72. which is a complete return.     4   Check	<b>E</b>	•	• Sec		G Accour	nting me	thod:	X Cash Accrual
3 Organization type (check only one)				Schedule A (Form 990 or 990-EZ).	Other (	specify)	<b>&gt;</b>	
Check	Ī	W	ebsit/	ie: ▶	H Check	$\triangleright$ $\boxtimes$	If t	the organization is <b>not</b>
Laddines 5h. 8b. and 7h. bis 10m 9to determine gress receipting \$1 0,00,932.	<u>J</u>	J Or	rgani	zation type (check only one)— X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or	527 required to	attach s	Sched	lule B (Form 990, 990-EZ, or 990-PF)
Part   Revenue, Expenses, and Changes in Nt Assets or Fund Balances (see the instructions for Part I.)   Part   Revenue, Expenses, and Changes in Nt Assets or Fund Balances (see the instructions for Part I.)   1	K	( Ch	neck )	If the organization is not a section 509(a)(3) supporting organization and its gross receipts	are normally no	t more th	nan \$2	25,000. A return is not
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1		re	quire	d, but if the organization chooses to file a return, be sure to file a complete return.				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1	ī	. Ad	dd line	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of	of Form 990-EZ		<b>\$</b>	100,932.
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory Court of MANAGEMENT 56 5b Less: cost or other basis and sales expenses 0 Gin or (floss) from sale of assets other than inventory (Subtract line 6) from interest and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here    6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here    6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here    6 Special events and activities (Subtract line 6) from line 6a) 7 a Gross revenue (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances 8 b Less; cost of goods sold 8 Citrus profits of (loss) from sales of inventory (Subtract line 7b from line 7a) 8 b Cliffer evenue (describe    9 MISC 9 Total revenue. Add lines 1, 23, 45, 56, 56, 76, and 8 9 8 3, 249.  10 Grants and similar amounts paya(affach schedule) 11 Benefits pad to or for mappdies 12 Salaries, other compepsation, and pmyloyee benefits 13 Professional fees and other payments to independent contractors 13 Fortiessional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (giscribe    17 Total-typenges Add lines 1 through 16 18 Expess of (defect) for the vear (Subtract line 17 from line 9) 19 Net assets or fund balances at the ginning of year (from line 27, column (A)) 19 (profit agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (attach explanation) 10 Heat assets or fund balances (attach explanation) 11 Total-typenges (discribe    12 Total-typenges (giscribe    13 Cliff (A) Beginning of year (B) Bland of year (Subtract line 17 from line 9) 10 Heat assets or fund balances and the giscribe	[			Revenue, Expenses, and Changes in Net Assets or Fund Balance		uctions f	or Pa	rt I.)
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3			2	MECEIVED 1			2	
## Investment income ## AUCL O1 MI2  ## COSEN ## ANALYMENT   5a		- 1	3	•				40,439.
Sa Gross amount from sale of assets other than inventory (Subtract line 6b from line 3)		-	4	Investment uncome				
c Garn or (loss) from sale of assets other than inventory (Subtract line 55 from line 35) that is from gaming, check here ▶			5a	Gross amount from sale of assets other than inventory.	•		٠,	
c Garn or (loss) from sale of assets other than inventory (Subtract line 55 from line 35) that is from gaming, check here ▶			b	Less: cost or other basis and sales expenses	•	$\overline{}$		
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ Gross revenue (not including \$ of contributions reported on line 1)  b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  to their revenue (describe ▶ MT.SC) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 83, 249.  10 Grants and similar amounts payet (affacts schedule) 11 Benefits paid to or for meptodes 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ See Statement 1) 17 Total expenses. Add lines 10 through 16 18 Excess of deficit for the year (Subtract line 17 from line 27) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 19 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets or line 42, solumn (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.) 20 Cash, savings, and investments 21 Land and buildings 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe) ▶ (A) Beginning of year 25 Total assets 26 Total liabilities (describe) ▶ (24 Other assets) (describe) ▶ (24 Other assets) (describe) ▶ (24 Other assets) (describe) ▶ (27, 733 - 25 Other 12, 864 - 07, 733 - 27 Other liabilities (describe) ▶ (27, 733 - 27 Other liabilities) (describe) ▶ (27, 733 - 27 Other liabilities) (describe) ▶ (27, 733 - 27 Other liabilities) (describe) ▶ (27, 73				\(\alpha\) \(\alpha\)	e)	$\dashv$	5c	
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b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe ► MT SC  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  10 Grants and similar amounts paye (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and amployee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rept, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ► See Statement 1)  17 Total/expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (prist agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ► 23  25 Total assets  26 Total lassetis  27 Total sasets  28 Professional fees and of year. Combine lines 18 through 20  29 Total assets  20 (B) End of year  21 (B) End of year  22 Total assets  23 Total assets  24 Other assets (describe ► 24  25 Total assets  26 Total lassetis  27 Total expenses (line 27 of column (B) must agree with line 21)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Other assets of fund balances (line 27 of column (B) must agree with line 21)  29 Professional fees and of the page of fund balances (line 27 of column (B) must agree with line 21)  20 Professional fees and of the page of fund balances (line 27 of column (B) must agree with line 21)  29 Professional fees and of the page of fund balances (line 27 of column (B) must agree with line 21)  20 Professional fees and of the page of fund balances (line 27 of column (B) must agree with line 21)  20 Professional fees and the page of fund balances (line 27 of colu						<b>⊢</b>		20,/39.
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10   Grants and similar amounts paut (attach schedule)   Stmt 3   Stmt 2   10   42,919.	೯ವೆ	7						100
10   Grants and similar amounts paut (attach schedule)   Stmt 3   Stmt 2   10   42,919.		51	-			—, ⊦		
11   Benefits paid to or for members   11   8 , 842.	C.F.	- 1				<u> </u>		
12   Salaries, other compensation, and employee benefits   12					Stmt	2		
Part   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   97,733.22   121,864.   23		- 1				<u> </u>		8,842.
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Part   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   97,733.22   121,864.   23	Ç,	,				L	18	24,131.
Part   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   97,733.22   121,864.   23	<i>ور ک</i>	ָלָב   י	19	Net assets or fund balances at beginning of year (from line 27, column (A))		- 1		
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Part   Balance Sheets.   If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    Cash, savings, and investments   97,733.22   121,864.   23	4	ן נ	20	Other changes in net assets or fund balances (attach explanation)			20	
(See the instructions for Part II.)       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       97,733. 22       121,864.         23 Land and buildings       23         24 Other assets (describe ►       )       24         25 Total assets       97,733. 25       121,864.         26 Total liabilities (describe ►       )       0.26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       97,733. 27       121,864.	_	<u>ר</u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶□	21	121,864.
22 Cash, savings, and investments  23 Land and buildings  24 Other assets (describe ►  25 Total assets  26 Total liabilities (describe ►  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 121,864.  97,733.22 121,864.  97,733.25 121,864.  97,733.27 121,864.	Γ	Par	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form	990 instead of	Form 99	0-EZ.	
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24       Other assets (describe ►       )       24         25       Total assets       97,733.25       121,864.         26       Total liabilities (describe ►       )       0.26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       97,733.27       121,864.		23			•		+	<del></del>
25 Total assets 26 Total liabilities (describe ► 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 121,864.  29 7,733. 25 121,864.  97,733. 27 121,864.		24		<b></b>			_	
26 Total liabilities (describe ► ) 0 ⋅ 26 0 ⋅ 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 97 , 733 ⋅ 27 121 , 864 ⋅					97.	733.		121.864.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 97,733.27 121,864.								
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Form 990-EZ (2008) SUMMERVILLE ROTARY CLUB			57-	60250	95 Page 2
Part III   Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)			penses
What is the organization's primary exempt purpose? See Statement	: 4				for 501(c)(3) ganizations and
				4947(a)(1	) trusts; optional
provided, the number of persons benefited, or other relevant information for each p				for others.	<u> </u>
28 GIFT OF LIFE - MEDICAL PROCEDURES F	PERFORMED IN T	HE STATE	ON		
CHILDREN ON OTHER NATIONS					
(Grants \$ 10,505.) If this amount includes foreign	grants, check here	<b>•</b>		28a	10,505.
29 PAUL HARRIS FOUNDATION PROVIDING IN		SSISTANCE			
FOR FAMINE, WATER, POLIO ETC				-	
				1	
(Grants \$ 10,232.) If this amount includes foreign	grants, check here	<b>•</b>		29a	10,232.
30 SCHOLARSHIPS TO TWO FOUR YEAR COLLE	GES AND ONE T	O TECHNIC	AL	<del>                                     </del>	
COLLEGE					
	<del></del>				
(Grants \$ 5,500.) If this amount includes foreign	arante check here		$\overline{}$	30a	5,500.
31 Other program services (attach schedule)	grants, check here	<u></u>		1004	373001
•	aranta abaak bara	_		31a	
(Grants \$ ) If this amount includes foreign  32 Total program service expenses (add lines 28a through 31a)	grants, check here			32	26,237.
Part IV List of Officers, Directors, Trustees, and Key I	mnlovees		/C = = 4h =		
Fait IV List of Officers, Directors, Trustees, and Rey I	Inproyecs. List each one ev	en ii not compensated		ontributions	
	(b) Title and average hours	(c) Compensation		employee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	bene	fit plans &	account and
	position	-0)		eferred	other allowances
OTAL DELDING 101 G GEDAD GODDON	<u></u>	ļ <u>.</u>	com	pensation	
SEAN BENNETT, 121 S. CEDAR STREET,	PRESIDENT				
SUMMERVILLE, SC 29483	5.00	0.		0.	0.
JON PRESLEY, 211 NORTH MAIN STREET,	TREASURER	_		_	_
SUMMERVILLE, SC 29483	3.00	0.		0.	0.
JAMIE MOORE, 104 EAST DOTY STREET,	VICE PRESIDEN				
SUMMERVILLE, SC 29483	1.00	0.		0.	0.
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12-17-08				Form	990-EZ (2008)

Other Information (Note the statement requirements in the instructions for Part VI.) Part V Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 34 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 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 X tax requirements? 35a N/ b If "Yes," has it filed a tax return on Form 990-T for this year? 35b X 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a b Did the organization file Form 1120-POL for this year? 37b 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 38a b If "Yes," complete Schedule L. Part II and enter the total amount involved N/A 39 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a 39Ь N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. section 4911 ▶ 0 • ; section 4912 ► 0 • ; section 4955 ► b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or X did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b c Enter amount of tax imposed on organization managers or disqualified persons during the year under 0. sections 4912, 4955, and 4958 0. d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes." complete Form 8886-T 40e 41 List the states with which a copy of this return is filed. 
None Telephone no.  $\triangleright 843 - 821 - 2205$ 42a The books are in care of ► JON PRESLEY Located at ▶ 211 NORTH MAIN ST, SUMMERVILLE, ZIP+4 ► 29483 b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b 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.? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 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 Form 990-EZ (2008)

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. No Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public X office? If "Yes," complete Schedule C, Part I 46 X 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b 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." (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to benefit plans & account and than \$100,000 other allowances position deferred NONE compensation Total number of other employees paid over \$100,000 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." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 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 JON PRESLEY, TREASURER Paid Preparer's signature Date Check if self-Preparer's Identifying Number (See instr.) Preparer's employed 🛌 Use Only WebsterRogers LLP EIN > Firm's name (or yours 100 South Main Street, Suite G if self-employed), Phone > address, and ZIP + 4 Summerville, SC 29483 843-873-4400

➤ X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ	Other Expenses	Statement 1
Description		Amount
AWARDS PLAQUES AND PINS CONFERENCE EXPENSES DUES BANK CHARGES SUPPLIES WEBSITE		538. 2,845. 1,525. 20. 1,223. 144.
Total to Form 990-EZ, line 16		6,295.

Form 990-EZ. Payme	ents to Affiliates	Statement 2
Affiliate's Name	Affiliates Address	
PAUL HARRIS FOUNDATION		
Purpose of Payment		Amount
		10,232.
Affiliate's Name	Affiliates Address	
POLIO PLUS FOUNDATION		
Purpose of Payment	•	Amount
		3,000.
Affiliate's Name	Affiliates Address	
DISTICT DUES		
Purpose of Payment		Amount
		4,344.
Total included on Form 990-EZ, 1	ine 10	17,576.

Form 990-EZ	Cash Grants and Alloc	Statement 3	
Class of Activity/Donee's	Name and Address	Donee's Relationship	Amount
CART FUND DONATIONS LOCAL ALZHEIMER CHAPTER		None	750.
GRANT DISTRICT 7770		None	5,000.
DISABLED CHILDREN SUMMERVILLE MIRACLE LEAGU	E	None	7,500.
Total Included on Form 99	0-EZ, Line 10		13,250.

990-EZ Pg 2

Statement

4

SERVICE CLUB OF BUSINESS LEADERS WORKING LOCALLY TO COMBAT HUNGER, IMPROVE HEALTH AND SANATATION, PRIORTIZE EDUCATION, PROMOTE PEACE AND ERADICATE POLIO UNDER THE MOTTO OF SERVICE ABOVE SELF.