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Form 990-EZ

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

OMB No 1545-1150

2009

Open to Public
Inspection

- 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 \$500,000 and total assets less than \$1,250,000 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

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable	C Name of organization		D Employer identification number	
<input type="checkbox"/> Address change	Hilton Head Island Rotary Club, Inc		57-6036430	
<input type="checkbox"/> Name change	Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return	P.O. BOX 5771		843-757-8006	
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4		F Group Exemption Number	
<input type="checkbox"/> Amended return	Hilton Head Island SC 29938		►	
<input type="checkbox"/> Application pending				

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

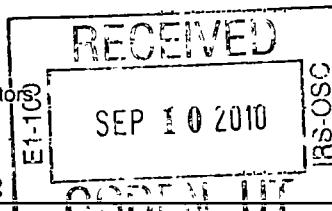
G Accounting method	<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual
Other (specify) ►		

I Website: ► www.hiltonheadrotary.orgJ Tax-exempt status (check only one) — 501(c) (4) (insert no) 4947(a)(1) or 527

H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
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K 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **279,744****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	246,703
3 Membership dues and assessments	3	31,665
4 Investment income	4	1,376
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 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	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	
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)	8	
8 Other revenue (describe ►)	9	279,744
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	
10 Grants and similar amounts paid (attach schedule)	11	
11 Benefits paid to or for members	12	28,571
12 Salaries, other compensation, and employee benefits	13	
13 Professional fees and other payments to independent contractors	14	4,800
14 Occupancy, rent, utilities, and maintenance	15	
15 Printing, publications, postage, and shipping	16	246,373
16 Other expenses (describe ► See Statement 2)	17	279,744
17 Total expenses. Add lines 10 through 16	18	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	56,349
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	56,349
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 \$1,250,000 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		95,547	22 72,886
23 Land and buildings			23
24 Other assets (describe ► See Statement 3)		3,207	24 5,466
25 Total assets		98,754	25 78,352
26 Total liabilities (describe ► See Statement 4)		42,405	26 22,003
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		56,349	27 56,349

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990-EZ (2009)

P

Form 990-EZ (2009) Hilton Head Island Rotary Club, Inc 57-6036430

Page 2

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

Expenses

What is the organization's primary exempt purpose?

SERVICE CLUB

Describe what was achieved in carrying out the organization's exempt purposes in a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 PROVIDE FOR COMMUNITY, NATIONAL AND INTERNATIONAL PROGRAMS WHICH ADVANCE UNDERSTANDING, GOODWILL AND PEACE, PROVIDE HUMANITARIAN SERVICE & ENCOURAGE HIGH ETHICAL STANDARDS.

(Grants \$) If this amount includes foreign grants, check here



28a

279,744

29

(Grants \$

) If this amount includes foreign grants, check here



29a

30

(Grants \$

) If this amount includes foreign grants, check here



30a

31 Other program services (attach schedule) See Statement 5

(Grants \$

) If this amount includes foreign grants, check here



31a

32 Total program service expenses (add lines 28a through 31a)



32

279,744

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MIKE PETRILLI	PAST PRESID 4.00	0	0	0
HUGH O' KANE	PRESIDENT 6.00	0	0	0
DENNIS BONNETT	PRESIDENT EL 4.00	0	0	0
DAVID TIRARD	VICE PRESIDE 4.00	0	0	0
MATT RICHARDSON	TREASURER 4.00	0	0	0
JENNIFER STUPICA	SARGEANT AT 4.00	0	0	0
MIKE JUFKOFSKY	SECRETARY 4.00	0	0	0
VIRGINIA HEINSCH	DIRECTOR 4.00	0	0	0
TOM CONNOR	DIRECTOR 4.00	0	0	0
MARY-STUART ALDERMAN	DIRECTOR 4.00	0	0	0
HELEN RYAN	DIRECTOR 4.00	0	0	0
PAUL WALTER	DIRECTOR 4.00	0	0	0
BRUCE SEIBOLD	DIRECTOR 4.00	0	0	0
WARD KIRBY	DIRECTOR 4.00	0	0	0
KEN RAICHLE	DIRECTOR 4.00	0	0	0
JIM COLLETTE	DIRECTOR 4.00	0	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

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 why the organization did not report the income on Form 990-T 35a

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 36

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a ►

37a Enter amount of political expenditures, direct or indirect, as described in the instr 37b

b Did the organization file **Form 1120-POL** for this year? 38a

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 outstanding at the end of the period covered by this return? 38b

b If "Yes," complete Schedule L, Part II and enter the total amount involved 39a

39 Section 501(c)(7) organizations Enter. 39b

a Initiation fees and capital contributions included on line 9 40a

b Gross receipts, included on line 9, for public use of club facilities 40b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► 40c , section 4912 ► 40d , section 4955 ► 40e

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40f

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40g

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40h

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 40i

41 List the states with which a copy of this return is filed ► **SC**42a The organization's books are in care of ► **Linda Neff**Telephone no. ► **843-686-4100**

PO Box 5771

Located at ► **Hilton Head Island, SC**ZIP + 4 ► **29936**

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)?

If "Yes," enter the name of the foreign country. ► 42b 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 ?
If "Yes," enter the name of the foreign country ► 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 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 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

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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

	Yes	No
46		
47		
48		
49a		
49b		

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 a section 527 organization?

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 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

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	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	
	► <input checked="" type="checkbox"/> Signature of officer	► <input checked="" type="checkbox"/> Date 9/2/2010
► <input checked="" type="checkbox"/> Type or print name and title President		

Paid Preparer's Use Only	Preparer's signature ► 	Date 08/26/10	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr) P00033247
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Carey & Company P.A. 70 Main Street, Suite 100 Hilton Head Island, SC 29926	EIN ► 57-0927046	Phone no ► 843-681-4430	
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input type="checkbox"/> No				

Federal Statements

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

Description	Amount
Member dues	\$ 28,938
Initiation fees	2,600
Miscellaneous income	127
Total	\$ <u>31,665</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
District meetings	3,859
International conference	3,591
President's discretionary	1,255
Board meetings	3,464
Pres. Elect's discretiona	122
Food service	68,440
Sergent at Arms-Concerns	624
Club relations/communicat	47
Roster	474
Soundings	1,615
World Wide Web	480
Programs	730
Fellowship	5,854
Member recruitment	182
Food drive	500
School outreach	1,090
Scholarships	26,173
Student Recognition	475
Law Enforcement Day	1,092
Teacher recognition	502
Member business/org fairs	434
Youth exchange	1,925
Group studies exchange	1,054
World Comm Service	1,000
Paul Haris Fellow	16,234
Polio Plus	7,721
Club merchandise expense	1,904
Fund raising expense	1,011
Community donations	74,297
Board training/orientatio	542
Bank charges	634
District dues	4,260
Insurance	319
International dues	9,637
Licenses, fees, penalties	50
Postage	150
Rotary supplies	1,864
Telephone	2,766
Rounding	2
Total	\$ <u>246,373</u>

1266 Hilton Head Island Rotary Club, Inc
57-6036430
FYE: 6/30/2010

8/26/2010 9:22 AM

Federal Statements

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Accounts Receivable	\$ 3,207	\$ 5,466
	<u>3,207</u>	<u>5,466</u>

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 41,368	\$ 21,153
Payroll liabilities	425	440
Interact reserve	612	410
	<u>42,405</u>	<u>22,003</u>

Federal Statements

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service
Accomplishments

Description

PROVIDE FOR COMMUNITY, NATIONAL AND INTERNATIONAL PROGRAMS