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Form **990-EZ** (2010)

Part II

Balance Sheets

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

☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	29,148	22	33,660
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	29,148	25	33,660
26	Total liabilities (describe in Schedule O)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	29,148	27	33,660

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose? COMMUNITY SERVICE - MONEY RAISED THROUGH VARIOUS FUNDRAISING EVENTS IS DONATED TO CHARITABLE ORGANIZATIONS AS A COMMUNITY SERVICE		(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and other relevant information for each program title			
28	GREATER BLUFFTON COMMUNITY ENDOWMENT FUND (Grants \$ 9,000) If this amount includes foreign grants, check here ☐	28a	0
29	ROTARY FOUNDATION (Grants \$ 9,000) If this amount includes foreign grants, check here ☐	29a	0
30	HEEL TO TOE FOR POLIO (Grants \$ 4,239) If this amount includes foreign grants, check here ☐	30a	0
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a	
32	Total program service expenses (add lines 28a through 31a)	32	0

Part IV

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

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

☒

(a) Name and 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
See Additional Data Table				

Part V

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

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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	36	No
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?	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 outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , section 4955		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
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 . . 0		
d	Section 501(c)(3) and 501(c)(4) organizations. 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	No
41	List the states with which a copy of this return is filed SC		
42a	The organization's books are in care of PATRICK WRIGHT Telephone no (843) 706-3900 PO BOX 142 Located at BLUFFTON, SC ZIP + 4 29910		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
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	No
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		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

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

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	
49b	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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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		2012-05-01 Date		
	PATRICK WRIGHT TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	STEVEN E MILLER	Date 2012-05-01	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CHERRY BEKAERT & HOLLAND LLP PO BOX 1999 BLUFFTON, SC 29910			EIN
					Phone no (843) 706-8440
May the IRS discuss this return with the preparer shown above? See instructions					

YesNo

Additional Data

Software ID:
Software Version:
EIN: 57-0945730
Name: ROTARY CLUB OF BLUFFTON SC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
PATRICK WRIGHT 17 SAWTIMBER DR HILTON HEAD ISLAND, SC 29926	TREASURER 10 00	0	0	0
WILL SALEEBY 281 OAKWOOD CR HARDEEVILLE, SC 29927	PRESIDENT 10 00	0	0	0
BARRY CONNOR 30 PORCHER RD OKATE, SC 29909	VICE PRESIDENT 10 00	0	0	0
CINDY OWENS 70 BAYWOOD DRIVE BLUFFTON, SC 29910	DIRECTOR 4 00	0	0	0
WENDELL SUTTON 239 JONESVILLE RD HILTON HEAD ISLAND, SC 29926	DIRECTOR 4 00	0	0	0
TOM FABER 49 ZUBLER STREET BLUFFTON, SC 29909	DIRECTOR 4 00	0	0	0
DOT JEGER 13 ROSE DHU DRIVE BLUFFTON, SC 29910	DIRECTOR 4 00	0	0	0
JIM HUDSON 191 WHITEOAKS CIRCLE BLUFFTON, SC 29910	PRESIDENT ELECT 10 00	0	0	0
JOHN GEORGE 7 BOWLINE BAY CT HILTON HEAD ISLAND, SC 29926	SERGEANT AT ARMS 4 00	0	0	0
SANDY GRAVES 3 HERITAGE LAKES DRIVE BLUFFTON, SC 29910	SECRETARY 10 00	0	0	0
FRANK AMBROSIC 35 WOOD DUCK COURT HILTON HEAD ISLAND, SC 29928	DIRECTOR 4 00	0	0	0
JOHN KIRKLAND PO BOX 1493 BLUFFTON, SC 29910	DIRECTOR 4 00	0	0	0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ROTARY CLUB OF BLUFFTON SC	Employer identification number 57-0945730
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Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and e-mail solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>BELIEVING IN BLUFFTON</u> (event type)	<u>BLUFFTON VILLAGE FESTIVAL</u> (event type)	<u>3</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	50,822	35,120	50,210
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	50,822	35,120	50,210
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	41,881	18,998	31,607
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ROTARY CLUB OF BLUFFTON SC	Employer identification number 57-0945730
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	BANK INTEREST 141

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MEMORIALS AMOUNT 645

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT PAID GRANTEE NAME ROTARY FOUNDATION GRANTEE ADDRESS 1560 SHERMAN AVE EVANSTON, IL 60201 GRANTEE RELATIONSHIP NON PROFIT PROPERTY DESCRIPTION CASH AMOUNT GIVEN 9,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION GRANT PAID GRANTEE NAME VARIOUS GRANTEE RELATIONSHIP NON PROFIT PROPERTY DESCRIPTION CASH' AMOUNT GIVEN 18,937 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 27,937

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION SUPPLIES AMOUNT 3,975 DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 4,494 DESCRIPTION DUES - ROTARY INTERNATIONAL AMOUNT 7,681 DESCRIPTION CLEANING AMOUNT 1,200 DESCRIPTION WEBSITE AMOUNT 569 DESCRIPTION BANK CHARGES AMOUNT 189 DESCRIPTION INTERACT CLUB SPONSORSHIP AMOUNT 643 DESCRIPTION CREDIT CARD MACHINE EXPENSE AMOUNT 929 DESCRIPTION FLOWERS/MEMORIALS AMOUNT 266 DESCRIPTION SPONSOR OF EXCHANGE STUDENT AMOUNT 1,975 DESCRIPTION STUDENT OF THE MONTH AMOUNT 400 TOTAL TO FORM 990-EZ, LINE 16 22,321

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION ADJUSTMENT FROM ACCRUAL TO CASH BASIS AMOUNT 640

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: ROTARY CLUB OF BLUFFTON SC

EIN: 57-0945730

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