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As Filed Data -

DLN: 93492136031372

OMB No 1545-1150

Open to Public Inspection

990-EZ

Department of the Treasury

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

Short Form

Return of Organization Exempt From Income Tax

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

Internal Revenue Service A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 Check if applicable C Name of organization D Employer identification number ROTARY CLUB OF ST ANDREWS Address change 57-6022354 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number PO BOX 30572 Initial return (843) 720-5819 Terminated City or town, state or country, and ZIP + 4 CHARLESTON, SC 29417 F Group Exemption Amended return Number 🟲 Application pending I Website:► N/A H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction Check if the organization used Schedule O to respond to any question in this Part I	ons for Pa	nt I)
	1	Contributions, gifts, grants, and similar amounts received	1	3,000
	2	Program service revenue including government fees and contracts	2	10,769
	3	Membership dues and assessments	3	72,394
	4	Investment income	4	8,001
	5a	Gross amount from sale of assets other than inventory 5a 65,000		
<u>a</u>	ь	Less cost or other basis and sales expenses 5b 65,658		
ē	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-658
ě	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
Net Assets Expenses Revenue	b	Gross income from fundraising events (not including \$ 23,025 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	С	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	23,02
	7a	Gross sales of inventory, less returns and allowances		
	ь	Less cost of goods sold		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	43
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	116,574
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
ą.	13	Professional fees and other payments to independent contractors	13	
913	14	Occupancy, rent, utilities, and maintenance	14	
÷	15	Printing, publications, postage, and shipping	15	
_	16	Other expenses (describe in Schedule O)	16	114,048
	17	Total expenses. Add lines 10 through 16	17	114,048
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,526
φ .Δ	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
ą,		end-of-year figure reported on prior year's return)	19	466,464
ž	20	Other changes in net assets or fund balances (explain in Schedule O)	20	(
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	468,990

Check if the organization used	l Schedule O to respond to	any question in this	Part II		
(See the instruc	tions for Part II)		A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		🗀	46,064	22	45,006
23 Land and buildings		🗀		23	
24 Other assets (describe in Schedule O)		420,400	24	423,984
25 Total assets		$ abla$	466,464	25	468,990
26 Total liabilities (describe in Schedule	0)		0	26	(
27 Net assets or fund balances (line 27 of	f column (B) must agree wi	th line 21) .	466,464	27	468,990
Check if the organization use What is the organization's primary exempt COMMUNITY SERVICE THROUGH ROTA Describe what was achieved in carrying oudescribe the services provided, the number program title	d Schedule O to respond to purpose? RY t the organization's exemp	any question in this t purposes In a clea	r and concise manner,	(c)(orga - 494	Expenses equired for section 501 (3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
29 CONTRIBUTIONS TO LOCAL ORGAN	s amount includes foreign	grants, check here	► 厂 ACTIVITIES	28a	0
30 LUNCH MEETING AND PROGRAM EX		JB PRO JECTS	•	30a	42,029 68,260
31 Other program services (describe in Sc (Grants \$) If th	hedule O) s amount includes foreign	grants, check here		31a	
32 Total program service expenses (add lir			<u> </u>	32	110,28
Part IV List of Officers, Directors, Tru				struction	is for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)		lans &	(e) Expense account and other allowances
See Additional Data Table					

. •	()			, age
Pa	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		ı	1
			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			
а	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		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
	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			
	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
С	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 \blacktriangleright 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization $\cdot \cdot \cdot$			
е	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 ► MELONIE HAMMOND-TRACE Telephone no	► <u>(84</u>	3)577	-7040
	100 CALHOUN STSTE 300 Located at CHARLESTON, SC ZIP + 4		9401	
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 account)?	42b		No
	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		No
	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 and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Г
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
h	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed			1,10
	Instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
_	J	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	44.		

Form 99	0-EZ (2010)							Page 4
							Yes	No
	any related organization a controlle es,' Form 990 and Schedule R must be			ing of section !	512(b)(13)? <i>If</i>	45		No
	d the organization receive any paymeaning of section 512(b)(13)? If 'Ye					45a		No
	d the organization engage, directly of indidates for public office? If "Yes,"			on behalf of or	'in opposition to			
						46	<u> </u>	No
Part \	VI Section 501(c)(3) organ All section 501(c)(3) organ 47-49b and 52.			-			-	stions
	Check if the organization used	Schedule O to respo	nd to any question in t	hıs Part VI			Yes	No No
47 D	d the organization engage in lobbyin	ng activities? If "Yes,'	' complete Schedule C	, Part II		47		
48 Is	the organization a school described	d ın section 170(b)(1)	(A)(II)? If "Yes," compl	lete Schedule E		48		
49a D	d the organization make any transfe	rs to an exempt non-c	charitable related orga	nızatıon?		49a		
b If	If "Yes," was the related organization a section 527 organization?							
	omplete this table for the organization							
		(b) Title and average			ontributions to		e) Expe	nse
(a) Na	me and address of each employee paid more than \$100,000	hours per week	(c) Compensat	ion employe	e benefit plans &		account and ner allowances	
	, , , , ,	devoted to position	n	deferre	d compensation	othe	erallow	ances
50(f)	Total number of other employees pa	ıd over \$100,000 .						
	omplete this table for the organization compensation from the organization			contractors wh	o each received n	nore th	an \$10	0,000
	Name and address of each indeper			(b) T)	pe of service	(c) (Compen	sation
(4	, Nume and address of each macper	Tuent contractor para	111010 111011 \$ 100,000	(2)1)	pe of service	(0)	Jompen	5441011
E1/d) :				•				
51(u) 52	Fotal number of other independent c Did the organization complete Sche					nnt ch	arıtahla	truete
	must attach a completed Schedule		• • • • • • •				Yes	
knowled	enalties of perjury, I declare that I have ge and belief, it is true, correct, and co							
knowled	ge.							
	Tk			I				
c:	*****				2012-05-15			
Sign Here	Signature of officer				Date			
	MELONIE HAMMOND-TRACE PRESII Type or print name and title	DENT						
			Date	Check If	Preparer's taxpay	er iden	tification	numher
Paid	Preparer's signature MELONIE HAMMOND-TF	RACECPA	Date	self-	(See instructions)		теаноп І	MINDEL
Paid Prepare	r's Fum's pame (or your buffer and	VIC II CDII C		employed 🕨				
Use On	uf self-employed),	NI2 FICATIC			_ EIN Þ			
200 OIII	address, and ZIP + 4 100 CALHOL	JN ST STE 300			Dhona no 🕨 🗥	12) [77	7040	
	CHARLESTO	N, SC 29401			Phone no 🕨 (84			
May the	IRS discuss this return with the pre	parer shown above? S	See instructions		🟲	Γ Y	'es	No

DLN: 93492136031372

OMB No 1545-0047

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.

Name of the organization **Employer identification number** ROTARY CLUB OF ST ANDREWS 57-6022354 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Internet and e-mail solicitations Phone solicitations Special fundraising events In-person solicitations 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? 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 (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes 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

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 OTHER EVENTS (event type)	(c) Other Events	(d) Total Events (Add col (a) through col (c))
ENG.	1	Gross receipts	12,734			27,219
Revenue	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	12,734	14,485		27,219
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	1,313	2,881		4,194
	10	Direct expense summary Add line	es 4 through 9 ın column	(d)	🛌	4,194
	11	Net income summary Combine li	nes 3 and 10 ın column (d	d)		23,025
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		'Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
şeç	2	Cash prizes				
Expenses	3	Non-cash prizes				
ច ថ្ល	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes <u>%</u> ┌ No	┌ Yes <u>%</u> ┌ No	┌ Yes <u>%</u> ┌ No	_
		Direct expense summary Add lines Net gaming income summary Com				
9		er the state(s) in which the organiza				
a b	Ist	the organization licensed to operate	gaming activities in each	of these states?		Yes No
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	· · 「Yes 「No

11	Does the organization operate ga	aming activities with nonmembers? .		Γ_{Yes} Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organıza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	revenue?			· Fyes Fno
b			tion 🏲 \$ and the	, , , , , , , , , , , , ,
	amount of gaming revenue retain	ed by the third party 🟲 \$		
С	If "Yes," enter name and address	S		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided	-		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes Tho
b		·	o other exempt organizations or spent	
Par		activities during the tax year * \$	responses to question on Schedule G (See
	instructions.)	STOTIAC Additional Information for	responses to question on seneutile of	
	Identifier	ReturnReference	Explanation	

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As Filed Data -

DLN: 93492136031372

2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization ROTARY CLUB OF ST ANDREWS **Employer identification number**

57-6022354

ldentifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	' '	DIVIDENDS 6,305 INTEREST 2 CAPGAIN DISTRIBUTION 1,694 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 8,001

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION INTEREST- CHECKING AMOUNT 43

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONTRIBUTIONS AMOUNT 42,029 DESCRIPTION DUES AMOUNT 8,704 DESCRIPTION INVESTMENT FEES AMOUNT 3,759 DESCRIPTION OTHER EXPENSES AMOUNT 54,402 DESCRIPTION SPECIAL EVENTS AMOUNT 5,154 TOTAL TO FORM 990-EZ, LINE 16 114,048

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION INVESTMENTS BEG OF YEAR AMOUNT 420,400 END OF YEAR AMOUNT 423,984

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF ST ANDREWS

EIN: 57-6022354

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.

Additional Data

Software ID: Software Version:

EIN: 57-6022354

Name: ROTARY CLUB OF ST ANDREWS

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
ROBB ROSOL PO BOX 30572 CHARLESTON,SC 29417	PRESIDENT 1 00	0	0	0
BRAD TRULUCK PO BOX 30572 CHARLESTON,SC 29417	PRES-ELECT 1 00	0	0	0
GREG HART PO BOX 30572 CHARLESTON,SC 29417	V-PRESIDENT 1 00	0	0	0
CAMILLE WISH PO BOX 30572 CHARLESTON,SC 29417	TREASURER 1 00	0	0	0
MOLLY ALEXANDER PO BOX 30572 CHARLESTON,SC 29417	SECRETARY 1 00	0	0	0