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Short Form Return of Organization Exempt From Income Tax

2011

Open to Public Inspection

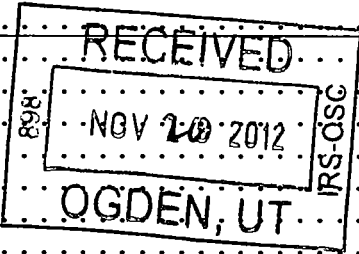
Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07-01, 2011, and ending 06-30, 2012
B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending
C Name of organization: ROTARY CLUB OF CONWAY
D Employer identification number: 57-6036428
E Telephone number
F Group Exemption Number: 0573
G Accounting Method: Cash, Accrual (checked), Other
H Check if the organization is not required to attach Schedule B
I Website: www.ConwayRotary.org
J Tax-exempt status: 501(c)(3), 501(c)(4) (checked), 4947(a)(1), 527
K Check if the organization is not a section 509(a)(3) supporting organization or section 527 organization
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. Total: \$49,404

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Assets (18-21). Total Revenue: 41,155; Total Expenses: 39,628; Net Assets at End of Year: 40,811.



SCANNED DEC 11 2012

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Part II Balance Sheets. (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	38,450	22	38,541
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	1,803	24	2,270
25 Total assets	40,253	25	40,811
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)	40,253	27	40,811

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

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

What is the organization's primary exempt purpose? See Attached

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 The development of acquaintances as an opportunity for service as well as the application of the ideal of service in each Rotarian's personal, business and community life. (Grants \$ 7,198) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	34,177
29 The advancement of international understanding, goodwill, and peace through a world fellowship of business and professional persons united in the ideal of service. (Grants \$ 5,451) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,451
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	39,628

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) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
John M Altman 15763 Pee Dee Rd S, Galivants Ferry SC 29544	President 0	0	0	0
George Livingston PO Box 720, Longs SC 29568	President Elect 0	0	0	0
Shannon Jordan 2500 Fourth Avenue, Conway SC 29527	Past President 0	0	0	0
Sharon Huggins POST OFFICE BOX 14, CONWAY SC 29528	Treasurer 0	0	0	0
Charmaine Tomczyk POST OFFICE BOX 14, CONWAY SC 29528	Vocation/Education Director 0	0	0	0
Matt Staub POST OFFICE BOX 14, CONWAY SC 29528	Membership Director 0	0	0	0
Bruce Boone 106 Talon Drive, Conway SC 29527	International Services Director 0	0	0	0
Brad Odom POST OFFICE BOX 14, CONWAY SC 29528	Service Projects Director 0	0	0	0
Amanda Brown POST OFFICE BOX 14, CONWAY SC 29528	Public Relations Director 0	0	0	0
Jeff Davis POST OFFICE BOX 14, CONWAY SC 29528	Club Administration Director 0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a 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?
38 b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955
40 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
40 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
40 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40 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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Sharon Huggins Telephone no Located at POST OFFICE BOX 14 CONWAY, SC ZIP + 4 29528
42 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.
42 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
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
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44 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
44 c Did the organization receive any payments for indoor tanning services during the year?
44 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
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b 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 may need to be completed instead of Form 990-EZ (see instructions)

	Yes	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		X

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, and complete the tables for lines 50 and 51.

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48 Is the organization 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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

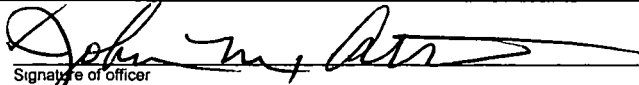
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

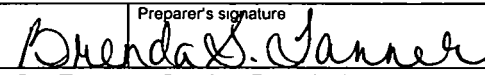
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

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 Yes No

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		11/14/12
	Signature of officer John M Altman, President Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name Brenda S. Tanner	Preparer's signature 	Date 11-13-2012	Check <input type="checkbox"/> if self-employed	PTIN P0011678	
	Firm's name ▶ Brenda S. Tanner Acctg Practitioner	Firm's EIN ▶ 56-2110162		Phone no 843-488-5768		
	Firm's address ▶ 690 Country Club Drive Conway SC 29526					

May the IRS discuss this return with the preparer shown above? See Instructions Yes No

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

2011

Open to Public Inspection

Name of the organization

Employer identification number

ROTARY CLUB OF CONWAY

57-6036428

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

- a Mail solicitations
- b Internet and email 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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

SC

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Original Sales (event type)	Coins for Charity (event type)	1 (total number)	Add col (a) through col (c)
R e v e n u e	1	10,965	1076		12,041
	2				
	3	10,965	1076		12,041
D i r e c t E x p e n s e s	4				
	5				
	6				
	7			170	170
	8				
	9	8079			8079
	10	Direct expense summary Add lines 4 through 9 in column (d)			
11	Net income summary Combine line 3, column (d), and line 10				3792

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))	
R e v e n u e	1					
D i r e c t E x p e n s e s	2					
	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %		
	7	Direct expense summary Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary Combine line 1, column d, and line 7				

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 _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

ROTARY CLUB OF CONWAY

57-6036428

01. List of grants and similar amounts paid (Part I, line 10)

Activity Youth Education

Grantee ODK Scholarship Fund

Conway SC 29526

Amount 100

Activity Literacy

Grantee The Dictionary Project

Amount 1,260

Activity Alzheimers Research

Grantee Cart Fund Project

Amount 688

Activity International Charities

Grantee Rotary Foundation

Amount 5,451

Activity Youth Activities

Grantee Conway Parks and Recreation

Conway SC 29526

Amount 150

Activity Local charities

Grantee DAV Chapter 57

Name of the organization ROTARY CLUB OF CONWAY	Employer identification number 57-6036428
--	---

Conway SC 29526

Amount 5,000

02. Description of other expenses (Part I, line 16)

Description	Amount
Rotary International Dues	3,105
Banquet Expenses	22
Marketing	250
Membership and Dues	1,897
Administration Expenses	3,566
Travel and Training	2,284
Supplies	105
Breakfast Meetings	14,132
Accounting	1,580
Miscellaneous	38

03. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
Uncollectable Invs prev in income	(969)

04. Description of other assets (Part II, line 24)

Category	Beginning	
	of Year	End of Year
Dues Receivable	1,803	2,270