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A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

ROTARY INTERNATIONAL DIST 6880

As Filed Data -

DLN: 93492136012672

D Employer identification number

63-0861382

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

Namo chango

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, 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

and ending 06-30-2011

Open to Public Inspection

Initial return Terminated		-	1430 S FOREST AVE	om/suite	E Telephone num	ıber	
			City or town, state or country, and ZIP + 4				
			LUVERNE, AL 36049		F Group Exempte Number ►	on	
					.		
		ting method N/A	Cash ✓ Accrual Other (specify) ►			C.11	ganization is not
		-	only one)— 501(c)(3) 501(c)(4) 4(insert no) 4947(a)(1) or 522		required to at (Form 990, 99	tach Sch	edule B
K C h	neck 🕨	If the orga	anization is not a section 509(a)(3) supporting organization and its	aross re			
\$5	0,000	0 A Form 990	-EZ or Form 990 return is not required though Form 990-N (e-pos to file a return, be sure to file a complete return				
L Add more,			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if t d of Form 990-EZ	otal assets	(Part II, line 25, co ► \$	lumn (B) b	pelow) are \$500,000 or 136,483
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Bal le organization used Schedule O to respond to any question in this		(See the instruct	tions for	Part I) . ▽
	1	Contribution	s, gifts, grants, and similar amounts received			1	
	2	Program ser	vice revenue including government fees and contracts			2	47,128
	3	Membership	dues and assessments			3	87,381
	4	Investment	ıncome			4	1,974
	5a	Gross amour	nt from sale of assets other than inventory	5a			
<u>a</u>	ь	Less cost o	rother basis and sales expenses	5b		1	
Revenue	c	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from lii	ne 5a)		5c	
Re	6	Gaming and	fundraising events				
	a	Gross income fr	rom gamıng (attach Schedule G ıf greater than \$15,000)	6a			
	ь	Gross incom reported on I \$15,000)					
	c		expenses from gaming and fundraising events	6c			
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b	and subt	ract line 6c)	6d	
	7a	Gross sales	of inventory, less returns and allowances	7a			
	ь	Less cost o	fgoods sold	7b		1	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	ue (describe in Schedule O)	•		8	
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	136,483
	10	Grants and s	similar amounts paid (list in Schedule O)		-	10	
	11	Benefits paid	d to or for members			11	
	12	Salaries, oth	er compensation, and employee benefits			12	
ē.	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14	
Exp	15	Printing, pub	lications, postage, and shipping			15	
	16	Other expen	ses (describe in Schedule O)			16	139,067
	17	Total expens	ses. Add lines 10 through 16			17	139,067
B	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	-2,584
Net.Assets	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (mu	ıst agree	with		
t.A		end-of-year	figure reported on prior year's return)			19	114,359
Ž	20	Other chang	es ın net assets or fund balances (explaın ın Schedule O) $$. $$.			20	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .		▶	21	111,775

Dart II	Balance	Sheets
rait tt	Dalance	SHEELS

Check if the organization use	ed Schedule O to respond to	any guestion in this Pa	rt II		
(See the instru	ctions for Part II)	(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments .			116,971	22	112,737
23 Land and buildings				23	
24 Other assets (describe in Schedule (0)		500	24	238
25 Total assets			117,471	25	112,975
26 Total liabilities (describe in Schedule	eO)		3,112	26	1,200
27 Net assets or fund balances (line 27	of column (B) must agree wit	th line 21) .	114,359	27	111,775
Check if the organization use	ed Schedule O to respond to		art III . 「		Expenses quired for section 501 (3) and 501(c)(4)
What is the organization's primary exemp FOSTER CIVIC RESPONSIBILITY Describe what was achieved in carrying o describe the services provided, the numb program title	ut the organization's exempt			org 494	anizations and section 47(a)(1) trusts, ional for others)
<u> </u>	nis amount includes foreign (-	▶┌	28a	114,509
29 FOSTER CIVIC RESPONSIBILTY TH (Grants \$) If the control of the	ROUGH YOUTH-RELATED nis amount includes foreign (▶┌	29a	18,772
30 FOSTER CIVIC RESPONSIBILTY TH (Grants \$)	ROUGH GROUP STUDY EXC nis amount includes foreign (30a	5,786
31 Other program services (describe in S (Grants \$)	chedule O) nıs amount ıncludes foreıgn (grants, check here		31a	
32 Total program service expenses (add li				32	139,067
Part IV List of Officers, Directors, To Check of the organization use				tructior •	ns 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) Contribution employee benefit p deferred compens	lans 8	(e) Expense account and other allowances
JOSEPH SALOOM DO NOT SOME PO BOX 240452 MONTGOMERY, AL 36124	DISTRICT GOV 6 00	0			
BOB KELLEY \$\frac{\pi}{2}\$ 319 LAPSLEY ST SELMA, AL 36701	TREASURER 2 00	0			
TONYA JONES 13536 OPP HWY BRANTLEY, AL 36009	SECRETARY 2 00	0			

				, age	
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		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				
b	Did the organization file Form 1120-POL for this year?	37b		Νo	
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				
	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 4915 , section 4955				
D	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				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization				
	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	
	List the states with which a copy of this return is filed				
42a	The organization's books are in care of • BOB KELLEY Telephone no	• <u>(33</u>	84)872	<u>-6075</u>	
	319 LAPSLEY ST Located at SELMA, AL ZIP + 4	3 (5701		
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		Yes	No	
	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		Νo	
	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			▶ 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	
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed				
	instead of Form990-EZ				
c	c Did the organization receive any payments for indoor tanning services during the year?				
	5				
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				

Form 990-	EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle ' Form 990 and Schedule R must be			ng of section 5	512(b)(13)? <i>If</i>	45		No
	the organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>					45a		No
46 Did t	the organization engage, directly of the organization engage, directly of the organization engage. If "Yes,"	or indirectly, in politica	l campaign activities					
Part VI		<u> </u>			ahawitahla tu	46		No
Pait VI	All section 501(c)(3) organ 47-49b and 52.		` ' ' '	•			-	stions
	Check if the organization used	l Schedule O to respon	d to any question in th	nis Part VI		<u></u>		<u> </u>
							Yes	No ———
47 Did t	the organization engage in lobbyir	ng activities? If "Yes,"	complete Schedule C	, Part II		47		
48 Is th	ne organization a school described	d in section 170(b)(1)(A)(II)? If "Yes," comple	ete Schedule E		48		
49a Did t	the organization make any transfe	ers to an exempt non-c	harıtable related orgar	nızatıon?		49a		
b If"Y	es," was the related organization	a section 527 organiza	ation?			49b		
	plete this table for the organization							
emp	loyees) who each received more t	· · · · ·			•			
	e and address of each employee aid more than \$100,000	(b) Title and average hours per week	e (c) Compensati		ontributions to e benefit plans &	-	e) Expe	
p,	and more than \$100,000	devoted to position	1	deferre	d compensation	othe	erallow	nces
50(f) To	tal number of other employees pa	ıd over \$100 000				-		
	tar namber of other employees pa	ια στει φ1σσ,σσσ						
51 Com	plete this table for the organization	on's five highest compe	ensated independent c	ontractors wh	o each received n	nore th	an \$10	0,000
of co	empensation from the organization	ı If there ıs none, ente	r "None "					
(a) N	lame and address of each indeper	ndent contractor paid n	nore than \$100,000	(b) ⊤ y	pe of service	(c) (ompen	sation
51(d) To	tal number of other independent c	ontractors each receiv	ing over \$100,000					
	d the organization complete Sche ust attach a completed Schedule		tion 501(c)(3) organiz	zations and 49	47(a)(1) nonexer		arıtable Yes	
1111	ust attach a completed schedule	A				,	res	NO
	lties of perjury, I declare that I have and belief, it is true, correct, and co							
knowledge.		ompreter Beeraration of p	reparer (other than on	cci y is buscu o	ii aii iiioi iiacioii oi	***************************************	propure	indo diriy
	Tı							
	*****				2012-05-15			
Sign Here	Signature of officer				Date			
liere	JOSEPH M SALOOM DISTRICT GOVE Type or print name and title	ERNER (PAST)						
	<u> </u>	I	Date	Check If	Preparer's taxpay	ver ident	ification i	number
Paid	Preparer's signature ALLEN E PHILLIPS		2012-05-15	self- employed • [(See instructions			
Preparer's	Firm's name (or yours A GIBSON & C	name (or yours & GIBSON & CARDEN LLC		employed F				
Use Only	ıf self-employed),							
-	Phone no ▶ (33					334) 335-5091		
May the IT	LUVERNE, A		ee instructions		<u> </u>			No
may the IF	S discuss this return with the pre	parer shown above? S	eemsuucuons	<u> </u>	<u> </u>	j. Y	C2	140

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As Filed Data -

DLN: 93492136012672

OMB No 1545-0047

2010

Open to Public
Inspection

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.

Name of the organization
ROTARY INTERNATIONAL DIST 6880

Employer identification number

63-0861382

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES AG EXPENSES 586 AWARDS 698 CONVENTION REGISTRATION 4,225 DISASTER RELIEF 1,200 DISTRICT CONFERENCE 31,144 DISTRICT DIRECTORY 866 DIST GOV EXPENSES 15,318 DIST GOV ELECT EXPENSES 5,197 DIST GOV NOM EXPENSES 3,289 GROUP STUDY EXCHANGE 5,786 HEART OF AMERICA 455 MID-YEAR CONFERENCE 9,264 OFFICE SUPPLIES 1,746 PRES-ELECT TRAINING EXP 22,896 ROTARY YOUTH LEADRSHP ACA 18,397 SECRETARY EXPENSE 1,000 SEC-ELEC TRNG & DIST ASSM 851 TREASURER EXPENSE 1,100 WEBSITE MAINTENANCE 1,126 YOUTH EXCHANGE 375 ZONE INSTITUTE EXP 11,065 OTHER EXPENSES 2,483 TOTAL 139,067

ldentifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 500 238 TOTAL 500 238

ldentifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,112 1,200

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TY 2010 Compensation Explanation

Name: ROTARY INTERNATIONAL DIST 6880

EIN: 63-0861382

Person Name	Explanation
JOSEPH SALOOM	
BOB KELLEY	
TONY A JONES	