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Form 990-EZ

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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

, and ending 06-30-2011

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization ROTARY INTERNATIONAL AUBURN ROTARY		D Employer identification number 63-6049676
Number and street (or P O box, if mail is not delivered to street address) PO BOX 852		E Telephone number (334) 466-3184
City or town, state or country, and ZIP + 4 AUBURN, AL 368310852		F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____I Website: ► WWW.AUBURNROTARYCLUB.COMJ Tax-Exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527H 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 ► \$ 92,537

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 ►

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 0
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 84,284
	4 Investment income	4 41
	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 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6d
	c 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)	
	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)	7c
	8 Other revenue (describe in Schedule O)	8 8,212
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 92,537
	10 Grants and similar amounts paid (list in Schedule O)	10 5,147
Net Assets	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 300
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe in Schedule O)	16 77,758
	17 Total expenses. Add lines 10 through 16	17 83,205
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 9,332
	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)	19 21,330
	20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 30,662

Part II Balance SheetsCheck 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		11,673	22 14,378
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		9,657	24 16,284
25 Total assets		21,330	25 30,662
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)		21,330	27 30,662

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

THE PURPOSE OF THE ROTARY CLUB IS (1) DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, (2) HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY, (3) THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS, AND COMMUNITY LIFE, AND (4) THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL AND PEACE THROUGHOUT A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS IN THE IDEAL OF SERVICE

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 TO PROVIDE ASSISTANCE IN ANY COMMUNITY NEEDS APPROVED PROJECTS(Grants \$ 0) If this amount includes foreign grants, check here **28a** 81,655**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** (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** 81,655**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	39a	
a Initiation fees and capital contributions included on line 9	39b	
b 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
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 ►		
42a The organization's books are in care of ► JOHN REESE Telephone no ► (334) 466-3184		
Located at ► PO BOX 852 AUBURN, AL ZIP + 4 ► 36831		
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)?	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 ►		
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 Form 990-EZ	45	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 Form 990-EZ	45a	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	46	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	47	
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 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	***** Signature of officer <u>JOHN REESE TREASURER</u> Type or print name and title	2011-11-15 Date		
Paid Preparer's Use Only	Preparer's signature <u>AARON WALLER</u>	Date 2011-10-31	Check if self- employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>MACHEN MCCHESNEY & CHASTAIN LLP</u> <u>1820 EAST UNIVERSITY DRIVE</u> <u>AUBURN, AL 36830</u>			EIN <input checked="" type="checkbox"/>
				Phone no <input checked="" type="checkbox"/> (334) 887-7022

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2010)

Additional Data

Software ID:
Software Version:

EIN: 63-6049676

Name: ROTARY INTERNATIONAL AUBURN ROTARY

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
JR SMITH PO BOX 852 AUBURN, AL 36831	PRESIDENT 5 00	0	0	0
DAVID REAVES PO BOX 852 AUBURN, AL 36831	PRESIDENT-ELECT 5 00	0	0	0
JIM BRANDT PO BOX 852 AUBURN, AL 36831	SECRETARY 5 00	0	0	0
JOHN REESE PO BOX 852 AUBURN, AL 36831	TREASURER 5 00	0	0	0
TRACIE WEST PO BOX 852 AUBURN, AL 36831	PAST PRESIDENT 5 00	0	0	0
FORD LAUMER PO BOX 852 AUBURN, AL 36831	DIRECTOR- COMMUNITY SERVICE 5 00	0	0	0
WANDA LEWIS PO BOX 852 AUBURN, AL 36831	DIRECTOR- VOCATIONAL SERVICE 5 00	0	0	0
BEN RUDGERS PO BOX 852 AUBURN, AL 36831	DIRECTOR-CLUB ADMINISTRATION 5 00	0	0	0
JOHN ALLEY PO BOX 852 AUBURN, AL 36831	DIRECTOR- MEMBERSHIP 5 00	0	0	0
SCOTT WAY PO BOX 852 AUBURN, AL 36831	DIRECTOR- INTERNATIONAL SERVIC 5 00	0	0	0
MICHAEL TULLIER PO BOX 852 AUBURN, AL 36831	DIRECTOR-PUBLIC RELATIONS 5 00	0	0	0

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.

2010**Open to Public
Inspection****Name of the organization**

ROTARY INTERNATIONAL AUBURN ROTARY

Employer identification number

63-6049676

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 41

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION MISCELLANEOUS INCOME AMOUNT 2,051 DESCRIPTION COMMUNITY NEEDS AMOUNT 6,161 TOTAL TO FORM 990-EZ, LINE 8 8,212

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	AFFILIATE NAME ROTARY INTERNATIONAL AFFILIATE ADDRESS 1560 SHERMAN AVENUE EVANSTON, IL 60201 PURPOSE OF PAYMENT ROTARY INTERNATIONAL PROJECTS AMOUNT OF PAYMENT 2,289

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION BOY SCOUTS GRANTEE NAME BOY SCOUT TROOP 7 PROPERTY DESCRIPTION CASH DATE OF GIFT 12/29/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION LITERACY GRANTEE NAME BABIES LOVE BOOKS PROPERTY DESCRIPTION CASH DATE OF GIFT 08/24/10 AMOUNT GIVEN 628

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION TEACHER AWARDS GRANTEE NAME TEACHER OF THE YEAR PROPERTY DESCRIPTION CASH DATE OF GIFT 05/24/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION FELLOWSHIPS GRANTEE NAME FELLOWSHIP OF CHRISTIAN ATHLETES PROPERTY DESCRIPTION CASH DATE OF GIFT 11/24/10 AMOUNT GIVEN 730 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 2,858

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSE AMOUNT 1,250 DESCRIPTION MEETING EXPENSE AMOUNT 498 DESCRIPTION DUES EXPENSE AMOUNT 12,750 DESCRIPTION BANK FEES AMOUNT 373 DESCRIPTION CONTRIBUTIONS AMOUNT 3,815 DESCRIPTION SUPPLIES AMOUNT 654 DESCRIPTION WEBSITE EXPENSE AMOUNT 339 DESCRIPTION MEALS AMOUNT 46,368 DESCRIPTION MEMBER EVENTS AMOUNT 9,670 DESCRIPTION OTHER EXPENSE AMOUNT 153 DESCRIPTION OFFICER TRAINING AMOUNT 1,889 TOTAL TO FORM 990-EZ, LINE 16 77,759

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION DUE RECEIVABLE BEG OF YEAR AMOUNT 9,657 END OF YEAR AMOUNT 2,765 DESCRIPTION DUE FROM AUBURN COMMUNITY NEEDS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 13,519

TY 2010 Transfers Personal Benefits Contracts Declaration

Name: ROTARY INTERNATIONAL AUBURN ROTARY

EIN: 63-6049676

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.