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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	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 Accomplishments

Check 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		Expenses (Required for section 501 (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	TO PROVIDE ASSISTANCE IN ANY COMMUNITY NEEDS APPROVED PROJECTS (Grants \$) 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 <input type="text"/> 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 <input type="text"/>		
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities 39b <input type="text"/>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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 . . . <input type="text"/> 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/> 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 <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> JOHN REESE Telephone no <input type="text"/> (334) 466-3184 PO BOX 852 Located at <input type="text"/> AUBURN, AL ZIP + 4 <input type="text"/> 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)? If "Yes," enter the name of the foreign country <input type="text"/> 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 <input type="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="text"/> 43 <input type="text"/>		
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		Date			
	JOHN REESE TREASURER		2011-11-15			
Paid Preparer's Use Only	Preparer's signature	AARON WALLER	Date	2011-10-31	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	MACHEN MCCHESENEY & CHASTAIN LLP 1820 EAST UNIVERSITY DRIVE AUBURN, AL 36830			EIN	
				Phone no	(334) 887-7022	

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

YesNo

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 TWAY 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

2010

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

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.

Department of the Treasury
Internal Revenue Service

Name of the organization ROTARY INTERNATIONAL AUBURN ROTARY	Employer identification number 63-6049676
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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.