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

C Name of organization

Rotary International Abilene Southwest

As Filed Data -

DLN: 93492314003331

D Employer identification number

75-6034565

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

Address change

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

and ending 06-30-2011

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

Open to Public Inspection

_	ame ch	-	Number and street (or P O box, if mail is not delivered to street address) Roo	om/suite	E Telephone	e numb	er	
_	ıtıal ret		PO Box 5421		(;	325) 69	92-798	8
_	eminat	ted d return	City or town, state or country, and ZIP + 4		F Group Exe			-
_		on pending	Abilene, TX 79608		Number I			
	prication	on penaling						
		-	Cash Accrual Other (specify) ►			_		
		•	lenesouthwestrotary org					organization is not
J Tax	-Exem	pt status(check	only one)— 501(c)(3) 501(c)(4) ◀(insert no) 4947(a)(1) or 527	7	required t (Form 99			nedule B or 990-PF)
K Ch	eck 🕨	► If the orga	anization is not a section 509(a)(3) supporting organization and its	gross re				
			-EZ or Form 990 return is not required though Form 990-N (e-pos	stcard) m	ay be requir	ed (s	ee ins	tructions) But if the
			to file a return, be sure to file a complete return o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if t	total assets	(Part II. line 2	25. colu	ımn (B) below) are \$500.000 or
more		Form 990 instead	d of Form 990-EZ		<u> </u>	\$		80,144
Pa	rt I	_	e, Expenses, and Changes in Net Assets or Fund Balle organization used Schedule O to respond to any question in this		(See the ins	tructı •	ions fo	or Part I)
	1	Contribution	s, gifts, grants, and similar amounts received				1	10,195
	2	Program serv	vice revenue including government fees and contracts				2	27,884
	3	Membership	dues and assessments				3	41,964
	4	Investment	income				4	91
	5a	Gross amour	nt from sale of assets other than inventory	5a				
<u>o</u>	ь	Less cost o	rother basis and sales expenses	5b		0	1	
Ĕ	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	ne 5a)			5c	
Revenue	6		fundraising events	•				
	a	_	rom gaming (attach Schedule G if greater than \$15,000)	6a				
	b		e from fundraising events (not including \$ 0 of contributions from fine 1) (attach Schedule G if the sum of such gross income and con	fundraisir	-			
	с	Less direct	expenses from gaming and fundraising events	6с		0		
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b a	and subt	ract line 6c))	6d	0
	7a	Gross sales	of inventory, less returns and allowances	7a				
	ь	Less cost o	fgoods sold	7b		0	1	
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c	
	8	O ther revenu	ue (describe in Schedule O)				8	10
	9	Total revenu	le. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	80,144
	10	Grants and s	imilar amounts paid (list in Schedule O)				10	21,479
	11	Benefits paid	I to or for members				11	
	12	Salaries, oth	er compensation, and employee benefits				12	
۵ a	13	Professional	fees and other payments to independent contractors				13	795
Expenses	14	Occupancy,	rent, utilities, and maintenance				14	
<u> </u>	15	Printing, pub	lications, postage, and shipping				15	1,334
ш	16	O ther expen	ses (describe in Schedule O)				16	58,844
	17	Total expens	ses. Add lines 10 through 16				17	82,452
<u></u>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			•	18	-2,308
etAssets	19	•	or fund balances at beginning of year (from line 27, column (A)) (mu	ust agree	with			
t.A.s			figure reported on prior year's return)				19	36,465
ž	20	•	es in net assets or fund balances (explain in Schedule O)				20	•
	21	-	or fund balances at end of year Combine lines 18 through 20				21	34,157
For I		y Act and Pap	perwork Reduction Act Notice, see the separate instructions. Ca	at No 10	642I			rm 990-EZ (2010)

Part II	Balance Sheets	
	Chack if the organization used Schedule O to respond to any question in this Part II	ᅜ

	Serieudie o to respond to	uny question in t			
(See the instruct	tions for Part II)	[(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .		[32,643	22	30,450
23 Land and buildings				23	
24 Other assets (describe in Schedule O)		3,986	24	3,773
25 Total assets			36,629	25	34,223
26 Total liabilities (describe in Schedule	0)		164	26	66
27 Net assets or fund balances (line 27 of	f column (B) must agree wit	th line 21) .	36,465	27	34,157
Part III Statement of Program	Service Accomplishn	nents		Ί	Expenses
Check if the organization used	Schedule O to respond to	any question in t	hıs Part III .	Ι,	equired for section 501
What is the organization's primary exempt				1 ' '	(3) and 501(c)(4) Janizations and section
Support of Community and CHaritable Caus				49	47 (a)(1) trusts,
Describe what was achieved in carrying out		•	•	1	tional for others)
describe the services provided, the number program title	r or persons benefited, and	other relevant in	formation for each		
28 Other Program services					
	s amount includes foreign g	grants, check her	e ► 厂	28a	
29 Rotary Foundation - Contributions to Pa (Grants \$ 10,835) If thi	ul Harrıs Fellowshıp Award s amount ıncludes foreıgn ç	•	•	29a	
30 Top 50+ Banquet Honoring the Top grad (Grants \$ 14,179) If the	luates from each of the are s amount includes foreign (-	e	30a	
31 O ther program services (describe in Sci (Grants \$) If thi	hedule O) . . . s amount includes foreign o	 grants, check her		31a	
32 Total program service expenses (add line	es 28a through 31a) .		⊳	32	31,464
Part IV List of Officers, Directors, Tru	stees, and Key Employees.	List each one even if	f not compensated (See the ins	tructio	
Check if the organization used	Schedule O to respond to	any question in t	his Part IV		<u></u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	d, employee benefit p	lans 8	
See Additional Data Table					

Da	rt V	Other Information (Note the statement requirements in the instr	uctions for Part V)			- r ugc
Га		•	· –			
		Check if the organization used Schedule O to respond to any question in this	SPAILV		Yes	No
33		organization engage in any activity not previously reported to the IRS? If "Y tion of each activity in Schedule O		33	103	No
34	of the a	ly significant changes made to the organizing or governing documents? If "Y mended documents if they reflect a change to the organization's name Other le O (see instructions)		34		No
35	If the o	rganization had income from business activities, such as those reported on libut not reported on Form 990-T, explain in Schedule O why the organization 90-T	, , ,			
а		organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p	, , , , , , , , , , , , , , , , , , , ,	35a		No
b	If"Yes,	" has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		organization undergo a liquidation, dissolution, termination, or significant dis r? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter am	ount of political expenditures, direct or indirect, as described in the instructions 🕨	37a			
b	Dıd 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 suc	h loans made in a prior year and still outstanding at the end of the tax year c	overed 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	Initiatio	on fees and capital contributions included on line 9	39a 0			
b	Grossr	eceipts, included on line 9, for public use of club facilities	39b 0			
40a	Section	501(c)(3) $organizations$. Enter amount of tax imposed on the organization duri	ng the year under			
	section 4	911 🟲, section 4912 🟲, section 4955 🖡	-			
b	transac	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sect tion during the year or did it engage in an excess benefit transaction in a prio d on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Pa	or year that has not been	40b		No
С		501(c)(3) and $501(c)(4)$ organizations. Enter amount of tax imposed on org fied persons during the year under sections $4912,4955,$ and 4958 .	anization managers or			
d		501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reination	mbursed by the			
	transac	nizations. At any time during the tax year, was the organization a party to a pi tion? If "Yes," complete Form 8886-T		40e		No
		rates with which a copy of this return is filed		_		
42a	The or	ganization's books are in care of will Speight	Telephone no	(32	5)692	<u>-7988</u>
		PO Box 5421 d at Mallene, TX		<u>7</u>	960854	21
Ь	over a f	time during the calendar year, did the organization have an interest in or a signification. Inancial account in a foreign country (such as a bank account, securities acc	-	42b	Yes	No No
	accoun	:)′ ″ enter the name of the foreign country ▶				
	See the	instructions for exceptions and filing requirements for Form TD F 90-22.1, Real Accounts.				
r		time during the calendar year, did the organization maintain an office outside	of the U.S.?	42c		No
_			of the o s	720		110
42		"enter the name of the foreign country				
43		4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 r the amount of tax-exempt interest received or accrued during the tax year		• •		<u>-</u>
44a	Did the	organization maintain any donor advised funds? If "Yes", Form 990 must be co	ompleted instead of		Yes	No
	Form 99	0-EZ.		44a		Νo
b		organization operate one or more hospital facilities during the year? If 'Yes,' of Form990-EZ	Form 990 must be completed	44b		No
c	Dıd the	organization receive any payments for indoor tanning services during the ye	ar [?]			
	TENY :	As how 44s has the source of the Fig. 700s.	7.5.18/- / / / / / / / / / / / / / / / /	44c		No
d	If 'Yes'	to line 44c, has the organization filed a Form 720 to report these payments? Jule O	11 NO, provide an explanation			

Form 990-I	EZ (2010)							Page
							Yes	No
	ny related organization a controlle Yerm 990 and Schedule R must be	•	_	fsection 512	2(b)(13)? <i>If</i>	45		Νo
	he organization receive any payn ning of section 512(b)(13)? <i>If 'Ye</i>		•			45a		NI o
	he organization engage, directly idates for public office? If "Yes,"			ehalf of or in	opposition to			N o
Part VI				exempt c	haritable tri	46 usts d	nlv.	No
GIC VI	All section 501(c)(3) organ 47-49b and 52.							stions —
	Check if the organization used	Schedule O to respond	to any question in this P	art V I .			 Yes	No
						47	163	
7 Did tl	he organization engage in lobbyir	ng activities? If "Yes," co	omplete Schedule C, Par	rt II		47		
	e organization a school describe					48 49a		
	he organization make any transfe			tion?		49a 49b		
	es," was the related organization							
	plete this table for the organization oyees) who each received more t							
	and address of each employee	(b) Title and average hours per week devoted to position	(c) Compensation	employee b	ributions to enefit plans & ompensation	a	e) Exper	and
ONE					'			
50(f) Tot	al number of other employees pa	ıd over \$100,000 .				<u> </u>		
				· ·		•	an ¢ 1 00	2 000
1 Comp	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter '	None "	,			-	
1 Comp	plete this table for the organization	on's five highest compen 1 If there is none, enter '	None "	,	each received m		an \$100	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter '	None "	,			-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter '	None "	,			-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter '	None "	,			-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter '	None "	,			-	
1 Compoficor	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter '	None "	,			-	
of con (a) N	plete this table for the organization mpensation from the organization	on's five highest compen 1 If there is none, enter '	None "	,			-	
of composition (a) N	plete this table for the organization mpensation from the organization ame and address of each indeper	on's five highest compen If there is none, enter ' ndent contractor paid mo	'None " re than \$100,000	,			-	
of composition (a) NONE	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Sche	on's five highest compen If there is none, enter ' Indent contractor paid mo ontractors each receiving	re than \$100,000 g over \$100,000	(b) Type	of service	(c) C	ompen	trusts
ONE (a) Note (a) Total	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of	on's five highest compen If there is none, enter ' Indent contractor paid mo ontractors each receiving	re than \$100,000 g over \$100,000	(b) Type	of service	(c) C	ompen	sation
1 Composition of column of	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schellst attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization of the organization completed Schedule	on's five highest compent of there is none, enter indent contractor paid motor ontractors each receiving dule A? NOTE: All Section A	g over \$100,000	(b) Type	of service	npt cha	aritable (es f	trusts
1 Composition of column of	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Scheust attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and continue to the organization complete schedule lities of perjury, I declare that I have and belief, it is true, correct, and continue to the organization complete schedule lities of perjury, I declare that I have and belief, it is true, correct, and continue to the organization complete schedule lities of perjury, I declare that I have and belief, it is true, correct, and continue the organization complete schedule lities of perjury is true, correct, and continue the organization continue th	on's five highest compent of there is none, enter indent contractor paid motor ontractors each receiving dule A? NOTE: All Section A	g over \$100,000	(b) Type	of service	npt cha	aritable (es f	trusts
of composition of control (a) NOONE ONE ONE ONE ONE ONE ONE	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete Schellst attach a completed Schedule lities of perjury, I declare that I have and belief, it is true, correct, and contact the organization of the organization completed Schedule	on's five highest compent of there is none, enter indent contractor paid motor ontractors each receiving dule A? NOTE: All Section A	g over \$100,000	(b) Type	of service	npt cha	aritable (es f	trusts
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of composition (a) N. ONE ONE ONE ONE ONE ONE ONE ON	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule lities of perjury, I declare that I have and belief, it is true, correct, and complete is the correct of the organization complete.	on's five highest compent of there is none, enter indent contractor paid motor ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organizatio on companying scheparer (other than officer)	(b) Type ons and 4947 edules and states is based on a	of service	npt cha	aritable /es st of my prepare	trusts No
61 Composition of column o	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedist attach a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and contains the complete of the organization complete. The correct is a completed Schedule. Ities of perjury, I declare that I have and belief, it is true, correct, and contains the correct is signature. Donna Sciffes CPA Firm's name (or yours and Davis Kinary).	on's five highest compen If there is none, enter 'ndent contractor paid mo ontractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organizatio on companying scheparer (other than officer)	eck if	of service	npt cha	aritable /es st of my prepare	trusts No
of composition of control of cont	plete this table for the organization mpensation from the organization ame and address of each independent of the organization complete. Schedule attach a completed Schedule and belief, it is true, correct, and complete is the organization complete schedule. The organization complete schedule are attached to the organization complete schedule and belief, it is true, correct, and complete schedule. ****** Signature of officer Will Speight Exec Secretary Type or print name and title Preparer's signature Donna Scifres CPA	on's five highest compental of there is none, enter and modern contractor paid modern contractors each receiving dule A? NOTE: All Section A	g over \$100,000 on 501(c)(3) organizatio on companying scheparer (other than officer)	eck if	of service (a)(1) nonexem atements, and to li information of 1-11-10 e	npt cha the be which	aritable (es st of my prepared	trusts No

Software ID: 10000105 **Software Version:** 2010v3.2

EIN: 75-6034565

Name: Rotary International Abilene Southwest

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
Leonie Stovall PO Box 5421 Abilene,TX 79608	Director 2 00	0		
Leslie Ellis PO Box 5421 Abilene,TX 79608	Director 1 00	0		
Paresh Chhotu PO Box 5421 Abilene,TX 79608	Sgt At Arms 100	0		
Stacey Scalef PO Box 5421 Abilene,TX 79608	Director 1 00	0		
David Mason PO Box 5421 Abilene,TX 79608	Director 1 00	0		
Dwayne Hargesheimer PO Box 5421 Abilene,TX 79608	Director 0	0		
Charles Richardson PO Box 5421 Abilene,TX 79608	Director 1 00	0		
Downing Bolls PO Box 5421 Abilene,TX 79608	Director 0	0		
Ross Bennett PO Box 5421 Abilene,TX 79608	President Elect 2 00	0		
Will Speight PO Box 5421 Abilene,TX 79608	Exec Secretary 30 00	0		
Aletta Allred PO Box 5421 Abilene,TX 79608	Secr/Treas 6 00	0		
Roberto Aguirre PO Box 5421 Abilene,TX 79608	President 4 00	0	_	
Stephanie Kraley PO Box 5421 Abilene,TX 79608	Director 1 00	0		

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As Filed Data -

DLN: 93492314003331

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(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.

Open to Public Inspection

Name of the organizat	on	Employer identifi	cation number
Rotary International Abilene	Southwest		
		75-6034565	

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 1001	Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$164 Accounts Payable and Accrued Expenses - Ending \$66

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$3136 Accounts Receivable - Ending \$3136

ldentifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$850 Furniture and Fixtures - Ending \$637

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 21	Other Expenses 21	PO Box Rental \$44

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 20	Other Expenses 20	Web site Maintenance \$83

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 19	Other Expenses 19	Bond \$100

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 18	Other Expenses 18	Gifts, Flowers, & Awards \$161

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 17	Other Expenses 17	Mıscellaneous Expense \$182

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 16	Other Expenses 16	Repairs - Computer & Equipment \$195

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 15	Other Expenses 15	Dictionary Project \$245

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 14	Other Expenses 14	Valentine's Social Expense \$277

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 13	Other Expenses 13	Regalia & Banners \$346

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 12	Other Expenses 12	Internet Services \$416

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 10	Other Expenses 10	Badges, Pins, Plaques \$628

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 9	Other Expenses 9	Library Books \$750

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 8	Other Expenses 8	President Elect Training \$750

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Polio Eradication Expenses \$1000

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	District Dues \$1392

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 4	Other Expenses 4	Rotary International Dues \$4011

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Special Projects Expense \$5450

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Top 50+ Banquet Expense \$14179

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Meal Expense \$25485

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$213

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 16 1007	Other Expenses 1007	Conferences, Conventions, and Meetings \$2937

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line	Grants and Similar Amounts Paid In Excess of	Donee's Name Rotary Foundation Cash Amount Given
10 1	\$5,000 1	\$10835

ldentifier	Return Reference	Explanation
Form 990-EZ, Part I, Line 8 1	Other Revenue 1	Miscellaneous Income \$10