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Form **990-EZ** 

Department of the Treasury Internal Revenue Service

## 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.

OMB No. 1545-1150

2011

Open to Public Inspection

	A F	or the 2	2011 calendar year, or tax year beginning July 1 , 2011, and ending	9		une 30	, 20 12				
	Вс	heck if ap	plicable C Name of organization		D Emple	oyer ident	ification number				
	₽ ב	ddress d				63-0	334851				
	=	lame cha	, , , , , , , , , , , , , , , , , , , ,	е	E Telep	none number					
	_	ntıal retur	IP.O. DUX 1294				237-2836				
	_	erminated mended	City or town, state or country, and ZIP + 4		F Group Exemption						
	=		Anniston, AL 36202-1294		Num	ber ▶	0573				
	G A	ccount	ing Method: ☐ Cash	H	Check ▶	► 🗹 ıf tt	ne organization is not				
	I V	Vebsit	e: > www.annistonrotary.org		•		n Schedule B				
	J Ta	ıx-exen	npt status (check only one) — ☐ 501(c)(3)	L.,	(Form 99	90, 990-E	Z, or 990-PF).				
,	KC	heck >	s gross re	eceipts are normally							
	n	Check ► ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts at 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 Instruct									
			nization chooses to file a return, be sure to file a complete return.								
	LA	dd lines	5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	ssets	s (Part II,						
	lir	e 25, c	olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			<b>▶</b> \$					
	Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see								
			Check if the organization used Schedule O to respond to any question in this Pa	art I			<u> </u>				
		1	Contributions, gifts, grants, and similar amounts received			1	2,500				
		2	Program service revenue including government fees and contracts			2					
		3	Membership dues and assessments			3	88,308				
		4	Investment income			4	1				
		5a	Gross amount from sale of assets other than inventory 5a			i					
$\sim$		b	Less: cost or other basis and sales expenses								
2012		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	•		5c					
		6	Gaming and fundraising events								
ro		а	Gross income from gaming (attach Schedule G if greater than								
0	Revenue		\$15,000)								
DEC	ě	b	Gross income from fundraising events (not including \$of contribution)	ıtior	າຣ						
	æ		from fundraising events reported on line 1) (attach Schedule G if the								
			sum of such gross income and contributions exceeds \$15,000) 6b								
SCANNED		С	Less: direct expenses from gaming and fundraising events 6c								
4		d	Net income or (loss) from gaming and fundraising events (add-lines 6a and 6b and line 6c)	su	btract						
				•		6d					
Q		7a	Gross sales of inventory, less returns and allowances								
<b>U</b> 2)		b	Less: cost of goods sold								
		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	•		7c	400				
		8	Other revenue (describe in Schedule O) OGDFN 117	•		8	488				
	_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and BV.	<u>·</u>		9	91,297				
		10	Grants and similar amounts paid (list in Schedule O)	•		10	13,900				
		11	Benefits paid to or for members			11	4 672				
-	98	12	Salanes, other compensation, and employee benefits		12	4,672					
	Expenses	13	Professional fees and other payments to independent contractors		13	5,718					
	χ̈	14	Occupancy, rent, utilities, and maintenance			14	0.740				
	ш	15	Printing, publications, postage, and shipping		15	3,740					
		16	Other expenses (describe in Schedule O)			16	50,968				
		17	Total expenses. Add lines 10 through 16			17	78,998				
	ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	12,299				
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must a				40 224				
	Ę		end-of-year figure reported on prior year's return)			19	18,334				
	Ž	20	Other changes in net assets or fund balances (explain in Schedule O)	•		20	30.638				
		・ン1	NET SEEDS OF THIRD DSISTINGS STEAD OF VEST COMPINE HIPS LATINFOLION 20				30.030				

Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2011)

r ell	t II	Balance Sheets. (see the instruct	tions for Part II.)				_
		Check if the organization used Scho	edule O to respond to a	ny question in this F	Part II	<u>.</u>	<u> </u>
				<u> </u>	A) Beginning of year		B) End of year
22	Cas	h, savings, and investments				2	
23	Land	d and buildings			2	23	
24	Othe	er assets (describe in Schedule O) .				24	
25	Tota	al assets			2	25	
26	Tota	al liabilities (describe in Schedule O)		[	2	26	
27		assets or fund balances (line 27 of co			2	27	
Part		Statement of Program Service Ad			art III.)		Expenses
		Check if the organization used Sch					red for section
What	is the	e organization's primary exempt purpos					(3) and 501(c)(4)
		he organization's program service acc		of its three largest pr	ogram services		zations and section
as m	easur	ed by expenses. In a clear and cond	use manner, describe th	e services provided,	the number of	4947(a for oth	n)(1) trusts, optional ers.)
perso	ns be	enefited, and other relevant information	for each program title.				
28							
						1	
	(Gran	its\$ ) If this ar	nount includes foreign gr	ants, check here .	<b>▶</b> □ [:	28a	
29							
						Ì	
	(Gran	its \$ ) If this ar	nount includes foreign gr	ants, check here .	• 🗇	29a	
30	(Giail	/ II					
•			·				
			·····			i	
	(Gran	nts.\$ ) If this ar	nount includes foreign gr	ants. check here .	▶ 🗆	30a	
31		r program services (describe in Schedu					
٠.	(Gran		mount includes foreign gr	ants, check here .	▶ □	31a	
32	Total	I program service expenses (add lines				32	
		List of Officers, Directors, Trustees, a	nd Key Employees. List ea	ch one even if not com		struct	tions for Part IV.)
Par		List of Officers, Directors, Trustees, a			pensated. (see the in	struct	tions for Part IV.)
		List of Officers, Directors, Trustees, a Check if the organization used Sch	nedule O to respond to a		pensated. (see the in	struct	tions for Part IV.)
		Check if the organization used Sch	(b) Title and average	(c) Reportable compensation	pensated. (see the in Part IV	e (e) E	stimated amount of
			nedule O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated. (see the in Part IV	e (e) E	🛚
Par	t IV	Check if the organization used Sch	(b) Title and average hours per week devoted to position	(c) Reportable compensation	pensated. (see the in Part IV	e (e) E	stimated amount of
Par	School	Check if the organization used Sch  (a) Name and address enberg	(b) Title and average hours per week devoted to position  Director	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the in Part IV	e (e) E	stimated amount of
Par Gary 1265	School Raver	Check if the organization used Sch  (a) Name and address enberg nwood Drive, Anniston, AL 36207	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	pensated. (see the in Part IV	e (e) E	stimated amount of
Gary 1265 Barr	School Raver	Check if the organization used Sch  (a) Name and address  enberg nwood Drive, Anniston, AL 36207	(b) Title and average hours per week devoted to position  Director 0.25  Director	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the in Part IV	e (e) E	stimated amount of
Gary 1265 Barr P.O.	School Raver y Smit Box 2	Check if the organization used Sch  (a) Name and address enberg nwood Drive, Anniston, AL 36207 th  041, Anniston, AL 36202-2041	(b) Title and average hours per week devoted to position  Director 0.25	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the in Part IV	e (e) E	stimated amount of
Gary 1265 Barr P.O.	School Raver y Smit Box 20 ur F. T	Check if the organization used Sch  (a) Name and address  enberg nwood Drive, Anniston, AL 36207 th  1041, Anniston, AL 36202-2041	(b) Title and average hours per week devoted to position  Director 0.25  Director 0.25  Director	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the in Part IV	e (e) E oth	istimated amount of her compensation
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Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Fari	Yes	No
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	33	103	✓
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		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
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	35b		
С	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? If "Yes," complete Schedule C, Part III	35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	<u> </u>		
b	Did the organization file Form 1120-POL for this year?	37b		<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		1
<b>h</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	308		<b>V</b>
ъ 39	Section 501(c)(7) organizations. Enter:	-		[
a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
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		1
С	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			
е	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		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization of books are in early of processing and are the second of the second	256-23		4
	Located at ► 407 Laurel Springs Road, Anniston, AL  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	364	207	No
Ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country: ▶			<b> </b>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charatable 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	• •	•	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	L.	1
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>✓</b>
45b	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)	45b		1

Dit 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.    Part VI	Form 99	0-EZ (20	11)						F	age 4			
to candidates for public office? If "Yes," complete Schedule C, Part I									Yes	No			
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  10 bit 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  148 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  149 Did the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  149 Did the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E  149 Did the organization in the organization of the organization?  149 Did the organization is 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."  150 Total number of other employees paid over \$100,000  151 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."  151 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization of the organization of the organization in from the organization of the organization of the organization in from the organization of the org	46								ļ				
S01(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  Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III 18 is the organization as chool as described in section 170(b)(1)(A)(iii? If "Yes," complete Schedule E 48 as the organization as school as described in section 170(b)(1)(A)(iii? If "Yes," complete Schedule E 48 as the organization as eschon 527 organization? 49a bit "Yes with reletated organization as eschon 527 organization? 49a bit "Yes," was the related organization as eschon 527 organization? 49a bit "Yes with the responsibility of the organization as eschon 527 organization? 49a bit "Yes," was the related organization as eschon 527 organization? 49a bit "Yes with the responsibility of the organization and 510,000 organization are school 520 organization? 49a bit "Yes with the responsibility of the organization and 510,000 organization are school 520 organization? 49a bit of the organization and 510,000 organization are school 520 organization. 49a bit of the organization are school 520 organization. 49a bit of the organization organization are school 520 organization. 59a bit of the organization are school 520 organization. 59a bit of the organization organization organization are school 520 organization. 59a bit of the organization organization are school 520 organization. 59a bit of the organization organization organization organization organization organization. 59a bit of the organization organization organization organization organization. 69a bit of the organization organizat										<u> </u>			
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  147  Did the organization angage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  148  149  149  150  150  150  150  150  150  150  15	Part \									_			
Check if the organization used Schedule O to respond to any question in this Part VI    Did the organization angage 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 as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						usts must ar	iswer qu	estions 4	47–491	b			
Vos.   No   Vos.   V										_			
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  Is the organization as school as described in section 170(b)(1)(A)(h)? If "Yes," complete Schedule E		(	Check if the organization used Sch	nedule O to respond	to any question in t	his Part VI		<u> </u>	1	<u>. Ц</u>			
year? If "Yes," complete Schedule C, Part II  48 Is the organization a school as desorbed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48   49a									Yes	No			
18 Is the organization a school as described in section 170(b)(11/k)(9)? If "Yes," complete Schedule E. 48   49a   49b   40b	47	Did th	e organization engage in lobbying				.						
Did the organization make any transfers to an exempt non-charitable related organization?   49a		-	· · · · · · · · · · · · · · · · · · ·							<b>├</b>			
b If "Yes," was the related organization a section 527 organization?  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."  (e) Name and address of each employee paid more than \$100,000 in the end wrenge hours per week devoted to position ("Orms W-2/1095-MISC) ("Orange-station compensation of compensation ("Orms W-2/1095-MISC) ("Orange-station compensation of co	49a Did the organization make any transfers to an exempt non-charitable related organization?								<del>-                                    </del>	<b></b>			
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devoted to position   (Forms W-2/1098-MISC)   Other lands and the compensation    f Total number of other employees paid over \$100,000 .		(a) Na	me and address of each employee			contributions to employed benefit plans, and deferre		e (e) Estimated amoun					
f Total number of other employees paid over \$100,000 . ▶  Sometimes of each 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 . ▶  20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts most attach a completed Schedule A  Under penalties of penyor, I declare—they first stands attached a completed Schedule A  Under penalties of penyor, I declare—they first stands attached in a completed Schedule A  Sign Here  Sign Here  Paid  Preparer  Use Only  Firm's address ➤ 407 Laurel Springs Road, Anniston, Al. 36207  Phone no 256-225-1806			paid more than \$100,000					other co	ompensa	tion			
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.  10 Preparet schedules and statements, and to the best of my knowledge and belief, it is true, correct and Complete Declaration of prepary other than officer) is based on all information of which preparer has any knowledge  11 / (a) Zol 7  Date  12   Print/Type preparer's name Town In ame and title  13   Print/Type preparer's name Ted W. Fern Timm's name Ted W. Fern Ted W. Fern Timm's name Ted W. Fern				· -		Compens	Sation						
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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 rust attach a completed Schedule A ▶ □ Yes ☑ No  Under penalties of penury_Ideclare-they have exampled this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of prepara (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Print/Type preparer's name Ted W. Fenn Tem Signature → Ted W. Fenn Tem Signature → Ted W. Fenn Tim's name → Ted W. Fenn Firm's address → 407 Laurel Springs Road, Anniston, AL 36207 Phone no 256-225-1806							(-)	Compone	ntion				
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	(a)	name a	nd address of each independent contractor pa	ud more than \$100,000	(b) Type of ser	Vice	(0)	Compens	a.ioii				
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nonexempt charitable trusts prust attach a completed Schedule A	d		•	_		. • <u> </u>							
Under penalties of penjury, I declare that frave 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  Paid Preparer Type or print name and title  Preparer's signature Ted W. Fenn Firm's name ➤ Ted W. Fenn Firm's address ➤ 407 Laurel Springs Road, Anniston, AL 36207  Phone no 256-225-1806	52												
Sign Here    Signature of officer   Signature   Signa										<del></del>			
Sign Here    Signature of officer   Date	Under p	enatties	of perjury. I declare that mave examined this	return, including accompar	rying schedules and statem	nents, and to the	best of my ki	nowledge a	and belie	f, it is			
Here    Type or print name and title   Preparer's signature   Prepa	True, co	nect en	a complete Declaration of preparer (other tha	ri onicer) is based on all line	Ornauon or which preparer	Tias arry knowled	190	. –					
Here    Type or print name and title   Preparer's signature   Prepa	Ci												
Paid Preparer Use Only    Type or print name and title   Preparer's name   Preparer's signature   Date   Check													
Paid Preparer Preparer Use Only Pnnt/Type preparer's name Ted W. Fenn Preparer Firm's name ► Ted W. Fenn Firm's address ► 407 Laurel Springs Road, Anniston, AL 36207 Preparer Preparer's signature   Date   Check	пеге												
Paid Preparer Use Only  Firm's name ► Ted W. Fenn  Firm's address ► 407 Laurel Springs Road, Anniston, AL 36207  Point Ted W. Fenn  Firm's EIN ►  Phone no 256-225-1806		L	· · · · · · · · · · · · · · · · · · ·	Prenarat's signature	<u> </u>	ate	т	PTIA	J				
Use Only Firm's name ► Ted W. Fenn Firm's EIN ►  Firm's address ► 407 Laurel Springs Road, Anniston, AL 36207 Phone no 256-225-1806			1 '' ' '	116	_			l If		107			
Firm's address > 407 Laurel Springs Road, Anniston, AL 36207 Phone no 256-225-1806			= =	1/10 NIW	<u> </u>			,,~, F	013143				
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## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection Employer identification number

Rotary International - Anniston Rot	агу					63-0334851
Form 990EZ, Part I, Line 16 - Other	Expenses					
Meals	\$37,435		···			
International & District Dues	9,749					
Meal-Special Events	683					
Conferences/Meetings	1,529					
Bank Charges	49					
Uncollectible Accounts	838					
Miscellaneous	685					
Total Other Expenses	\$50,968					
Form 990EZ, Part II, Line 24 - Other	Assets					
Accounts Receivable		Beg. of Year	\$6,106	End of Year	\$157	
Form 990EZ, Part II, Line 26 - Other	Liabilities					
Accounts Payable & Accrued Expe	nses	Beg. of Year	\$4,086	End of Year	\$175	
Payroll Liabilities		Beg. of Year	164	End of Year	245	
Deferred Revenue		Beg. of Year	0	End of Year	400	
Total Other Liabilities	***************************************	Beg. of Year	\$4,250	End of Year	\$820	
Form 990EZ, Part III, Line 31 - All O  Rotary International - Anniston Rot			ss leaders w	no support severa	l area charities a	and various other individuals.
		***************	*************			
	***************************************					
	•••	••••				