DLN: 93493013005100 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable ROTARY INTERNATIONAL DIST 6880 □ Address change 63-0861382 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 411 COUNTRY CLUB ROAD ☐ Amended return ☐ Application pending City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 214,666 Name and address of principal officer H(a) Is this a group return for SAMUEL ADAMS ☐Yes **☑**No subordinates? 3225 BOXWOOD DRIVE H(b) Are all subordinates MONTGOMERY, AL 36111 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW ROTARY6880 ORG L Year of formation M State of legal domicile AL K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities FOSTER CIVIC RESPONSIBILITY Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 4 6 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 212,552 9 Program service revenue (Part VIII, line 2g) . 195,489 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 195,971 214,666 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1,000 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 187,981 193,858 _____ 188,981 193,858 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 6,990 20,808 Net Assets or Fund Balances Beginning of Current Year End of Year 171,243 20 Total assets (Part X, line 16) . 192,051 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 . 171,243 192,051 Signature Block 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 2019-01-08 Signature of officer Sign Here ROBERT W MILLS JR DISTRICT TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-01-09 P00828117 Paid self-employed Firm's name THE PHILLIPS CPA GROUP Firm's EIN > 83-4691487 Preparer Use Only Firm's address ▶ 1430 S FOREST AVE Phone no (334) 335-5091 LUVERNE, AL 36049 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

99	0 (2018)					Page 2
rt III	Statement of P	Program Service	Accomplis	hments		
	Check If Schedule	O contains a respon	se or note to a	any line in this Part III		🗆
Br	riefly describe the organ	ızatıon's mıssıon				
ER	CIVIC RESPONSIBILITY					
Dı	d the organization unde	rtake any significan	t program ser	vices during the year wi	hich were not listed on	
th	e prior Form 990 or 990)-EZ?				🗌 Yes 🗹 No
If	"Yes," describe these ne	ew services on Sche	dule O			
Dı	d the organization cease	e conducting, or ma	ke significant	changes in how it condu	ucts, any program	
se	ervices?					🗌 Yes 🗹 No
If	"Yes," describe these ch					
Se		1(c)(4) organization	s are required	to report the amount of	largest program services, as measu of grants and allocations to others, t	
((Code) (Expenses \$	160 771	including grants of \$) (Revenue \$	212,552)
•	ee Additional Data	/ (Expenses \$	100,771	merading grants or \$	/ (Nevenue p	212,332)
(C	Code) (Expenses \$	28,237	including grants of \$) (Revenue \$)
Se	ee Additional Data					
(C	Code) (Expenses \$		including grants of \$) (Revenue \$)
_						
_						
_						
_						
0	ther program services (I	Describe in Schedule	≘ O)			
(E	xpenses \$	ınclud	ding grants of	\$) (Revenue \$)
T	otal program service o	expenses >	189,0	08		
•				•) (Revenue \$) Foi

Form	990 (2018)			Page 3			
Pai	Part IV Checklist of Required Schedules						
			Yes	No			
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No			
4	Section 501(c)(3) organizations. 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	4					
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No			
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No			
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable						
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No			
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No			
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No			

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year?

11d

11e

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

22

No

No

Nο

Nο

No

Nο

No

No

Nο

Nο

Nο

No

Nο

No

No

Nο

Form **990** (2018)

Part V

Form	990 (2018)			Page
Pai	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
20	Did the exception complete Schodule O and provide explanations in Schodule O for Part VI. June 11h and 102 Note			

All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Check if Schedule O contains a response or note to any line in this Part $\mathsf{V}\,$.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Yes

Yes

Form **990** (2018)

No

38

0

0

1a

1b

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b

15

No

Form **990** (2018)

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
		$\overline{}$	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	≘.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
L3	Did the organization have a written whistleblower policy?	13		No
L4	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ROBERT MILLS 411 COUNTRY CLUB RD TROY, AL 36079 (334) 566-2153			

(A)

(F)

(E)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Part VII

Check if Schedule O contains a response or note to any line in this Part VII . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C)

(D)

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation hours per compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W-2/1099organization and Highest compensatemples ee Individual trustee or director organizations MISC) MISC) related Institutional Trustee below dotted emplo organizations line) Ξ 6 00 (1) SAMUEL ADAMS Х O DISTRICT GOV 2 00 (2) ROBERT W MILLS JR Χ 0 DISTRICT TRE 2 00 (3) BRANDI HAYES Х 0 DISTRICT SEC

Form 990 (2018)										Page 8
Part VII Section A. Office	ers, Directors, Trustees	, Key I	Emp	loye	es,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι in of	t cho unles ficer	s pers	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
										_

1h Suh-Total	 	 	•		•

c Tota	1b Sub-Total											
	otal number of individuals (including f reportable compensation from the o		to thos	e liste	ed al	bove	e) who	rec	eived more than \$10	00,000		
											10	

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on

3

	line 1a? If "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of contractors.	mnencation	•

	navidual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
S	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of co	mpensatio	on

	services rendered to the organization? If "Yes," complete Schedule J for such person		i	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		nsation	
	(A) Name and business address	(B) Description of services	(C Comper	

3	Section B. Independent contractors					
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.					
	(A) Name and business address	(B) Description of services	(C) Compensation			

Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who	received more than \$100,000 of	

Form **990** (2018)

compensation from the organization \blacktriangleright

Part VIII Statement of Revenue							
	Check if Schedule O contains a respo	onse or note to any	/ line in this Part VII (A) Total revenue	(B) Related or exempt	(C)	• • • • • • • • • • • • • • • • • • •	
				function revenue	revenu	• • • • • • • • • • • • • • • • • • •	
र इ	1a Federated campaigns 1a						
ran	b Membership dues 1b						
عِ ق	c Fundraising events 1c						
ifts ar /	d Related organizations 1d						
ું ≝	e Government grants (contributions) 1e						
ons Si	f All other contributions, gifts, grants, and similar amounts not included						
Contributions, Gifts, Grants and Other Similar Amounts	above 1f						
들으	g Noncash contributions included in lines 1a - 1f \$						
<u>ම්</u>	h Total. Add lines 1a-1f	•					
Program Service Revenue	2a CLUB DUES	Business	s Code	83,309	83,309		
	b ROTARY INT'L DISTRICT SIMP GR			61,636	61,636		
	RTRY YOUTH LEADRSHP AWRD FEES			28,578	28,578		
MC e				19,730	19,730		
Ser	d PETS / AG FEES			10,002	10,002		
an	e ROTARY INT'L ALLOCATION				·		
ogr	f All other program service revenue			9,297	9,297		
σ	gTotal. Add lines 2a-2f	>	212,552				
	3 Investment income (including dividends, ii	nterest, and other	2,1:	14	2,114		
	similar amounts)	and proceeds	2,1.	14	2,114		
	5 Royalties	•	•				
	(ı) Real	(II) Personal					
	6a Gross rents		7				
	b Less rental expenses						
	c Rental income or						
	(loss)						
	d Net rental income or (loss)		<u> </u>				
	(ı) Securities	(II) Other	_				
	7a Gross amount from sales of						
	assets other than inventory						
	b Less cost or other basis and		1				
	sales expenses		_				
	C Gain or (loss) d Net gain or (loss)		_				
	8a Gross income from fundraising events	<u> </u>					
ae	(not including \$ of						
Other Revenue	contributions reported on line 1c) See Part IV, line 18 a						
Re	b Less direct expenses b		1				
er	c Net income or (loss) from fundraising eve	ents					
Oth	9a Gross income from gaming activities See Part IV, line 19						
	a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activiti	es >	_				
	10aGross sales of inventory, less returns and allowances						
	a	l					
	b Less cost of goods sold b						
	c Net income or (loss) from sales of invent						
	Miscellaneous Revenue 11a	Business Code	_				
	ь	•					
	<u> </u>						
	c						
	d All other revenue			+			
	e Total. Add lines 11a-11d	•		1			
	12 Total revenue. See Instructions		24.5	-	14.666		
		r	214,66	2:	14,666	Form 000 (2019)	

orr	n 990 (2018)				Page 10
	Statement of Functional Expenses con 501(c)(3) and 501(c)(4) organizations must complete all control of the statement of Functional Expenses	olumns All other orga	anızatıons must comp	olete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗹
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ā	ı Management				
ŀ	Legal				
C	: Accounting	250		250	
C	l Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	4,809	4,809		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a DISTRICT SIMPLIFIED GRANT	61,875	61,875		
	b PRES-ELECT TRAINING EXP	23,906	23,906		
	c ROTARY YOUTH LEADRSHP ACA	22,056	22,056		
	d DISTRICT CONFERENCE	21,309	21,309		
	e All other expenses	59,653	55,053	4,600	
25	Total functional expenses. Add lines 1 through 24e	193,858	189,008	4,850	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

11

21

Liabilities 22

Fund Balance

Assets or 30

Net

27

28

29

31

32

33

34

Check if Schedule O contains a response or note to any line in this Part IX . (A) Beginning of year

End of year 67,772 1 86,921 Cash-non-interest-bearing . 103,471 Savings and temporary cash investments . . . 2 105,130

2 3 3 Pledges and grants receivable, net . . 4 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5

Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net .

6 Assets 8 Inventories for sale or use . Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other

10a basis Complete Part VI of Schedule D Less accumulated depreciation 10b Investments—publicly traded securities . Investments—other securities See Part IV, line 11 .

12 13 Investments-program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 . . . 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses 18 Grants payable . . 19 Deferred revenue . . . 20

Tax-exempt bond liabilities . . . Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees,

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D

23 24

26 Total liabilities. Add lines 17 through 25 .

complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets

Temporarily restricted net assets

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Permanently restricted net assets

170.909 27

171.243

171,243

334

0 26

28

29

30

31 32

33

34

24 25

10c 11

12

13

14

15

16

17

18

19

20

21

22 23

171.243

Page **11**

192.051

0

191.680

192,051

192,051

Form **990** (2018)

371

(B)

Form	990 (2018)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			214,666
2	Total expenses (must equal Part IX, column (A), line 25)	<u>'</u>		193,858	
3	Revenue less expenses Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 171,243			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			192,051
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990			Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Form 990 (2018)

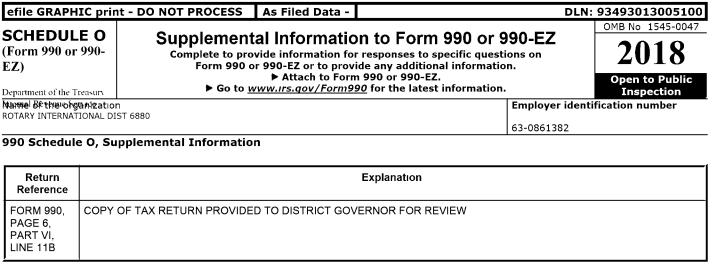
Form 990, Part III, Line 4a: FOSTER CIVIC RESPONSIBILITY

Software Version: EIN: 63-0861382

Software ID:

- Name: ROTARY INTERNATIONAL DIST 6880

Form 990, Part III, Line 4b: FOSTER CIVIC RESPONSIBILTY THROUGH YOUTH-RELATED PROGRAMS



Return
Reference

Explanation

FORM 990
DOCUMENTS ARE MADE AVAILABLE LIPON REQUEST

990 Schedule O, Supplemental Information

LINE 19

FORM 990, DOCUMENTS ARE MADE AVAILABLE UPON REQUEST
PAGE 6,
PART VI.

990 Schedule O, Supplemental Information

Return

Reference	Explanation
FORM 990,	ZONE INSTITUTE EXP 10,194 0 0 AG EXPENSES 8,975 0 0 DIST GOV ELECT EXPENSES 7,414 0 0 RO
PART IX,	TARY LEADERSHIP INST 6,353 0 0 COLLEGE OF GOVERNORS 4,817 0 0 DIST GOV NOM EXPENSES 4,7
LINE 24E	60 0 0 YOUTH EXCHANGE 3,681 0 0 CAMP ASCCA 2,500 0 0 ROTARY SUPPLIES 1,688 0 0 DISTRICT SE
	CRETARY EXP 0 1,600 0 OTHER EXPENSES 1,433 0 0 POLIO IMMUNIZATION DAY 1,167 0 0 DISTRICT T
	REASURER EXP 0 1,000 0 DISTRICT NEWSLETTER 0 1,000 0 WEBSITE MAINTENANCE 0 1,000 0 DIST G
	OV EXPENSES 867 0 0 MEMBERSHIP DEVELOPMENT 729 0 0 DISTRICT DIRECTORY 175 0 0 BANK SERVIC

E CHARGES 124 0 0 ROTARY VISION 100 0 0 AWARDS 76 0 0 TOTAL 55,053 4,600 0

Explanation