Form **8879-E**(

IRS e-file Signature Authorization for an Exempt Organization

-	1	2	\mathbf{a}		1	0	
n	,	- 5	.,	~~		ч,	

For calendar year 2018, or fiscal year beginning // U 1, 2018, and ending the IRS. Keep for your recor 7/01 , 2018, and ending 6/30 20 19

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for th		1.	2010
Name of exempt organization			Employer identifica	ition number
I	Rotary District 6860		**-***91	.80
	Ronnie Smallwood			
I	District Treasurer			
Part I Type of	Return and Return Information (Whole Dollars O	nly)		
Check the box for the retur	n for which you are using this Form 8879-EO and enter the app	olicable amount, if an	ıy, from the return. If	you
check the box on line 1a, 2	a, 3a, 4a, or 5a, below, and the amount on that line for the retu	rn being filed with thi	is form was blank, th	nen
leave line 1b, 2b, 3b, 4b, o	or 5b, whichever is applicable, blank (do not enter -0-). But, if yo	ou entered -0- on the	return, then enter -0)- on
	Do not complete more than one line in Part I.			
1a Form 990 check here		(A), line 12)	1b	307,100
2a Form 990-EZ check he	ere Lb Total revenue, if any (Form 990-EZ, line 9)		2b	
3a Form 1120-POL check			3b	
4a Form 990-PF check he	ere 🛌 🔲 b Tax based on investment income (Form 990-P	PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶		5b	
D4 II DI4	in and Cinneton Anthonical or of Office			
	ion and Signature Authorization of Officer			
	I declare that I am an officer of the above organization and that			
	onic return and accompanying schedules and statements and to plete. I further declare that the amount in Part I above is the amo			ey
	eturn. I consent to allow my intermediate service provider, transi		• •	0)
	return to the IRS and to receive from the IRS (a) an acknowled			
	eason for any delay in processing the return or refund, and (c) the			OI .
	y and its designated Financial Agent to initiate an electronic fun	•	• •	
	t indicated in the tax preparation software for payment of the or			
	stitution to debit the entry to this account. To revoke a payment,	-		ial
	no later than 2 business days prior to the payment (settlement) of			
•	of the electronic payment of taxes to receive confidential inform			
	ne payment. I have selected a personal identification number (P			
	olicable, the organization's consent to electronic funds withdraw		ŭ	
Officer's PIN: check one	box only			
	i.a. c dmith IID		59180 as n	
X I authorize Mo	-	to enter my PIN	4011	ny signature
	ERO firm name		Enter five numbers, but do not enter all zeros	ut
on the organization	n's tax year 2018 electronically filed return. If I have indicated wi	ithin this return that s		c
	tate agency(ies) regulating charities as part of the IRS Fed/Stat			
_	IN on the return's disclosure consent screen.	o program, raido adi	monzo uno dioremen	illoriou
As an officer of the	organization, I will enter my PIN as my signature on the organi	zation's tax year 201	8 electronically filed	return.
If I have indicated v	within this return that a copy of the return is being filed with a sta	ate agency(ies) regul		
the IRS Fed/State	program, I will enter my PİŃ on the return's disclosure consent	screen.		
Officer's signature		Date •	12/16/19	
	tion and Authentication	·		
	ur six-digit electronic filing identification			

number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Robert D. Sutter ERO's signature

12/16/19 Date

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public Inspection Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2018

<u>A</u>				eginnin $\mathfrak{O}7/01/18$, and endi	ng 06/30/			
		арріісавіс.	Name of organization	-1 . 1		-	D Employe	r identification number
	Address	change		tary District 6860				440100
	Name cha	ange	Doing business as	mail is not delivered to street address)			Telephon	**9180
	Initial retu	urn	P.O. Box 5081	nam to their delivered to en oor dadinger,				476-3727
	Final retu		City or town, state or province, cou	ıntry, and ZIP or foreign postal code				
	terminate		Decatur	AL 35602			Gross rec	eipts\$ 307,106
Ш	Amended	d return F	Name and address of principal offi	cer:				·
	Application	on pending	Ronnie Small	wood		H(a) Is this a grou	p return for s	subordinates Yes X No
			7804 Valley 1	Bend Drive		H(b) Are all subor	rdinates inc	luded? Yes No
			Huntsville	AL 35802		If "No," a	attach a list.	(see instructions)
I	Tax-exe	empt status:	501(c)(3) X 501(c)	(4) ◄ (insert no.) 4947(a)(1) or	527			
J	Website	e:▶ ro	otary6860.org			H(c) Group exem		
		organization:	X Corporation Trust	Association Other >	L	Year of formation: 19	49	M State of legal domicile: AL
F	Part I		mmary					
_	1 E	Briefly des	scribe the organization's mis	ssion or most significant activities:				
JCe		An Ir	nternational serv	rice organization to p	rovide sup	port and a	ıssist	ance to
nai		local	l rotary clubs					
Governance			· · · · · · · · · · · · · · · · · · ·					
Ô	2 (Check this	s box ▶ if the organization	on discontinued its operations or dispo	sed of more that	n 25% of its net a	issets.	
				verning body (Part VI, line 1a)			. 3	19
Activities &	4 1	Number o	f independent voting memb	ers of the governing body (Part VI, line	e 1b)		. 4	19
Ξ	5	Total num	ber of individuals employed	in calendar year 2018 (Part V, line 2a	1)		. 5	0
۲ct			ber of volunteers (estimate	:f ======== .\				0
•	7a ¯	Total unre	lated business revenue fror	n Part VIII, column (C), line 12			7a	0
				e from Form 990-T, line 38			. 7b	0
						Prior Year		Current Year
ē	8 (Contribution	ons and grants (Part VIII, Iir	ne 1h)			,645	228,436
enr	9 F		service revenue (Part VIII, li			53	,128	78,498
Revenue	10	Investmer	nt income (Part VIII, column	(A), lines 3, 4, and 7d)			159	172
œ	11 (Other reve	enue (Part VIII, column (A),	lines 5, 6d, 8c, 9c, 10c, and 11e)				0
	12	Total reve	nue – add lines 8 through 1	1 (must equal Part VIII, column (A), li	ne 12)	295	,932	307,106
	13 (Grants an	d similar amounts paid (Par	t IX, column (A), lines 1–3)				0
			aid to or for members (Part					0
8	15 3	Salaries, d	other compensation, employ	vee benefits (Part IX, column (A), lines	5–10)			0
Expenses	16a	Professior	nal fundraising fees (Part IX	, column (A), line 11e)				0
g	b l		raising expenses (Part IX, o		0			
ш	17 (Other exp	enses (Part IX, column (A),	lines 11a-11d, 11f-24e)		262	,616	285,712
				st equal Part IX, column (A), line 25)		262	,616	285,712
	19 F		ess expenses. Subtract line				,316	21,394
sor	2		•			Beginning of Curre		End of Year
Net Assets or	20		ets (Part X, line 16)			206	,589	227,983
A A	21		ities (Part X, line 26)				0	0
		1000000	s or fund balances. Subtrac	t line 21 from line 20		206	,589	227,983
F	Part II	Sig	nature Block					
				amined this return, including accompanyin				my knowledge and belief, it
tr	rue, corre	rect, and co	mplete. Declaration of prepare	r (other than officer) is based on all inform	ation of which prep	arer has any know	ledge.	
	gn	Sig	nature of officer				Date	
He	ere	_	Ronnie Smallw	ood	Distr	rict Trea	sure	r
		Тур	pe or print name and title					
_		Print/Type	preparer's name	Preparer's signature		Date	Check	X if PTIN
Pa		Robert	D. Sutter	Robert D. Sutter		12/19/	19 self-em	-
	eparer	Firm's nam		a & Smith, LLP		Firr	n's EIN ▶	**-***1542
Us	e Only		P.O. Box	20647				
_		Firm's add	ress > Tuscaloc	sa, AL 35402-0647		Pho	one no.	205-349-2424
Ма	y the IF	RS discus	s this return with the prepar	er shown above? (see instructions)	<u></u>	<u> </u>	<u></u>	X Yes No
		work Redu	ction Act Notice, see the sep	arate instructions.			_	Form 990 (2018)
DAA	4							

Form 990 (2018	Rotary Distr	ict 6860	**-***9180)	Page 2
Part III	Statement of Progra	n Service Accomplishm	ents		
			te to any line in this Part III		<u> </u>
1 Briefly des	cribe the organization's mi	ssion:			aiatanaa ta
An Int	ernational sei	rvice organizati	on to provide su	pport and as	sistance to
TOCAL	rotary clubs v	within a specifi	c grographical a	rea.	
2 Did the or	ranization undertake any s	anificant program services durin	ng the year which were not listed o	on the	
	000 000 570				Yes X No
•	escribe these new services				103 21 110
			n how it conducts, any program		
services?					Yes X No
	escribe these changes on S				
	•		ch of its three largest program ser	vices as measured by	
			I to report the amount of grants ar	-	
		ny, for each program service rep		,	
	,	,,,			
4a (Code:) (Expenses \$	268,989 including g	rants of\$) (Revenue \$	108,357)
An Int	ernational se	rvice organizati	on to provide su	pport and as	sistance to
local	rotary clubs v	within a specifi	c grographical a	rea.	
		· · · · · · · · · · · · · · · · · · ·			
) (Expenses \$	including g	rants of\$) (Revenue \$)
N/A					
4c (Code:) (Expenses \$	including g	rants of\$) (Revenue \$	<u> </u>
N/A) (Expenses #	including g	ιαπισ σιφ) (Itevellue ψ	
-17 A.T					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
•					
4d Other prod	gram services (Describe in	Schedule O.)			
(Expenses	•	including grants of\$) (Revenue \$)
· · ·	ram service expenses	268,989	/ \ == +		

Form 990 (2018) Rotary District 6860 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		х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
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	Х	
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			37
	complete Schedule D, Part VI	11a		X
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	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		х
٨	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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 valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	domestic government on Fait IX, column (A), line 1: 11 Tes, complete Scredule I, Faits Faitu II		000	(2010)

	n 990 (2018) ROTATY DISTRICT 6860		Р	age 4
	art IV Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			37
0.4	employees? If "Yes," complete Schedule J	23		X
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	240		х
h	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
C	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception: Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	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		
	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		х
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		х
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		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	32		x
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	sections 301 7701.2 and 301 7701.32 If "Ves." complete Schedule R. Part I.	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0-1	an IV and Part V line 4	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
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? If "Yes," complete Schedule R, Part V, line 2	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note . All Form 990 filers are required to complete Schedule O.	38		X
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		<u>. Ш</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_		
	reportable gaming (gambling) winnings to prize winners?	1c]	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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)? X If "Yes." enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Х and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х required to file Form 8282? **d** If "Yes," indicate the number of Forms 8282 filed during the year ______ X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

orn	· · · · · · · · · · · · · · · · · · ·	-***9180					age 6
Pa	irt VI Governance, Management, and Disclosure For each "Yes" re	esponse to lines 2 th	nroug	h 7b below, a	and fo	or a "I	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, p	rocesses, or change	es in S	Schedule O.	See i	nstru	ctions
	Check if Schedule O contains a response or note to any line in this F	art VI					
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		1a	19			
	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	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine	ess relationship with					
	any other officer, director, trustee, or key employee?	•			2		X
3	Did the organization delegate control over management duties customarily performed l	ov or under the direct					
•	supervision of officers, directors, or trustees, or key employees to a management comp	=			3		X
4	Did the organization make any significant changes to its governing documents since the		filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the org	•	mou.		5		X
6	Did the organization become aware during the year of a significant diversion of the organization have members or stockholders?	anization 3 a330t3 :			6		X
7a	Did the organization have members stockholders, or other persons who had the powe	r to elect or appoint			•		
<i>i</i> u	one or more members of the governing body?	to cicci or appoint			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval b	v) members			/ a		
b	stockholders, or persons other than the governing body?	y) members,			7b		х
8	Did the organization contemporaneously document the meetings held or written actions	undertaken during th		r by the follow			22
	The governing body?	s undertaken dunng ti	е уса	Dy the follow	8a	х	
a	Each committee with authority to act on behalf of the governing body?				8b	X	
р 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who	cannot be reached at			OD	7.	
3	the organization's mailing address? If "Yes," provide the names and addresses in Sche				9		х
Sec	tion B. Policies (This Section B requests information about policies n		Intel	nal Reveni		nde)	
500	Transition B. I chaice (This coolien B requeste information about policies in	ot required by the	mico	nai riovoni	10 00	Yes	No
lΩa	Did the organization have local chapters, branches, or affiliates?				10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activit	ion of auch chapters			IVa		
D	affiliates, and branches to ensure their operations are consistent with the organization!	· ·			10b		
112	· · · · · · · · · · · · · · · · · · ·		filing	the form?	11a		Х
	Has the organization provided a complete copy of this Form 990 to all members of its go Describe in Schedule O the process, if any, used by the organization to review this For		IIIIIIg	ine ionii?	па		Λ
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	111 990.			12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually i	ntorocta that could give		to conflicts?	12b		
			e nse	to confincts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	-			12c		
12	Did the appropriation have a written which believes malicy?				13		X
13					14		X
14	Did the organization have a written document retention and destruction policy?				14		Λ_
15	Did the process for determining compensation of the following persons include a review		2				
_	independent persons, comparability data, and contemporaneous substantiation of the o				45-		v
a	Other officers and recognized and the committee of				15a		$\frac{\mathbf{x}}{\mathbf{x}}$
b	· · · · · · · · · · · · · · · · · · ·				15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	milar arrangament					
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or si	ınılar arrangement			40-		v
L	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organiza	tion to evaluate its			16a		X
D	participation in joint venture arrangements under applicable federal tax law, and take s						
	organization's exempt status with respect to such arrangements?	•			16b		
300	tion C. Disclosure				100	ı	
7	List the states with which a copy of this Form 990 is required to be filed ▶None						
1 <i>7</i> 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if appli		 Г (Sec	tion 501(c)			
U	(3)s only) available for public inspection. Indicate how you made these available. Chec	•	1 (380	11011 JU 1(C)			
		•	intore	at policy and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing of financial statements evaluable to the public during the tox year.	iocuments, conflict of	nieres	si policy, and			
) n	financial statements available to the public during the tax year.	anization's books and	rocer	le 🕨			
20 D	State the name, address, and telephone number of the person who possesses the organie Smallwood 7804 Valley Bend I		record	19 🖊			
7/(Jimito Sumatinood /OUT valiey Delig I	v C					

AL 35802

Huntsville

Form 990 (2018) Rotary District 6860

k	*	_	*	*	*	9	1	8	0	
---	---	---	---	---	---	---	---	---	---	--

Page 7

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

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 year.
- 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, and 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.

 $|\mathbf{X}|$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for	box offi	, unle cer ar	Pos heck ss pe nd a d	rson	than on is both a r/trustee	an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(1. 2.000 11.00)	organization and related organizations
(1)Carol Argo										
District Governor	20.00	X		x				0	0	0
(2) Mary Grace Evan		Λ		Λ				U	U	0
(2) Mary Grace Hvan	2.00									
Secretary	0.00	X		х				0	0	0
(3) Ronnie Smallwoo										
	2.00									
District Treasurer	0.00	X		X				0	0	0
(4)Bill Petty										
	2.00								_	_
D. Governor - Elect	0.00	X		Х				0	0	0
(5) Lee Newman	0.00									
D. Garraman Naminas	2.00			₹.				0	0	0
D. Governor-Nominee (6) Danny Cooner	0.00	Х		Х				0	0	<u> </u>
(6) Dainiy Cooner	2.00									
Asst Governor	0.00	X						0	0	0
(7) Brandon Price	0.00	22								
(.)214114611 11166	2.00									
Asst Governor	0.00	X						0	0	0
(8) Gene Pfieffer								-		
. ,	2.00									
Asst Governor	0.00	X						0	0	0
(9) Beth Wheeling D	ean									
	2.00									
Asst Governor	0.00	X						0	0	0
(10)Harold Lewis										
<u></u>	2.00	.							•	
Asst Governor	0.00	Х				\vdash		0	0	0
(11)Mark Nelson	2 00									
Asst Governor	2.00 0.00	X						0	0	^
DAA	0.00	Λ	<u> </u>	<u> </u>				U	0	Form 990 (2018)

DAA

Part VII Section A. Officer	rs, Directors, T	rust	ees,	Key	'Em	ploy	/ees	s, and Highest Compens	ated Employees (continu	ued)
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per	(de	not (sition more	than	one	Reportable compensation	Reportable compensation from	Estimated amount of
	week					is both		from	related	other
	(list any	off	icer a	nd a c	lirecto	or/trus	tee)	the	organizations	compensation
	hours for related	or Ind	Ins	Qf	Ke	em	Form	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	dire	i ii	Officer	y en	ploy	me	, , , , , ,		and related
	below dotted	ctor	iona		Key employee	ee t cor	¬			organizations
	line)	Individual trustee or director	Institutional trustee		yee	npen				
		Ď	tee			Highest compensated employee				
(12) Trudy Lowe	0.00									
Asst Governor	2.00	X						0	0	o
(13) Tommie Gogga								0	0	0
(_3,	2.00									
Asst Governor	0.00	X						0	0	0
(14) John Fergusc	n									
	2.00									
Asst Governor	0.00	X						0	0	0
(15) Larry Sparks										
3	2.00									
Asst Governor (16) Susan Caples	0.00	X				-		0	0	0
(10) Susan Capies	2.00									
Asst Governor	0.00	X						0	0	0
(17) Mike Wade	1.00									
	2.00									
Asst Governor	0.00	X						0	0	0
(18) Lori Moler										
	2.00									
Asst Governor	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sh		I, Se	ctio	n A						
d Total (add lines 1b and 1c)						<u>.</u>	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	U #400.000 f	
2 Total number of individuals (reportable compensation fro				to tr	iose	liste	a ar	pove) wno received more	tnan \$100,000 of	
	e e.gaa.									Yes No
3 Did the organization list any employee on line 1a? If "Yes								_i		3 X
4 For any individual listed on li									ation from the	
organization and related org	anizations great	ter th	ıan \$	3150	,000)? İf	"Yes	s," complete Schedule J fo		
individual										4 X
5 Did any person listed on line for services rendered to the									on or individual	5 X
Section B. Independent Contract			<u>, , , , , , , , , , , , , , , , , , , </u>	ор		00	<i>y</i> u. u	<u> </u>		
Complete this table for your compensation from the orga	five highest con	npen	sate	d in	depe	ende	nt co	ontractors that received m	nore than \$100,000 of	tov voor
	(A) d business address	COII	ipen	Sauc	או ווכ	יו נווכ	Cai		(B) otion of services	(C) Compensation
Name and	a business address							Descrip	DIION OF SERVICES	Compensation
_										
2 Total number of independen										
received more than \$100,00	o or compensat	ion (UIII	uie (лya	ııı∠al	IUI	_	0	

				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function	business revenue	excluded from tax under sections
<u> </u>	Federated campaigns	1a			revenue		512-514
ין פון	Momborship duos	1b	104,583				
, Air	Fundraising events	1c	104,505				
ari	Related organizations	1d					
ξΕ G	Government grants (contributions)	1e	123,853				
io f	All other contributions, gifts, grants,	16	123/033				
Fe '	and similar amounts not included above	1f					
ğ	L Noncash contributions included in lines 1a	a 1f: \$					
ore a	Total. Add lines 1a–1f			228,436			
) I	Total. Add lines 1a-11		Busn. Code	220,130			
ଳ ର 2a	Program Fees from (lube	Busii. Code	78,498	78,498		
g Re				, 0 , 2 5 0	, 0 , 2 5 0		
Program Service Revenue and Other Similar Amounts of p p p p p p p p p p p p p p p p p p							
Ser	· · · · · · · · · · · · · · · · · · ·						
ے اع							
g gra	All other program service reve						
기교	Total. Add lines 2a–2f			78,498			
3	Investment income (including						
				172	172		
4	Income from investment of tax						
5	Royalties	•	•				
	(i) Real		Personal				
6a							
b							
C							
d		I	•				
	Gross amount from (i) Securities		ii) Other				
	sales of assets	`	.,				
h	other than inventory Less: cost or other						
"	basis & sales exps.						
	Gain or (loss)						
	Net gain or (loss)		—				
	Gross income from fundraising eve						
בו בו	(mot in alreading of						
Š.	of contributions reported on line 10						
<u>بة</u>	Can Dort IV line 10	_					
Other Revenu	Less: direct expenses						
ຊ ຼັ	Net income or (loss) from fund		ts b				
	Gross income from gaming activities		.5				
"	0 0 1 11 / 11 / 10						
h	Less: direct expenses						
	Net income or (loss) from gan		•				
	Gross sales of inventory, less						
''	returns and alloweness						
h	Loos: cost of goods cold	·· h					
	Net income or (loss) from sale		<i>y</i>				
	Miscellaneous Revenue	oo or inventor	Busn. Code				
11a							
b	• • • • • • • • • • • • • • • • • • • •						
C	• • • • • • • • • • • • • • • • • • • •						
d	All other revenue						
e	- 4 1 4 1 1 1 1 4 4 4 4 1						
	Total revenue. See instruction			307,106	78,670	0	0

Form 990 (2018) Rotary District 6860

<u>-*</u><u>9180</u>

Page **10**

	int IX Statement of Functional Experience 501(c)(3) and 501(c)(4) organizations must co	mplete all columns. All		complete column (A).	
	Check if Schedule O contains a respon			(0)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 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):				
а	Management				
b					
С	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,				
	(A) amount, list line 11g expenses on Schedule O.)				
12				10 0	
13	Office expenses	14,018	225	13,793	
14	Information technology	2,930		2,930	
15	Royalties				
16	Occupancy	12 000	12 000		
17		13,999	13,999		
18	, ,				
	for any federal, state, or local public officials	147 660	145 660		
19	Conferences, conventions, and meetings	147,669	147,669		
20	Interest	107 006	107 006		
21	Payments to affiliates	107,096	107,096		
22	Depreciation, depletion, and amortization				
23 24	Insurance Other expenses. Itemize expenses not covered				
24	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.)				
а					
b	·····				
C	·····				
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	285,712	268,989	16,723	0
26	Joint costs. Complete this line only if the	, -		- ,	<u>_</u>
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if				

		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1			97,045	1	120,831
	2	Savings and temporary cash investments	105,767	2	105,940	
	3	Pledges and grants receivable, net	3,777	3	1,212	
	4	A			4	
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated	l employees.			
		Complete Part II of Schedule L		5		
	6	Loans and other receivables from other disqualified	persons (as defined under sectio	n l		
		4958(f)(1)), persons described in section 4958(c)(3))(B), and contributing employers a	ind		
		sponsoring organizations of section 501(c)(9) volun	tary employees' beneficiary			
2		organizations (see instructions). Complete Part II of	f Schedule L		6	
Assers	7	Notes and loans receivable, net			7	
ž	8	lancantania afan alla ancesa			8	
	9	Donneid company and defended about			9	
1	10a	Land, buildings, and equipment: cost or				
		other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
1	11	Investments—publicly traded securities			11	
1	12	Investments—other securities. See Part IV, line 11			12	
1	13	Investments—program-related. See Part IV, line 11			13	
1	14				14	
1	15	OU			15	
1		Total assets. Add lines 1 through 15 (must equal li	206,589	16	227,983	
1		Accounts payable and accrued expenses		-	17	
1					18	
1		Defermed revenue			19	
2		T			20	
2		Escrow or custodial account liability. Complete Part	IV of Schedule D		21	
2 2		Loans and other payables to current and former offi				
≝│		trustees, key employees, highest compensated employees				
		disqualified persons. Complete Part II of Schedule I	. •		22	
ž 2	23	Secured mortgages and notes payable to unrelated			23	
		Unsecured notes and loans payable to unrelated th			24	
2		Other liabilities (including federal income tax, payab				
		parties, and other liabilities not included on lines 17				
		of Schedule D		25		
2	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117 (ASC 958), o				
5		complete lines 27 through 29, and lines 33 and 3				
rund balances	27			206,589	27	227,983
2 2		Temporarily restricted net assets		,	28	•
2 2	29				29	
-		Organizations that do not follow SFAS 117 (ASC	958), check here ▶ and			
5		complete lines 30 through 34.	,, , , , , , , , , , , , , , , , , , , ,			
3 3	30	Capital stock or trust principal, or current funds			30	
ž 3					31	
•		Retained earnings, endowment, accumulated incom			32	
		Tatal and annual and balance	no, or other lands	206,589	33	227,983
		Total liabilities and net assets/fund balances		206,589		227,983

Form **990** (2018)

Pa	rt XI Reconciliation 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)			106
2	Total expenses (must equal Part IX, column (A), line 25)			<u>712</u>
3	Revenue less expenses. Subtract line 2 from line 1			<u> 394</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	20	6,	589
5	Net unrealized gains (losses) on investments 5			
6	Donated services and use of facilities 6			
7	Investment expenses 7			
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	22	7,9	983
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule 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		X
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		

Form **990** (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	ection 501(c)(4), (5), or (6) organizations: Complete Part	III.							
Nam	e of organization			Employer iden	tification number				
	Rotary District 686			**-***91					
Pa	t I-A Complete if the organization is exe	mpt under section 501	(c) or is a se	ction 527 organi	zation.				
1	Provide a description of the organization's direct and inc	lirect political campaign activit	ies in Part IV. (se	e instructions for	_				
	definition of "political campaign activities")								
2	Political campaign activity expenditures (see instructions) ▶ \$								
3	Volunteer hours for political campaign activities (see ins								
Pa	t I-B Complete if the organization is exe								
1	Enter the amount of any excise tax incurred by the orga	nization under section 4955 ု		▶\$					
2	Enter the amount of any excise tax incurred by organization managers under section 4955								
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No				
4a	Was a correction made?				Yes No				
b	If "Yes," describe in Part IV.								
Pa	t I-C Complete if the organization is exe		• • •	ection 501(c)(3).					
1	Enter the amount directly expended by the filing organiz	ation for section 527 exempt	function						
	activities			▶\$					
2	Enter the amount of the filing organization's funds contri	buted to other organizations f	or section						
	527 exempt function activities			▶\$					
3	Total exempt function expenditures. Add lines 1 and 2. $\scriptstyle\rm I$	Enter here and on Form 1120-	-POL,						
	line 17b			▶\$	□ Vaa □ Na				
4	Did the filing organization file Form 1120-POL for this year	ear?			Es No				
5	Enter the names, addresses and employer identification								
	organization made payments. For each organization list								
	the amount of political contributions received that were $\boldsymbol{\mu}$	promptly and directly delivered	d to a separate po	olitical organization, su	ıch				
	as a separate segregated fund or a political action comm	nittee (PAC). If additional spa	ce is needed, pro	vide information in Pa	rt IV.				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political				
				filing organization's funds. If none, enter -0	contributions received and promptly and directly				
				lunds. If none, enter -0	delivered to a separate				
					political organization.				
					If none, enter -0				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
		1		1	I				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2018

*	*	_	*	*	*	9	1	R	0

Page 3

For each "Ye	(election under section 501(h)).	,		D-V
description of	es," response on lines 1a through 1i below, provide in Part IV a detailed of the lobbying activity.	Yes	No	(b) Amount
	he year, did the filing organization attempt to influence foreign, national, state, or local	_		
_	on, including any attempt to influence public opinion on a legislative matter or			
-	lum, through the use of:			
a Voluntee				
	ff or management (include compensation in expenses reported on lines 1c through 1i)?			_
	dvertisements?			
	to members, legislators, or the public?			
_	ions, or published or broadcast statements?			
	o other organizations for lobbying purposes?			
	ontact with legislators, their staffs, government officials, or a legislative body?			
_	demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other ad				
j Total. A	dd lines 1c through 1i			
2a Did the	activities in line 1 cause the organization to be not described in section 501(c)(3)?			
	enter the amount of any tax incurred under section 4912			
c If "Yes,"	enter the amount of any tax incurred by organization managers under section 4912			
d If the fili	ng organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part III-A	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	01(c)	(5),	or section
				Yes
1 Were su	bstantially all (90% or more) dues received nondeductible by members?			1 X
2 Did the	organization make only in-house lobbying expenditures of \$2,000 or less?			2
3 Did the	organization agree to carry over lobbying and political campaign activity expenditures from the prior y			
Part III-B	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."		₹ (b)	
4 0	ssessments and similar amounts from members		1	
2 Section	162(e) nondeductible lobbying and political expenditures (do not include amounts of			
2 Section politica	expenses for which the section 527(f) tax was paid).		_	
Section politicala Current	l expenses for which the section 527(f) tax was paid). year		2a	
2 Section politicala Currentb Carryove	expenses for which the section 527(f) tax was paid).		2b	
2 Section politicala Currentb Carryovec Total	l expenses for which the section 527(f) tax was paid). year er from last year		2b 2c	
Section politicala Currentb Carryovc Total3 Aggrega	l expenses for which the section 527(f) tax was paid). year er from last year ste amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b	
 Section political a Current b Carryov c Total 3 Aggrega 4 If notices 	l expenses for which the section 527(f) tax was paid). year er from last year ste amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		2b 2c	
2 Section political a Current b Carryove c Total 3 Aggrega 4 If notices excess of	l expenses for which the section 527(f) tax was paid). year er from last year the amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		2b 2c 3	
2 Section political a Current b Carryove c Total 3 Aggrega 4 If notices excess of and political	l expenses for which the section 527(f) tax was paid). year er from last year ste amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues s were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		2b 2c	
2 Section political a Current b Carryove c Total 3 Aggrega 4 If notices excess of	l expenses for which the section 527(f) tax was paid). year er from last year ate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues as were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		2b 2c 3	

Schedule C (For	m 990 or 990-EZ) 20	18 Rotary	District	6860	*	**-***918	0	Page 4
Part IV	m 990 or 990-EZ) 20 Supplement	al Informatio	n (continued)					
			(1000)					

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 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Rotary District 6860	Employer identification number **-***9180					
Form 990, Part VI, Line 11b - Organization's	Process to Review Form 990					
No review was or will be conducted.						
Form 990, Part VI, Line 19 - Governing Documen	nts Disclosure Explanation					
No documents available to the public						