

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

OMB No. 1545-1150

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Do not enter Social Security numbers on this form as it may be made public.**
▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

A For the 2013 calendar year, or tax year beginning Jul 1 , 2013, **and ending** Jun 30 , 2014

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization ROTARY INTERNATIONAL 6690 DISTRICT</p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 387</p> <p>City or town, state or province, country, and ZIP or foreign postal code HILLIARD OH 43026</p>	<p>D Employer identification number 36-3986056</p> <p>E Telephone number (614) 582-9438</p> <p>F Group Exemption Number ▶</p>
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G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ **N/A**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **199,480.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

	1 Contributions, gifts, grants, and similar amounts received	1	70,415.
	2 Program service revenue including government fees and contracts	2	42,039.
	3 Membership dues and assessments	3	86,115.
	4 Investment income	4	883.
	5 a Gross amount from sale of assets other than inventory 5 a		
	b Less: cost or other basis and sales expenses 5 b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5 c		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 b		
	c Less: direct expenses from gaming and fundraising events 6 c		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 d		
	7 a Gross sales of inventory, less returns and allowances 7 a		
	b Less: cost of goods sold 7 b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7 c		
	8 Other revenue (describe in Schedule O) See Form 990-EZ, Part I, Line 8 Other Revenue 8		28.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		199,480.
	10 Grants and similar amounts paid (list in Schedule O) See L-10 Stmt 10		62,547.
	11 Benefits paid to or for members 11		
	12 Salaries, other compensation, and employee benefits 12		
	13 Professional fees and other payments to independent contractors 13		1,000.
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		239.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses 16		141,819.
	17 Total expenses. Add lines 10 through 16 ▶ 17		205,605.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		-6,125.
R E V E N U E	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		137,836.
	20 Other changes in net assets or fund balances (explain in Schedule O) 20		
A S S E T S	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		131,711.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? TO ENCOURAGE AND FOSTER THE IDEA OF SERVICE AS A BASIS OF WORTHY ENTERPRISE
Describe the organization's program service accomplishments for each of its three largest program services...

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include CONFERENCE AND SEMINARS - THE DISTRICT SPONSORS CONFERENCES AND SEMINARS...; DISTRICT SIMPLIFIED GRANTS - CLUBS MAY APPLY TO THE DISTRICT FOR MATCHING GRANTS...; NEW GENERATIONS - MULTIPLE PROGRAMS THAT BENEFIT YOUTH...; Other program services; Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and Title, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include Bart Mahoney (DIST GOVERNOR), Randall Davies (DIST GOV ELECT), Tara Craybeek (DIST GOV NOMINE), John Vogelpohl (DIST SEC / TREAS).

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities
35 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year?
35 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
37 b Did the organization file Form 1120-POL for this year?
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39 a Initiation fees and capital contributions included on line 9
39 b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?
40 c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
40 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40 e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of JOHN VOGELPOHL Telephone no. (614) 582-9438
Located at PO BOX 387 HILLIARD OH ZIP+4 43026
42 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country?
42 c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000. ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	10/29/14 Date
	<u>Bart Mahoney</u> Type or print name and title	District Governor

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	William D. Riddle, CPA		10/26/14		P01246235
	Firm's name ▶	WILLIAM D. RIDDLE CPA		Firm's EIN ▶	31-1229311
	Firm's address ▶	3106 HYDE PARK CT HILLIARD OH 43026-8852		Phone no.	(614) 876-4264

May the IRS discuss this return with the preparer shown above? See instructions. ▶ Yes No

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

Miscellaneous Income	28.
<hr/>	
Total	<u>28.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

ADVERTISING AND PROMOTION	14,853.
ASSISTANT GOVERNOR EXPENSES	490.
CONFERENCES, CONVENTIONS AND MEETINGS	68,341.
OFFICE EXPENSE	1,531.
SECRETARY EXPENSES	173.
MISC EXPENSES	32,463.
DISTRICT GOVERNOR EXPENSES	23,968.
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Total	<u>141,819.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment Misc. (no one receipt over \$5K)

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Service	Business <input type="checkbox"/> Person <input type="checkbox"/>		
			62,547.

If property other than cash was given, the following additional information needs to be provided:

Description of Property . _____
 Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined