

Form **990-EZ**

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2010

Department of the Treasury  
Internal Revenue Service

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

**A** For the 2010 calendar year, or tax year beginning 7/01, 2010, and ending 6/30, 2011

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	Rotary International 6690 District PO Box 387 Hilliard, OH 43026	36-3986056
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		(614) 582-9438
<input type="checkbox"/> Terminated		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		..... ▶
<input checked="" type="checkbox"/> Application pending		

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.district6690.org

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 151,079.

**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.

	Description	Line	Amount
R E V E N U E	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	28,350.
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	28,787.
	<b>3</b> Membership dues and assessments	<b>3</b>	93,605.
	<b>4</b> Investment income	<b>4</b>	337.
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
	<b>b</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)	<b>6b</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>		
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>		
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>		
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	151,079.	
E X P E N S E S	<b>10</b> Grants and similar amounts paid (list in Schedule O) See Schedule O	<b>10</b>	42,620.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	4,800.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	127.
	<b>16</b> Other expenses (describe in Schedule O) See Schedule O	<b>16</b>	83,288.
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	130,835.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	20,244.	
A S S E T S	<b>19</b> 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)	<b>19</b>	91,514.
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	111,758.

**BAA** For Paperwork Reduction Act Notice, see the separate instructions.

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**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.

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	91,514.	111,758.
<b>23</b> Land and buildings		
<b>24</b> Other assets (describe in Schedule O)		
<b>25 Total assets</b>	91,514.	111,758.
<b>26 Total liabilities</b> (describe in Schedule O)	0.	0.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	91,514.	111,758.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)

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

What is the organization's primary exempt purpose? See Schedule O

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

<b>28</b> <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>	58,923.
<b>29</b> <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>	26,266.
<b>30</b> <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>	10,247.
<b>31</b> Other program services (describe in Schedule O) <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>	6,108.
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	101,544.

**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.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Brent Rosenthal P.O. Box 387 Hilliard, OH 43026	Dist Gov Elect 15	0.	0.	0.
Michael Brown P.O. Box 387 Hilliard, OH 43026	Dist Go Nomine 5	0.	0.	0.
Calvin Gebhart P.O. Box 387 Hilliard, OH 43026	Dist Governor 25	0.	0.	0.
Kris Wilson P.O. Box 387 Hilliard, OH 43026	Dist Secretary 10	4,800.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O. ....		X
<b>34</b> Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) .....		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? .....		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? .....		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N .....		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37 a</b>   0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .....		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved. ....		
<b>38 b</b>   N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 .....		
<b>39 a</b>   N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities .....		
<b>39 b</b>   N/A		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I. ....		X
<b>40 b</b>		
<b>c</b> 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. .... ▶ 0.		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization .....		
▶ 0.		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T. ....		X
<b>40 e</b>		
<b>41</b> List the states with which a copy of this return is filed ▶ <u>OH</u>		

**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

	Yes	No
<b>b</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 (such as a bank account, securities account, or other financial account)? .....		X
If 'Yes,' enter the name of the foreign country:.. ▶ _____		
<b>42 b</b>		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....		X
If 'Yes,' enter the name of the foreign country:.. ▶ _____		
<b>42 c</b>		

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here  N/A and enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ **43** | N/A

	Yes	No
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....		X
<b>b</b> Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. ....		X
<b>44 b</b>		
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? .....		X
<b>44 c</b>		
<b>d</b> If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. ....		
<b>44 d</b>		

		Yes	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
<b>a</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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst.)		X
<b>45 a</b>			X
<b>46</b>	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.		X
<b>46</b>			X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

		Yes	No
<b>47</b>	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.		
<b>47</b>			
<b>48</b>	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		
<b>48</b>			
<b>49 a</b>	Did the organization make any transfers to an exempt non-charitable related organization?		
<b>49 a</b>			
<b>b</b>	If 'Yes,' was the related organization a section 527 organization?		
<b>49 b</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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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**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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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**d** Total number of other independent contractors each receiving over \$100,000

**52** Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts 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: \_\_\_\_\_ Date: \_\_\_\_\_  
 Brent Rosenthal Dist Governor  
 Type or print name and title.

**Paid Preparer Use Only**

Print/Type preparer's name Heather L. Linch, CPA	Preparer's signature Heather L. Linch, CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN N/A
Firm's name Toukan & Company	Firm's address 575 Charring Cross Drive Westerville, OH 43081		Firm's EIN N/A	Phone no. 614-901-7100

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**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization

Rotary International 6690 District

Employer identification number

36-3986056

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

The object of Rotary is to encourage and foster the ideal of serviced as a basis  
of worthy enterprise and, in particular, to encourage and foster:

First: The development of acquaintance as an opportunity for service.

Second: High ethical standards in business and professions; the recognition of the  
worthiness of all useful occupations; and the dignifying of each Rotarian's  
occupation as an opportunity to serve society.

Third: The application of the ideal of service in each Rotarian's personal,  
business, and community life.

Fourth: The advancement of international understanding, goodwill, and peace  
through a world fellowship of business and professional persons united in the  
ideal of service.

The goal of the district is to support the local clubs and help them achieve the  
above objectives by providing training opportunities and financial support.

**Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**

Conferences & seminars: The District sponsors seminars & conventions that allow  
local club members to gain invaluable leadership skills, knowledge about the world  
community, and how to utilize available resources to accomplish the charitable and  
humanitarian objectives of Rotary (i.e., service)

Name of the organization

Employer identification number

Rotary International 6690 District

36-3986056

**Form 990-EZ, Part III, Line 29 - Statement of Program Service Accomplishments**

District Simplified Grants - Clubs may apply to the District for Matching grants.

The grant projects must meet certain criteria to benefit the club's local area.

These grants are generally capped at \$2,000 per application.

**Form 990-EZ, Part III, Line 30 - Statement of Program Service Accomplishments**

New Generations: Multiple programs that benefit youth. The separate programs address different age brackets to encourage volunteerism and ultimately provide leadership training to young adults. New generations also include facilitating youth exchange programs.

Client 58575-01

Rotary International 6690 District

36-3986056

5/15/12

12:37PM

**Form 990-EZ, Part I, Line 10  
Grants and Similar Amounts Paid In Excess of \$5,000**

Donee's Name: Misc (No one recipient over \$5k)  
Cash Amount Given: \$ 42,620.

**Form 990-EZ, Part I, Line 16  
Other Expenses**

Advertising and Promotion.....	\$	4,280.
Assistant Governor Expenses.....		963.
Conferences, Conventions, and Meetings.....		58,923.
District Governor Expenses.....		13,958.
Office Expenses.....		4,139.
Secretary Expenses.....		25.
Telephone.....		1,000.
Total	\$	<u>83,288.</u>

**Form 990-EZ, Part III, Line 31  
Statement of Program Service Accomplishments**

Description	Grants	Program Service Expenses
Vocational Services Includes Foreign Grants: No		3,250.
Rotary Foundation Includes Foreign Grants: No		2,858.
Total	\$ 0.	\$ <u>6,108.</u>