

**Short Form**

**Return of Organization Exempt From Income Tax**

**2017**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

**A For the 2017 calendar year, or tax year beginning** Jul 1 , 2017, and ending Jun 30 , 2018

|  |   |  |
|--|---|--|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>ROTARY INTERNATIONAL 6690 DISTRICT<br>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite<br>PO BOX 387<br>City or town, state or province, country, and ZIP or foreign postal code<br>HILLIARD, OH 43026 | <b>D</b> Employer identification number<br>36-3986056<br><b>E</b> Telephone number<br>(614) 582-9438<br><b>F</b> Group Exemption Number ▶  |
| <b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶  |   | <b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). |
| <b>I</b> Website: ▶ N/A  |   |  |
| <b>J</b> Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |   |  |
| <b>L</b> 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 . . . . . ▶ \$ 148,800.   |   |  |

**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 . . . . .

|                   |  |  |           |          |
|-------------------|--|--|-----------|----------|
| <b>Revenue</b>    | <b>1</b>   | Contributions, gifts, grants, and similar amounts received . . . . .   | <b>1</b>  |          |
|                   | <b>2</b>   | Program service revenue including government fees and contracts . . . . .  | <b>2</b>  | 39,980.  |
|                   | <b>3</b>   | Membership dues and assessments . . . . .  | <b>3</b>  | 106,988. |
|                   | <b>4</b>   | Investment income . . . . .  | <b>4</b>  | 1,832.   |
|                   | <b>5a</b>  | Gross amount from sale of assets other than inventory . . . . .  | <b>5a</b> |          |
|                   | <b>5b</b>  | Less: cost or other basis and sales expenses . . . . .   | <b>5b</b> |          |
|                   | <b>5c</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</b>          | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶  | <b>9</b>   | 148,800.  |          |
| <b>Expenses</b>   | <b>10</b>  | Grants and similar amounts paid (list in Schedule O) . . . . .   | <b>10</b> |          |
|                   | <b>11</b>  | Benefits paid to or for members . . . . .  | <b>11</b> |          |
|                   | <b>12</b>  | Salaries, other compensation, and employee benefits . . . . .  | <b>12</b> |          |
|                   | <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> | 262.     |
|                   | <b>16</b>  | Other expenses (describe in Schedule O) . . . . .  | <b>16</b> | 124,544. |
| <b>17</b>         | <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶   | <b>17</b>  | 124,806.  |          |
| <b>Net Assets</b> | <b>18</b>  | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | <b>18</b> | 23,994.  |
|                   | <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> | 167,700. |
|                   | <b>20</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | <b>20</b> | -4,264.  |
|                   | <b>21</b>  | Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶  | <b>21</b> | 187,430. |

**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  | 235,469.              | <b>22</b> 264,917. |
| <b>23</b> Land and buildings  |                       | <b>23</b>          |
| <b>24</b> Other assets (describe in Schedule O)   | 5,561.                | <b>24</b> 1,683.   |
| <b>25</b> <b>Total assets</b>   | 241,030.              | <b>25</b> 266,600. |
| <b>26</b> <b>Total liabilities</b> (describe in Schedule O)   | 73,330.               | <b>26</b> 79,170.  |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) | 167,700.              | <b>27</b> 187,430. |

**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, as measured by expenses. 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; optional for others.)

|   |            |         |
|---|------------|---------|
| <b>28</b> CONFERENCE AND SEMINARS - THE DISTRICT SPONSORS CONFERENCES AND SEMINARS 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)<br>(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/> | <b>28a</b> | 47,182. |
| <b>29</b> TRAINING AND CONTINUITY - TRAINING OF LEADERSHIP TO INSURE CONTINUITY IN THE ORGANIZATION AT THE DISTRICT LEVEL. CONFERENCES, SEMINARS AND VISION TRAINING FOCUSING ON THE CHARITABLE AND HUMANITARIAN OBJECTIVES OF ROTARY (i.e. SERVICE)<br>(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>29a</b> | 27,140. |
| <b>30</b> PROGRAMS - MULTIPLE PROGRAMS THAT BENEFIT YOUTH. THE SEPERATE PROGRAMS ADDRESS DIFFERENT AGE BRACKETS TO ENCOURAGE VOLUNTEERISM AND ULTIMATELY PROVIDE LEADERSHIP TRAINING TO YOUNG ADULTS. PROGRAMS ALSO INCLUDE FACILITATING YOUTH EXCHANGE PROGRAMS.<br>(Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>  | <b>30a</b> | 19,755. |
| <b>31</b> Other program services (describe in Schedule O)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | <b>31a</b> |         |
| <b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a)   | <b>32</b>  | 94,077. |

**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 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 |
|---|--|--|---|--|
| SHANE PYLE<br>DIST GOVERNOR               | 25.00  | 0.   | 0.  | 0.   |
| CRAIG MAXEY<br>DIST GOV ELECT             | 15.00  | 0.   | 0.  | 0.   |
| Gary Vaughn<br>DIST GOV NOMINE            | 10.00  | 0.   | 0.  | 0.   |
| John Vogelpohl<br>DIST TREASURER          | 10.00  | 0.   | 0.  | 0.   |
| FRANCES M. VEVERKA<br>DIST SECRETARY      | 10.00  | 0.   | 0.  | 0.   |
| Stephen Sandbo<br>Immediate Past Dist Gov | 1.00   | 0.   | 0.  | 0.   |
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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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and governance.

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <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 . . . . . | 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 . . . . .

|  |            |           |
|--|------------|-----------|
|  | <b>Yes</b> | <b>No</b> |
| <b>47</b> 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         |           |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   | 48         |           |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   | 49a        |           |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  | 49b        |           |
| <b>50</b> 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 |
|-------------------------------------|--|---|---|--|
|                                     |  |   |   |  |
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|                                     |  |   |   |  |
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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 business address of each independent contractor | (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 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.

|                  |                                |            |
|------------------|--------------------------------|------------|
| <b>Sign Here</b> | ▶ Signature of officer         | 11/01/2018 |
|                  | John Vogelpohl, DIST TREASURER | Date       |
|                  | ▶ Type or print name and title |            |

|                               |   |                         |            |  |           |
|-------------------------------|---|-------------------------|------------|--|-----------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name                                  | Preparer's signature    | Date       | Check <input checked="" type="checkbox"/> if self-employed | PTIN      |
|                               | William D. Riddle, CPA                                      |                         | 11/01/2018 |  | P01246235 |
|                               | Firm's name ▶ WILLIAM D. RIDDLE CPA                         | Firm's EIN ▶ 31-1229311 |            | Phone no. (614) 876-4264                                   |           |
|                               | Firm's address ▶ 3106 HYDE PARK CT, HILLIARD, OH 43026-8852 |                         |            |  |           |

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

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

ROTARY INTERNATIONAL 6690 DISTRICT

Employer identification number

36-3986056

Pt I, Line 16:

Description: ANNUAL GIVING \$1,026

Description: ASSISTANT GOVERNOR EXPENSES \$769

Description: CONFERENCES, CONVENTIONS AND MEETINGS \$47,182

Description: OFFICE EXPENSE \$1,041

Description: MISC EXPENSES \$110

Description: DISTRICT GOVERNOR EXPENSES \$15,069

Description: PINS AND BANNERS \$4,611

Description: TRAINING AND CONTINUITY \$27,140

Description: DISTRICT WEBSITE \$2,738

Description: DISTRICT DIRECTORY \$1,068

Description: INSURANCE BOND \$341

Description: COMMUNICATIONS INITIATIVE \$3,694

Description: PROGRAMS \$19,755

Pt I, Line 20:

Description: EXPENDITURE FROM THE DESGNATED SURPLUS WAS A VOLUMTARY FUNDING/RECAPITALIZATION OF ZONE INSTITUTE. -\$4,264

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning Jul 1, 2017, and ending Jun 30, 20 18

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

# 2017

|  |   |
|--|---|
| Name of exempt organization<br><b>ROTARY INTERNATIONAL 6690 DISTRICT</b> | Employer identification number<br><b>36-3986056</b> |
|--|---|

Name and title of officer  
**John Vogelpohl, DIST TREASURER**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|  |  |                           |
|--|--|---------------------------|
| <b>1a</b> Form 990 check here <input type="checkbox"/>               | <b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . . | <b>1b</b> _____           |
| <b>2a</b> Form 990-EZ check here <input checked="" type="checkbox"/> | <b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .                      | <b>2b</b> <u>148,800.</u> |
| <b>3a</b> Form 1120-POL check here <input type="checkbox"/>          | <b>b Total tax</b> (Form 1120-POL, line 22) . . . . .                                | <b>3b</b> _____           |
| <b>4a</b> Form 990-PF check here <input type="checkbox"/>            | <b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .     | <b>4b</b> _____           |
| <b>5a</b> Form 8868 check here <input type="checkbox"/>              | <b>b Balance Due</b> (Form 8868, line 3c) . . . . .                                  | <b>5b</b> _____           |

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

### Officer's PIN: check one box only

I authorize \_\_\_\_\_ to enter my PIN 

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature Date **11/01/2018**

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

|   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 1 | 4 | 9 | 9 | 8 | 3 | 1 | 4 | 9 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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.

ERO's signature Date **11/01/2018**

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