

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)

2020

Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning Jul 1, 2020, and ending Jun 30, 2021

Form header section containing fields for B (Check if applicable), C (Name of organization: ROTARY INTERNATIONAL 6690 DISTRICT), D (Employer identification number: 36-3986056), E (Telephone number: 6145829438), F (Group Exemption Number), G (Accounting Method: Cash), H (Check if required to attach Schedule B), I (Website: N/A), J (Tax-exempt status: 501(c)(4)), K (Form of organization: Corporation), L (Total assets: \$102,820).

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 [X]

Table with 21 rows and 4 columns. Rows 1-9: Revenue (Total revenue: 102,820). Rows 10-17: Expenses (Total expenses: 41,322). Rows 18-21: Net Assets (Total net assets: 269,716).

**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 . . . . .	270,160.	<b>22</b> 369,944.
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	3,486.	<b>24</b> 3,737.
<b>25</b> <b>Total assets</b> . . . . .	273,646.	<b>25</b> 373,681.
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	77,220.	<b>26</b> 103,965.
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	196,426.	<b>27</b> 269,716.

**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) (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	17,445.
<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) (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	2,040.
<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. (Grants \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	7,702.
<b>31</b> Other program services (describe in Schedule O) . . . . . (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>	27,187.

**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
Steve Heiser DIST GOVERNOR	25.00	0.	0.	0.
Mary Jane Shackelford DIST GOV ELECT	15.00	0.	0.	0.
Finley Price DIST GOV NOMINE	10.00	0.	0.	0.
John Vogelpohl DIST TREASURER	10.00	0.	0.	0.
FRANCES M. VEVERKA DIST SECRETARY	10.00	0.	0.	0.
Gary Vaughn Immediate Past Dist Gov	1.00	0.	0.	0.
Gary Uhl DIST GOV NOMINE DESIGNATE	10.00	0.	0.	0.

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? If "Yes," provide a detailed description of each activity in Schedule O
34 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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? If "Yes," complete Schedule C, Part III
36 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a 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
42b 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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
42c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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 instructions

	<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 . . . . .	<b>46</b>	<b>X</b>

**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 . . . . .	<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>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</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 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	01/21/2022
	▶ 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	William D. Riddle, CPA	01/21/2022		P01246235
	Firm's name ▶ WILLIAM D. RIDDLE CPA	Firm's address ▶ 3106 HYDE PARK CT, HILLIARD, OH 43026		Firm's EIN ▶ 31-1229311	Phone no. (614) 876-4264

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

**Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 8: Other Revenue**

**Continuation Statement**

Description	Amount
MISCELLANEOUS INCOME	46.
<b>Total</b>	46.

**Form 990-EZ: Short Form Return of Organization Exempt from Income Tax**

**Line 16: Other Expenses**

**Continuation Statement**

Description	Amount
SOFTWARE	2,661.
CONFERENCES, CONVENTIONS AND MEETINGS	17,445.
OFFICE EXPENSE	487.
CREDIT CARD PROCESSING	784.
INSURANCE BOND	341.
PROGRAMS	7,702.
MISCELLANEOUS EXPENSES	666.
PINS AND BADGES	3,986.
DISTRICT GOVERNOR EXPENSE	1,860.
SECRETARY / TREASURERS EXPENSE	19.
DISTRICT WEBSITE	3,058.
TRAINING	2,040.
<b>Total</b>	41,049.