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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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009

, and ending 06-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization  
ROTARY INTERNATIONAL 6270 DISTRICTNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
142 E CAPITOL DRIVECity or town, state or country, and ZIP + 4  
HARTLAND, WI 53029

D Employer identification number

39-1334841

E Telephone number

(262) 367-1040

F Group Exemption Number ►

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► rotary6270.com

J Tax-Exempt status (check only one)  501(c) (4) (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach

Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 205,392

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	50,837
2	Program service revenue including government fees and contracts	2	41,475
3	Membership dues and assessments	3	112,779
4	Investment income	4	301
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►	6a	
a	Gross revenue (not including \$ of contributions reported on line 1)	6b	
b	Less direct expenses other than fundraising expenses	6c	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ►)	9	205,392
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		
10	Grants and similar amounts paid (attach schedule) ►	10	64,584
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	1,200
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	4,718
16	Other expenses (describe ►)	16	101,528
17	<b>Total expenses.</b> Add lines 10 through 16	17	172,030
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	33,362
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	20,154
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	53,516

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

22 Cash, savings, and investments

23 Land and buildings

24 Other assets (describe ►)

25 **Total assets**

26 **Total liabilities** (describe ►)

27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year	
20,154	22	53,516
	23	
	24	
20,154	25	53,516
0	26	0
20,154	27	53,516



<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>33</b>	No
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<b>34</b>	No
<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, attach a statement explaining 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 subject to section 6033 (e) notice, reporting, and proxy tax requirements?		<b>35a</b>	No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>35b</b>	
<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		<b>36</b>	No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	<b>37a</b>	0	
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>37b</b>	
<b>38a</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 period covered by this return?		<b>38a</b>	No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>		
<b>39</b>	<b>Section 501(c)(7) organizations.</b> Enter	<b>39a</b>		
<b>a</b>	Initiation fees and capital contributions included on line 9	<b>39b</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b>	<b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____			
<b>b</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		<b>40b</b>	No
<b>c</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____ 0			
<b>d</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ► _____ 0			
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed ► _____			
<b>42a</b>	The organization's books are in care of ► <u>JOHN SCHERER</u> Telephone no ► <u>(262) 728-2601</u> 413 ARBOR RIDGE DRIVE Located at ► <u>DELAVAL, WI</u> ZIP + 4 ► <u>53115</u>			
<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)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		<b>42b</b>	No
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____		<b>42c</b>	No
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> _____			
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>44</b>	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>45</b>	No

**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 46-49b and complete the tables for lines 50 and 51.

		<b>Yes</b>	<b>No</b>
<b>46</b>	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	<b>46</b>	
<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 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>	
<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."		

<b>(a)</b> Name and address of each employee paid more than \$100,000	<b>(b)</b> Title and average hours per week devoted to position	<b>(c)</b> Compensation	<b>(d)</b> Contributions to employee benefit plans & deferred compensation	<b>(e)</b> Expense account and other allowances

**50(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."

<b>(a)</b> Name and address of each independent contractor paid more than \$100,000	<b>(b)</b> Type of service	<b>(c)</b> Compensation

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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		
	***** Signature of officer	2011-01-10 Date	
	JOHN SCHERER TREASURER Type or print name and title		

<b>Paid Preparer's Use Only</b>	Preparer's signature SAM EMANUELE CPA	Date 2011-01-07	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 EMANUELE AND HAUT CPAs SC 142 E CAPITOL DR HARTLAND, WI 53029			EIN <input type="checkbox"/>
				Phone no (262) 367-1040

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

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 39-1334841  
**Name:** ROTARY INTERNATIONAL 6270 DISTRICT

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<b>28</b> YOUTH EXCHANGE PROGRAM - ALLOWS HIGH SCHOOL STUDENTS FROM THE US TO STUDY ABROAD & STUDENTS SPONSORED BY ROTARY CLUBS THROUGHOUT THE WORLD TO STUDY IN THE US 30+ STUDENTS PARTICIPATED IN THIS PROGRAM THIS YEAR (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	41,407
<b>29</b> ISSUANCE OF ROTARY DISTRICT SIMPLIED GRANTS (EACH INDIVIDUAL GRANT < \$5000 (Grants \$ 27,683)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	27,683
<b>30</b> WORLD AFFAIRS SEMINAR- THIS SEMINAR IS ATTENDED BY ABOUT 1,300 U S AND FOREIGN HIGH SCHOOL STUDENTS (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	14,500
WORLD COMMUNITY SERVICE - PROVIDE SUN OVENS TO HAITI (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	13,710
GROUP STUDY EXCHANGE- THIS PROJECT ALLOWS FOUR YOUNG BUSINESS PEOPLE TO TRAVEL ABROAD AND STUDY OTHER COUNTRIES' BUSINESSES AND CUSTOMS (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	3,870

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
BILL WRESCH 4625 STONEWOOD OSHKOSH, WI 54902	DIST GOV 0 00	0	0	0
BOB HOSCH 467 EAST RED PINE CIRCLE DOUSMAN, WI 53118	DIST SECRETARY 0 00	0	0	0
JOHN SCHERER 413 ARBOR RIDGE DRIVE DELAVAL, WI 53115	DIST TREASURER 0 00	0	0	0
PAUL DECKER 325 PARKVIEW COURT HARTLAND, WI 53029	DIST GOV ELECT AND DIST TRAI 0 00	0	0	0

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** ROTARY INTERNATIONAL 6270 DISTRICT**EIN:** 39-1334841

<b>Item No.</b>	1
<b>Class of Activity</b>	EDUCATIONAL SEMINAR FOR HIGH SCHOOLERS
<b>Donee's Name</b>	WORLD AFFAIRS SEMINAR
<b>Donee's Address</b>	800 W MAIN STREET WHITEWATER, WI 53190
<b>Amount (FMV)</b>	14,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	
<b>Donee's Name</b>	GROUP STUDY EXCHANGE
<b>Donee's Address</b>	903 E GENEVA ST DELAVAN, WI 53115
<b>Amount (FMV)</b>	3,870
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	3
<b>Class of Activity</b>	WORLD COMMUNITY SERVICE
<b>Donee's Name</b>	WORLD COMMUNITY SERVICE
<b>Donee's Address</b>	1560 Sherman Ave EVANSTON, IL 60201
<b>Amount (FMV)</b>	13,710
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	4
<b>Class of Activity</b>	DISTRICT SIMPLIFIED GRANT
<b>Donee's Name</b>	EACH INDIVIDUAL DONATION 5000
<b>Donee's Address</b>	903 E GENEVA ST DELAVAN, WI 53115
<b>Amount (FMV)</b>	27,683
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	5
<b>Class of Activity</b>	INDIA WELLS PROJECT
<b>Donee's Name</b>	INDIA WELLS PROJECT
<b>Donee's Address</b>	1560 Sherman Ave EVANSTON, IL 60201
<b>Amount (FMV)</b>	1,821
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	6
<b>Class of Activity</b>	PUBLIC RELATIONS GRANT
<b>Donee's Name</b>	WEST BEND SUNRISE ROTARY FOUNDATION
<b>Donee's Address</b>	PO BOX 1137 WEST BEND, WI 53095
<b>Amount (FMV)</b>	3,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	NONE
<b>Description</b>	CASH
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-11

## TY 2009 Other Expenses Schedule

**Name:** ROTARY INTERNATIONAL 6270 DISTRICT**EIN:** 39-1334841

Description	Amount
AWARDS	892
DISTRICT WEBSITE	3,439
DISTRICT DIRECTORY	5,452
LIABILITY INSURANCE	1,688
MISCELLANEOUS	4,709
SUPPLIES	2,033
TELEPHONE	692
TRAVEL	20,056
CONFERENCES, CONVENTIONS, AND MEETINGS	50,987
OUTSIDE SERVICES - DISTRICT SECRETARY	11,580

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** ROTARY INTERNATIONAL 6270 DISTRICT

**EIN:** 39-1334841

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.