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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 District 6040
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 8300 NW Prairie View Road
City or town, state or country, and ZIP + 4: Kansas City, MO 64151

D Employer identification number: 91-1950996
E Telephone number: (816) 801-7611
F Group Exemption Number: 0573

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 [x] Other (specify) []

I Website: WWW.ROTARY6040.ORG

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

J Tax-Exempt status (check only one): [x] 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 \$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. \$ 118,652

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

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 78,537 and total expenses is 70,175.

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)

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

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

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a 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?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a		
b Did the organization file Form 1120-POL for this year?	37b		No
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 period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a	0	
b Gross receipts, included on line 9, for public use of club facilities	39b	0	
40a <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	40b		No
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed ▶ _____			
42a The organization's books are in care of ▶ <u>LOUISE WELBORN</u> Telephone no ▶ <u>(816) 801-7611</u> 8300 NW PRAIRIE VIEW RD Located at ▶ <u>KANSAS CITY, MO</u> ZIP + 4 ▶ <u>64151</u>			
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
c 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 ▶ _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	43		
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		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.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

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 & deferred compensation	(e) Expense account and other allowances
NONE				

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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

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.

Please Sign Here

Signature of officer: *****
 Date: 2010-11-12

Jeff Romine, Governor-Elect
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: RICHARD D WESTBROOK
 Date: _____
 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: WESTBROOK & CO PC
 749 Driskill Drive
 Richmond, MO 64085

Preparer's identifying number (See instructions): _____
 EIN: _____
 Phone no: (816) 776-3584

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		FOUNDATION DINNER (event type)	(event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	40,413			40,413
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	40,413			40,413
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,115			40,115
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				40,115
	11 Net income summary Combine lines 3, column d, and line 10. ▶				298

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

TY 2009 Grants and Similar Amounts Paid Schedule

Name: Rotary International District 6040

EIN: 91-1950996

Software ID: 09000047

Software Version: 2009v1.3

Item No.	1
Class of Activity	
Donee's Name	GRANTS TO LOCAL ROTARY CLUBS
Donee's Address	8300 NW Prairie View Road Kansas City, MO 64151
Amount (FMV)	23,282
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule

Name: Rotary International District 6040

EIN: 91-1950996

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
YOUTH EXCHANGE	1,737
WORLD PEACE/EXCHANGE PROGRAMS	5,412
WEBSITE	1,698
Travel	9,511
ROTARY SUPPLIES	2,395
Office Expenses	500
MISCELLANEOUS	1,659
Dues	7,020
Conferences, Conventions, and Meetings	13,031
BACKGROUND CHECKS	52
4 WAY SPEECH CONTEST	1,139

Additional Data

Software ID:
Software Version:
EIN: 91-1950996
Name: Rotary International District 6040

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
Elizabeth Usovicz 8300 NW Prairie View Rd Kansas City, MO 64151	Past Distr Gov 0	0		
John Ellis 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Elizabeth Reel 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Cliff Addison 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Robert Clement 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Roger McCoy 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Chris Champ 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Jerry Wolfe 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Frazer Letzig 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Dan Hall 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Gary Miller 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Cathy Svetlecic 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Jeff Crowley 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Joyce Edwards 8300 NW Prairie View Rd Kansas City, MO 64151	Asst Governor 0	0		
Gordon Hadden 8300 NW Prairie View Rd Kansas City, MO 64151	Dist Trainer 0	0		
Valerie Anderson 8300 NW Prairie View Rd Kansas City, MO 64151	Youth Act Chair 0	0		
Bob Harris 8300 NW Prairie View Rd Kansas City, MO 64151	Deputy Governor 0	0		
Kay Wilson 8300 NW Prairie View Rd Kansas City, MO 64151	Deputy Governor 0	0		
Randy High 8300 NW Prairie View Rd Kansas City, MO 64151	Mbr Comm Chair 0	0		
Linda Dobson 8300 NW Prairie View Rd Kansas City, MO 64151	Secretary 0	0		
Louise Welborn 8300 NW Prairie View Rd Kansas City, MO 64151	Treasurer 0	0		
Shirley Wurth 8300 NW Prairie View Rd Kansas City, MO 64151	Fndn Comm Chair 0	0		
Jeff Romine 8300 NW Prairie View Rd Kansas City, MO 64151	Governor-Elect 0	0		
John Gill 8300 NW Prairie View Rd Kansas City, MO 64151	Governor 0	0		