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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

# 2012

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 2012 calendar year, or tax year beginning Jul 1, 2012, and ending Jun 30, 2013

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**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  
2001 NW JEFFERSON STREET  
 City or town, state or country, and ZIP + 4  
BLUE SPRINGS MO 64015

**D** Employer identification number  
91-1950996

**E** Telephone number  
(816) 224-4195

**F** Group Exemption Number ▶ 0573

**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: ▶ N/A

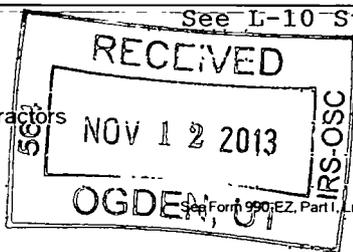
**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( 4 ) (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ▶ \$ 165,614.

**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>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<u>25,290.</u>
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	<u>99,267.</u>
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	
<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>	c 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>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>6b</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>	<u>41,057.</u>
<b>6c</b>	Less direct expenses from gaming and fundraising events	<b>6c</b>	<u>41,251.</u>
<b>6d</b>	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<u>-194.</u>
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less cost of goods sold	<b>7b</b>	
<b>7c</b>	c 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>	<u>124,363.</u>
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<u>25,290.</u>
<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>	<u>8,802.</u>
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<u>1,941.</u>
<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	<u>84,172.</u>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<u>120,205.</u>
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<u>4,158.</u>
<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>	<u>79,695.</u>
<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>	<u>83,853.</u>



SCANNED NOV 25 2013

**BAA** For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2012)

*JB*

**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
22 Cash, savings, and investments	79,695.	80,550.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O)	0.	3,303.
25 Total assets	79,695.	83,853.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,695.	83,853.

**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

What is the organization's primary exempt purpose? LOCAL COMMUNITY SERVICE PROJECTS  
 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 and section 4947(a)(1) trusts, optional for others)

28 <u>TRAINING, SEMINARS AND CONFERENCES FOR LOCAL CLUBS, MEMBERS AND OFFICERS; APPROXIMATELY 2500 ROTARIANS SERVED</u> (Grants \$ <u>15,600.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	109,395.
29 <u>EXCHANGE PROGRAMS TO PROMOTE INTERNATIONAL UNDERSTANDING AND PEACE.</u> (Grants \$ <u>4,400.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,520.
30 <u>DONAR ADVISED FUND TO FUND RELIEF - OKLAHOMA TORNADO VICTIMS</u> (Grants \$ <u>5,290.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	5,290.
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	120,205.

**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
<u>KENNETH E HARRIS</u> DISTRICT GOVERNOR	40.00	0.	0.	0.
<u>RICK SIMON</u> GOVERNOR ELECT	10.00	0.	0.	0.
<u>GERALD MCREYNOLDS</u> SECRETARY	10.00	0.	0.	0.
<u>SCOTT W FULLERTON</u> TREASURER	10.00	0.	0.	0.
<u>ELIZABETH USOVIC</u> DIST TRAINER/GRANTS	6.00	0.	0.	0.
<u>DAN HALL</u> PAST DIST. GOVERNOR	2.00	0.	0.	0.
<u>PAIGE SCOTT</u> DEPUTY DIST. GOVERNOR	10.00	0.	0.	0.
<u>SEE SCHEDULE ATTACHED</u> ASST. GOVERNORS	1.00	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

	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 a</b> 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)?		X
<b>b</b> If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
<b>c</b> 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		X
<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 Form 1120-POL 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 or 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>		
<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>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39 b</b>		
<b>40 a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
<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>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 <b>40 c</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40 d</b>		
<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 <b>40 e</b>		X
<b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/>		

**42 a** The organization's books are in care of SCOTT W FULLERTON Telephone no (816) 224-4195  
 Located at 2001 NW JEFFERSON STREET BLUE SPRINGS MO ZIP + 4 64015

	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)? If 'Yes,' enter the name of the foreign country <input type="checkbox"/>		X
<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: <input type="checkbox"/>		X

**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 **43**

	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>c</b> Did the organization receive any payments for indoor tanning services during the year?		X
<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>45 a</b> Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		
<b>b</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 instructions)		X

46 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

	Yes	No
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

47 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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If 'Yes,' was the related organization a section 527 organization?

49b		
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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 paid more than \$100,000	(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 address of each independent contractor paid more than \$100,000	(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 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.

Signature of officer: Kenneth E. Harris Date: 11-06-2013

Print/Type preparer's name: SCOTT FULLERTON, CPA Preparer's signature: [Signature] Date: 11-5-13

**Paid Preparer Use Only**  
 Firm's name: BEATTY & FULLERTON CPA'S, LLC  
 Firm's address: 2001 NW JEFFERSON ST  
BLUE SPRINGS MO 64015  
 Check  if self-employed  
 PTIN: P00369280  
 Firm's EIN: 20-2972179  
 Phone no: (816) 229-9500

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

ROTARY INTERNATIONAL DISTRICT 6040

91-1950996 - Part VII, Line 8 Form 990

<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>	<u>Ave. hrs./week</u>
<u>Ralph Schank</u> (St. Joe East)	1901 Frederick Ave ST. Joseph, MO 64501	Asst. Governor	1
<u>Tom Sullivan</u> (Albany)	301 S. 7th Street Albany, MO 64402	Asst. Governor	1
<u>Bob Hagedorn</u> (Blue Springs)	1217 NW Fairway Circle Blue Springs, MO 64014	Asst. Governor	1
<u>Dean Sparks</u> (Tarkio)	605 S 9th Street. Tarkio, MO 64491	Asst. Governor	1
<u>Ralph Cupelli</u> (Kirksville)	6 Circle Lane Kirksville, MO 63501	Asst. Governor	1
<u>Ron Wilds</u> (Blue Springs)	814 SW Ryan Rd Grain Valley, Mo 64029	Asst. Governor	1
<u>Bill Allen</u> (Excelsior Springs)	7430 NE 87th St. Kansas City, MO 64157	Asst. Governor	1
<u>Carl Baldwin</u> (Kirksville)	26831 State Hwy 11 Kirksville, MO 63501	Asst. Governor	1
<u>Marc Horner</u> (Kansas City 13)	6821 Noland Road Shawnee, KS 66216	Asst. Governor	1
<u>Kim LeSage</u> (Raytown)	11220 E 75th Terr. Raytown, MO 64138-2409	Asst. Governor	1
<u>George Koontz</u> (Scotland County)	Rt. 3 Box 73 Memphis, MO 63555	Asst. Governor	1
<u>Nelson Hopper</u> (KCI)	10211 River Hills Dr. Parkville, MO 64152-3363	Asst. Governor	1
<u>David King</u> (KC 13)	9400 NW 86th St. Kansas City, MO 64153	Asst. Governor	1



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		FD DINNER (event type)	(event type)	(total number)	(add column (a) through column (c))
REVENUE	1	Gross receipts	41,057.		41,057.
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	41,057.		41,057.
DIRECT EXPENSES	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	9,364.		9,364.
	8	Entertainment			
	9	Other direct expenses	31,887.		31,887.
	10	Direct expense summary Add lines 4 through 9 in column (d)			41,251.
	11	Net income summary Combine line 3, column (d), and line 10			-194.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming	
		(add column (a) through column (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	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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				

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?  Yes  No

b If 'No,' explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If 'Yes,' explain \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 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?  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility		%
b An outside facility		%

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 contact with a third party from whom the organization receives gaming revenue?  Yes  No
- 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 of the third party

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

Director/officer       Employee       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?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

4 WAY SPEECH CONTEST	344.
DONAR ADVISED FUND MAINTENANCE	8.
TRAINING CONF. & MTG	38,548.
TRAVEL	19,750.
DUES	12,925.
ROTARY SUPPLIES	1,962.
BACKGROUND CHECKS	274.
WEBSITE EXPENSE	2,408.
YOUTH EXCHANGE	2,745.
ADVERTISING	3,052.
GROUP STUDY EXCHANGE	2,156.
<b>Total</b>	<b>84,172.</b>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment DESIGNATED FUND - MEMBERS CONTRIBUTED TO OK RELIEF

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>MEMBERS DONATION</u>	Business <input type="checkbox"/> Person <input type="checkbox"/> <u>MEMBERS DONATED</u>	<u>MEMBERS</u>	
			5,290.

If property other than cash was given, the following additional information needs to be provided.

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment GRANTS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>CLUBS</u>	Business <input type="checkbox"/> Person <input type="checkbox"/> <u>CLUBS APPLIED</u>	<u>CLUBS</u>	
			20,000.

If property other than cash was given, the following additional information needs to be provided

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined