

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning 07-01-2014, and ending 06-30-2015

2014

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

ROTARY INTERNATIONAL

47-6027298

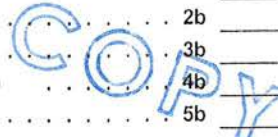
Name and title of officer

ROSS M BAHENSKY, 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 1 line in Part I.

- 1a Form 990 check here [ ] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b
2a Form 990-EZ check here [X] b Total revenue, if any (Form 990-EZ, line 9) 2b 52,040
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b



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 2014 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

[X] I authorize JEANETTE M NEDRIG CPA to enter my PIN 27298 as my signature. ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 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 2014 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 11-11-2015

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.

470309 03271 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 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

Handwritten signature: Jeanette M Nedrig CPA

Date 11-11-2015

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

## Short Form Return of Organization Exempt From Income Tax

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning 07-01, 2014, and ending 06-30, 2015

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ROTARY INTERNATIONAL</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>PO BOX 702</b> City or town, state or province, country, and ZIP or foreign postal code <b>HOLDREGE, NE 68949-0702</b>	<b>D</b> Employer identification number <b>47-6027298</b> <b>E</b> Telephone number <b>(308) 995-8223</b> <b>F</b> Group Exemption Number ▶
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**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: ▶ \_\_\_\_\_

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

**K** Form of organization:  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ 56,590

**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 . . . . .

Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	14,741
	2 Program service revenue including government fees and contracts . . . . .	2	
	3 Membership dues and assessments . . . . .	3	39,767
	4 Investment income . . . . .	4	2,082
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	
b Gross income from fundraising events (not including \$ <u>8,541</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		
c Less: direct expenses from gaming and fundraising events . . . . .	6c	4,550	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	(4,550)	
7a Gross sales of inventory, less returns and allowances . . . . .	7a		
b Less: cost of goods sold . . . . .	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c		
8 Other revenue (describe in Schedule O) . . . . .	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	52,040	
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	12,979
	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	450
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	133
	16 Other expenses (describe in Schedule O) . . . . .	16	47,062
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	60,624
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(8,584)
	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	105,858
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	(1,337)
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . . ▶	21	95,937

**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	54,968	53,279
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	58,530	49,065
25 Total assets	113,498	102,344
26 Total liabilities (describe in Schedule O)	7,640	6,407
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,858	95,937

**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? SCHEDULE O

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.)

28 WEEKLY NOON MEETINGS PROVIDE MEMBERS AN OPPORTUNITY TO LISTEN TO SPEAKERS & LEARN OF DIFFERENT NEEDS & WAYS TO BE OF SERVICE. THE MEETINGS BRING MEMBERS TOGETHER TO SERVE (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	27,772
29 DUES ASSESSMENTS & FEES PAID TO STATE & INT'L ROTARY TO ADVANCE THEIR SERVICES. DUES ALSO SUPPORT LOCAL ROTARY CLUB IN SERVING LOCAL BUSINESS PEOPLE & COMMUNITY. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,962
30 GRANTS/CONTRIBUTIONS ARE PAID TO VARIOUS ORGANIZATIONS TO ASSIST THEM IN MANY WAYS (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	12,979
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	50,713

**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
MICHELE HIGH PAST PRESIDENT	1.00	0	0	0
RACHEL MORGAN SECRETARY	3.00	0	0	0
LAURIE HILL PRESIDENT	2.00	0	0	0
KAREN STUTE DIRECTOR	1.00	0	0	0
MIKE KLEIN DIRECTOR	1.00	0	0	0
ROXANNE LUSH DIRECTOR	1.00	0	0	0
SCOTT MCKELVEY DIRECTOR	1.00	0	0	0
ROSS BAHENSKY TREASURER	2.00	0	0	0
SUE HARDESSEN DIRECTOR	1.00	0	0	0
PAUL TEDESCO PRESIDENT ELECT	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

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)
35 a 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)?
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
c 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
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38 a 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?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
b 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
c 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
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
e 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
42 a The organization's books are in care of Telephone no. Located at ZIP + 4
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the U.S.? 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
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

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	(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.

**Sign Here**

▶ ROSS M BAHENSKY Signature of officer Date

▶ ROSS M BAHENSKY, TREASURER Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: JEANETTE M NEDRIG Preparer's signature: Jeanette M Nedrig CPA Date: 11-11-2015 Check  if self-employed PTIN: P01263999

Firm's name: JEANETTE M NEDRIG CPA Firm's EIN:  

Firm's address: 415 EAST AVE PO BOX 471 HOLDREGE NE 68949-0471 Phone no.: 308-995-9380

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

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

Open to Public  
Inspection

Employer identification number

47-6027298

ROTARY INTERNATIONAL

01. General explanation attachment

PART III ORGANIZATION EXEMPT PURPOSE

THE OBJECT OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY  
ENTERPRISE AND, IN PARTICULAR, TO ENCOURAGE AND FOSTER: FIRST: THE DEVELOPMENT OF  
ACQUAINTANCES AS AN OPPORTUNITY FOR SERVICE; SECOND: HIGH ETHICAL STANDARDS IN BUSINESS  
AND PROFESSIONS; THE RECOGNITION OF THE WORTHINESS OF ALL USEFUL OCCUPATIONS; AND THE  
DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY; THIRD: THE  
APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS AND COMMUNITY  
LIFE; AND FOURTH: THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE  
THROUGH A WORLD FELLOWSHIP OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF  
SERVICE.

02. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	VARIOUS
GRANTEE	VARIOUS
STREET	VARIOUS
CITY, STATE, ZIP	HOLDREGE, NE 68949
AMOUNT	6,526

ACTIVITY	VARIOUS
GRANTEE	THE ROTARY FOUNDATION
STREET	14280 COLLECTIONS CENTER DRIVE
CITY, STATE, ZIP	CHICAGO, IL 60693
AMOUNT	6,453

Name of the organization ROTARY INTERNATIONAL	Employer identification number 47-6027298
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## 03. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT
ADVERTISING	25
BAD DEBT EXPENSE	7,899
BANK CHARGES	35
DUES ASSESSMENTS AND FEES	9,962
INVESTMENT FEES	704
MEETING EXPENSE	27,472
MEMBER GIFTS	300
SUPPLIES	107
TRAVEL EXPENSE	558

## 04. Other changes in net assets or fund balances (Part I, line 20)

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS)	(1,337)

## 05. Description of other assets (Part II, line 24)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2,595	2,499
NOTES RECEIVABLE-LOAN FUND	7,825	0
PCCF ENDOWMENT FUND	48,110	46,566

## 06. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	7,640	6,407