

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 07-01-2016, and ending 06-30-2017

**2016**

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](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

**ROTARY INTERNATIONAL**

**47-6027298**

Name and title of officer

**ROSS 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      | <input type="checkbox"/>            | b | Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b |        |
| 2a | Form 990-EZ check here   | <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9)                      | 2b | 54,316 |
| 3a | Form 1120-POL check here | <input type="checkbox"/>            | b | Total tax (Form 1120-POL, line 22)                               | 3b |        |
| 4a | Form 990-PF check here   | <input type="checkbox"/>            | b | Tax based on investment income (Form 990-PF, Part VI, line 5)    | 4b |        |
| 5a | Form 8868 check here     | <input type="checkbox"/>            | b | Balance Due (Form 8868, line 3c)                                 | 5b |        |

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## 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 2016 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

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 2016 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 2016 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 ▶

## 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 2016 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 ▶

*Jeanette M Nedrig CPA*

Date ▶ 10-27-2017

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

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

Short Form Return of Organization Exempt From Income Tax

2016

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 07-01, 2016, and ending 06-30, 2017

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: ROTARY INTERNATIONAL. D Employer identification number: 47-6027298. E Telephone number: (308) 995-8223. F Group Exemption Number.

G Accounting Method: Cash, Accrual, Other. 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), 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. Total: \$ 60,122

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (12,847); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (42,257); 4 Investment income (2,383); 5a-5c Assets other than inventory; 6 Gaming and fundraising events (6,978); 6a-6d Gaming and fundraising events details (2,635); 7a-7c Inventory sales; 8 Other revenue; 9 Total revenue (54,316); 10-17 Expenses (62,296); 18 Excess or (deficit) for the year (7,980); 19-21 Net assets or fund balances (89,276).

**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  | 41,775                | 16,767          |
| 23 Land and buildings  | 0                     | 0               |
| 24 Other assets (describe in Schedule O)                                       | 52,087                | 72,198          |
| 25 Total assets  | 93,862                | 88,965          |
| 26 Total liabilities (describe in Schedule O)                                  | 4,586                 | 5,418           |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 89,276                | 83,547          |

**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 | 27,025 |
| 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 | 10,863 |
| 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 | 20,835 |
| 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  | 58,723 |

**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 |
|----------------------------------|--|--|---|--|
| SCOTT MCKELVEY<br>PRESIDENT      | 2.00   | 0  | 0   | 0  |
| ROSS BAHENSKY<br>TREASURER       | 2.00   | 0  | 0   | 0  |
| PAUL TEDESCO<br>PAST PRESIDENT   | 1.00   | 0  | 0   | 0  |
| STACI TRUMBLE<br>PRESIDENT ELECT | 1.00   | 0  | 0   | 0  |
| ALLI DONOHUE<br>SECRETARY        | 3.00   | 0  | 0   | 0  |
| BARBARA MALM<br>DIRECTOR         | 1.00   | 0  | 0   | 0  |
| STEVEN KNESS<br>DIRECTOR         | 1.00   | 0  | 0   | 0  |
| BEN LOBERG<br>DIRECTOR           | 1.00   | 0  | 0   | 0  |
| LORI REINER<br>DIRECTOR          | 1.00   | 0  | 0   | 0  |
| CAROL RAPSTINE<br>DIRECTOR       | 1.00   | 0  | 0   | 0  |
| ALLISON FRITSCHKE<br>DIRECTOR    | 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

Form with questions 33-45b and Yes/No columns. Includes handwritten 'COPY' and 'NE'.

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

48 Is the organization a school as 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?

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

|     |     |    |
|-----|-----|----|
|     | Yes | No |
| 47  |     |    |
| 48  |     |    |
| 49a |     |    |
| 49b |     |    |

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 BAHENSKY  
Signature of officer

ROSS BAHENSKY, TREASURER  
Type or print name and title

Date

**Paid Preparer Use Only**

Print/Type preparer's name: JEANETTE M NEDRIG CPA

Preparer's signature: *Jeanette M Nedrig CPA*

Date: 10-27-2017

Check  if self-employed

PTIN: P01263999

Firm's name: JEANETTE M NEDRIG CPA

Firm's address: 415 EAST AVE PO BOX 471 HOLDREGE NE 68949-0471

Firm's EIN: [ ]

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)

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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).

Name of the organization

Employer identification number

ROTARY INTERNATIONAL

47-6027298

**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.

COPY

**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           | 7,886              |

|                  |                                |
|------------------|--------------------------------|
| ACTIVITY         | VARIOUS                        |
| GRANTEE          | THE ROTARY FOUNDATION          |
| STREET           | 14280 COLLECTIONS CENTER DRIVE |
| CITY, STATE, ZIP | CHICAGO, IL 60693              |
| AMOUNT           | 7,863                          |

|   |   |
|---|---|
| Name of the organization<br><b>ROTARY INTERNATIONAL</b> | Employer identification number<br><b>47-6027298</b> |
|---|---|

ACTIVITY VARIOUS

GRANTEE YEP

STREET 4TH AVENUE

CITY, STATE, ZIP HOLDREGE, NE 68949

AMOUNT 2,000

COPY

ACTIVITY VARIOUS

GRANTEE BACKPACK BLESSING

STREET WEST AVENUE

CITY, STATE, ZIP HOLDREGE, NE 68949

AMOUNT 3,086

03. Description of other expenses (Part I, line 16)

| DESCRIPTION               | AMOUNT |
|---------------------------|--------|
| ADVERTISING               | 150    |
| DUES ASSESSMENTS AND FEES | 10,863 |
| INVESTMENT FEES           | 857    |
| MEETING EXPENSE           | 27,025 |
| SUPPLIES                  | 40     |
| TRAVEL                    | 2,026  |
| WIRE FEE                  | 15     |

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

| DESCRIPTION            | AMOUNT |
|------------------------|--------|
| UNREALIZED GAIN (LOSS) | 2,251  |

Name of the organization

Employer identification number

ROTARY INTERNATIONAL

47-6027298

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

COPY

| CATEGORY            | BEGINNING OF YEAR | END OF YEAR |
|---------------------|-------------------|-------------|
| ACCOUNTS RECEIVABLE | 4,936             | 8,283       |
| PCCF ENDOWMENT FUND | 47,151            | 63,915      |

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

| CATEGORY         | BEGINNING OF YEAR | END OF YEAR |
|------------------|-------------------|-------------|
| ACCOUNTS PAYABLE | 4,586             | 5,418       |



990

Overflow Statement

2016  
Page 1

Name(s) as shown on return

FEIN

ROTARY INTERNATIONAL

47-6027298

COPY

| Description        | Amount   |
|--------------------|----------|
| INTEREST INCOME    | \$ 1,779 |
| PCCF REALIZED GAIN | 604      |
| Total:             | \$ 2,383 |

| Description     | Amount   |
|-----------------|----------|
| BIG RED BLOWOUT | \$ 3,966 |
| DICTIONARY      | 1,800    |
| HAPPY BUCKS     | 1,212    |
| Total:          | \$ 6,978 |