

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 07-01-2012, and ending 06-30-2013

2012

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Name of exempt organization ROTARY INTERNATIONAL

Employer identification number 47-6027298

Name and title of officer MARLENE L JOHNSON, 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.

Table with 2 columns: Line number and Description. Rows include Form 990 check here, Form 990-EZ check here, Form 1120-POL check here, Form 990-PF check here, and Form 8868 check here. Corresponding amounts are listed in column 2b.

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 2012 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 2012 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 2012 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 01-31-2014

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 2012 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 02-03-2014

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

2012

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, 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.

A For the 2012 calendar year, or tax year beginning 07-01, 2012, and ending 06-30, 2013

B Check if applicable: Address change, Name change, Initial 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), 527.

K Check if the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. 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. \$ 65,892

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 Contributions, program service revenue, membership dues, investment income, gaming and fundraising events, and total revenue/expenses. Total revenue is 65,892 and total expenses is 19,863.

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	50,214	56,119
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	54,555	54,004
25 Total assets	104,769	110,123
26 Total liabilities (describe in Schedule O)	8,121	8,305
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,648	101,818

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

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.

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	28a	27,266
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	29a	11,070
30 GRANTS/CONTRIBUTIONS ARE PAID TO VARIOUS ORGANIZATIONS TO ASSIST THEM IN MANY WAYS (Grants \$ ) If this amount includes foreign grants, check here	30a	19,863
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	58,199

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 (Form 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
ANDREW WEIDES PAST PRESIDENT	1	0	0	0
KYLE ANDERSON PRESIDENT	2	0	0	0
MARLENE L JOHNSON TREASURER	4	0	0	0
ANGIE ENVICK DIRECTOR	1	0	0	0
PAM SOREIDE DIRECTOR	1	0	0	0
ROGER TWEEDY DIRECTOR	1	0	0	0
MICHELE HIGH PRESIDENT ELECT	1	0	0	0
RACHEL MORGAN SECRETARY	3	0	0	0
SCOTT LATTE DIRECTOR	1	0	0	0
RYAN BAUER DIRECTOR	1	0	0	0
JIM VAN MARTER DIRECTOR	1	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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 33 through 45b regarding organizational activities, financials, and tax compliance.

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

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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.

**Sign Here**

MARLENE L JOHNSON  
Signature of officer

MARLENE L JOHNSON, 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: 02-03-2014  
Check  if self-employed  
PTIN: P01263999

Firm's name: JEANETTE M NEDRIG CPA  
Firm's address: 415 EAST AVENUE 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

2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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.

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.

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

GRANTEE	ROTARY FOUNDATION
STREET	14280 COLLECTIONS CENTER DR
CITY, STATE, ZIP	CHICAGO IL
AMOUNT	5,137

GRANTEE	VARIOUS GRANTS
CITY, STATE, ZIP	NE
AMOUNT	14,726

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

DESCRIPTION	AMOUNT
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Name of the organization <b>ROTARY INTERNATIONAL</b>	Employer identification number <b>47-6027298</b>
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DUES, ASSESSMENTS & FEES	11,070
INVESTMENT FEES	671
MEETING EXPENSE	27,266
PRIZES	2,040
SUPPLIES	781
TAX	96
ADVERTISING	75
BANK CHARGES	25

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN	1,831

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	3,533	2,735
NOTES RECEIVABLE-LOAN FUND	7,825	7,825
PCCF ENDOWMENT FUND	43,197	43,444

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	8,121	8,305



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:  
1-877-829-5500  
FAX 801-620-5670

Notice Number: CP211A  
Date: December 9, 2013

Taxpayer Identification Number:  
47-6027298  
Tax Form: 990  
Tax Period: June 30, 2013

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ROTARY INTERNATIONAL  
HOLDREGE ROTARY CLUB  
PO BOX 702  
HOLDREGE NE 68949-0702

056010

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2014**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.