

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 07-01-2013, and ending 06-30-2014

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

2013

Department of the Treasury Internal Revenue Service

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.

Table with 5 rows (1a-5a) and 2 columns (a, b) for return types and amounts. Line 2b shows 58,246.

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 2013 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

on the organization's tax year 2013 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 2013 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 02-03-2015

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

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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

Date 02-03-2015

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.

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150
2013
Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 07-01, 2013, and ending 06-30, 2014

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

C Name of organization: ROTARY INTERNATIONAL
Number and street (or P.O. box, if mail is not delivered to street address): PO BOX 702
City or town, state or province, country, and ZIP or foreign postal code: HOLDREGE, NE 68949-0702

D Employer identification number: 47-6027298
E Telephone number: (308) 995-8223
F Group Exemption Number

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), 4947(a)(1), 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 \$ 64,018

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 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

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	56,119	22	54,968
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	54,004	24	58,530
25 Total assets	110,123	25	113,498
26 Total liabilities (describe in Schedule O)	8,305	26	7,640
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	101,818	27	105,858

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 and section 4947(a)(1) trusts; 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	27,831
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	10,966
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	17,421
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	56,218

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
KYLE ANDERSON PAST PRESIDENT	1	0	0	0
MARLENE L JOHNSON DECEASED TREASURER	4	0	0	0
MICHELE HIGH PRESIDENT	2	0	0	0
RACHEL MORGAN SECRETARY	3	0	0	0
LAURIE HILL PRESIDENT ELECT	1	0	0	0
KAREN STUTE DIRECTOR	1	0	0	0
MIKE KLEIN DIRECTOR	1	0	0	0
ROXANNE LUSH DIRECTOR	1	0	0	0
SCOTT MCKELVEY DIRECTOR	1	0	0	0
ROSS BAHENSKY DIRECTOR	1	0	0	0
SUE HARDESSEN 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

Form with questions 33-45b and Yes/No columns. Includes a large 'COPY' watermark across the middle.

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

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

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

b If "Yes," was the related organization a section 527 organization? 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 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
 Signature of officer: ROSS M BAHENSKY Date: _____
 Type or print name and title: ROSS M BAHENSKY, TREASURER

Paid Preparer Use Only
 Print/type preparer's name: Jeanette M Nedrig CPA Preparer's signature: Jeanette M Nedrig CPA Date: 02-03-2015 Check if self-employed PTIN: P01263999
 Firm's name: Jeanette M Nedrig CPA Firm's EIN: _____
 Firm's address: 415 East Avenue 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)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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.

Name of the organization

Employer identification number

ROTARY INTERNATIONAL

47-6027298

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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	Amount
Activity	VARIOUS
Grantee	VARIOUS
Street	VARIOUS
City, State, Zip	HOLDREGE, NE 68949
Relationship	NA
Amount	17,421

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

Description	Amount
ADVERTISING	165
BAD DEBT EXPENSE	416

Name of the organization

Employer identification number

ROTARY INTERNATIONAL

47-6027298

DUES ASSESSMENTS AND FEES 10,966

MEETING EXPENSE 27,831

INVESTMENT FEES 694

SUPPLIES 183

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

Description Amount

UNREALIZED GAIN 3,969

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

Category Beginning of Year End of Year

ACCOUNTS RECEIVABLE 2,735 2,595

NOTES RECEIVABLE-LOAN FUND 7,825 7,825

PCCF ENDOWMENT FUND 43,444 48,110

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

Category Beginning of Year End of Year

ACCOUNTS PAYABLE 8,305 7,640