

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2013

Department of the Treasury
Internal Revenue Service

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

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

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

C ROTARY CLUB OF NORTH PLATTE, INC
616 S POPLAR STREET
NORTH PLATTE, NE 69101

D Employer identification number 47-0794106

E Telephone number

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 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. ▶ \$ 75,474.

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.

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received																											
	2	Program service revenue including government fees and contracts																											
	3																								23,904.				
	4																								110.				
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																							10,046.				
	6b	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)																							13,644.				
6c	Less: direct expenses from gaming and fundraising events																							7,303.					
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																							16,387.					
7a	Gross sales of inventory, less returns and allowances																												
7b	Less: cost of goods sold																												
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O) SEE SCHEDULE O																							27,770.					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8. SEE SCHEDULE O																							68,171.					
10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O																							15,821.					
11	Benefits paid to or for members																												
12	Salaries, other compensation, and employee benefits																												
13	Professional fees and other payments to independent contractors																												
14	Occupancy, rent, utilities, and maintenance																												
15	Printing, publications, postage, and shipping																							95.					
16	Other expenses (describe in Schedule O) SEE SCHEDULE O																							28,478.					
17	Total expenses. Add lines 10 through 16.																							44,394.					
18	Excess or (deficit) for the year (Subtract line 17 from line 9).																							23,777.					
ASSETS	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)																								32,405.			
	20	Other changes in net assets or fund balances (explain in Schedule O)																											
	21	Net assets or fund balances at end of year. Combine lines 18 through 20.																							56,182.				

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	ROTARY CLUB OF NORTH PLATTE, INC	47-0794106
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	616 S POPLAR STREET NORTH PLATTE, NE 69101	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ► JOANNE HOATSON

Telephone No. ► 308-534-3294 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 ____ or
- tax year beginning 7/01, 20 13, and ending 6/30, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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	34,167.22	60,286.23
23 Land and buildings		24
24 Other assets (describe in Schedule O)		
25 Total assets	34,167.25	60,286.26
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	1,762.27	4,104.27
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,405.27	56,182.27

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? SEE 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	HELP PROVIDE HUMANITARIAN SERVICES & PROMOTE HIGH ETHICAL STANDARDS IN VOCATIONS. HELP PROVIDE GOODWILL & PEACE THROUGH FOREIGN EXCHANGE PROGRAMS & WORLD & COMMUNITY PROJECTS (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	28 a	15,821.
29	----- (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	29 a	
30	----- (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	30 a	
31	Other program services (describe in Schedule O)..... (Grants \$) If this amount includes foreign grants, check here. <input type="checkbox"/>	31 a	
32	Total program service expenses (add lines 28a through 31a).....	32	15,821.

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
JOANNE HOATSON TREASURER	0	0.	0.	0.
JENNY SALESTROM SECRETARY	0	0.	0.	0.
JOSH HARM PRESIDENT ELECT	0	0.	0.	0.
CRYSTAL CLAYMORE DIRECTOR	0	0.	0.	0.
MIKE HONERMAN DIRECTOR	0	0.	0.	0.
MIKE FAEGLER DIRECTOR	0	0.	0.	0.
BRAD GARRICK DIRECTOR	0	0.	0.	0.
BRANDON KELLIHER DIRECTOR	0	0.	0.	0.
DON KURRE DIRECTOR	0	0.	0.	0.
ROMANO POLANCO DIRECTOR	0	0.	0.	0.
SONJA VOYCHESKE PRESIDENT	0	0.	0.	0.
MARK TILLMAN DIRECTOR	0	0.	0.	0.
JUDY L;EITNER DIRECTOR	0	0.	0.	0.
PHIL CORDOVA DIRECTOR	0	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, description, and Yes/No checkboxes. Rows include questions 33 through 41 regarding organizational activities, financials, and state filings.

42a The organization's books are in care of JOANNE HOATSON Telephone no. 308-534-3294 Located at 616 SO POPLAR ST NORTH PLATTE NE ZIP + 4 69101

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 42b and 42c regarding foreign financial accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 44a through 45b regarding donor funds, hospital facilities, and controlled entities.

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. 46 Yes No 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. 47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 Yes No

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Yes No

b If 'Yes,' was the related organization a section 527 organization? 49 b Yes No

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.'

Table with 5 columns: (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.'

Table with 3 columns: (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: JOANNE HOATSON, Date, Title: TREASURER

Paid Preparer Use Only Print/Type preparer's name, Preparer's signature: NON-PAID PREPARER, Date, Check self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

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.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROTARY CLUB OF NORTH PLATTE, INC

Employer identification number

47-0794106

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

HELP PRVIDE HUMANITARIAN SERVICES AND PROMOTE HIGH ETHICAL STANDARDS IN VOCATIONS

CLIENT 10-9999R

ROTARY CLUB OF NORTH PLATTE, INC

47-0794106

2/15/15

05:07PM

**FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

MISC INCOME-MEALS COLLECT.....	\$	27,770.
TOTAL	\$	<u>27,770.</u>

**FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5,000**

DONEE'S NAME:	DUES TO AFFILIATED ORGANIZATION	\$	12,606.
CASH AMOUNT GIVEN:			

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$	452.
COST OF MEALS.....		24,634.
INFORMATION TECHNOLOGY.....		695.
MISCELLANEOUS.....		1,127.
SPECIAL PROGRAMS.....		1,570.
TOTAL	\$	<u>28,478.</u>

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>		<u>ENDING</u>
PASS THRU FUNDS.....	\$	0.	\$ 1,780.
PREPAID MEMBERSHIP.....		1,762.	2,324.
TOTAL	\$	<u>1,762.</u>	<u>\$ 4,104.</u>