

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No 1545-1878

For calendar year 2015, or fiscal year beginning 07-01-2015, and ending 06-30-2016

2015

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	<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	<u>51,328</u>
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, 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 2015 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 21530 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2015 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 2015 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 11-01-2016

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 2015 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 11-01-2016

**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 (2015)

Short Form Return of Organization Exempt From Income Tax

2015

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 2015 calendar year, or tax year beginning 07-01, 2015, and ending 06-30, 2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final 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) Room/suite
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) (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 ▶ \$ 56,499

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

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	12,964
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	41,770
	4 Investment income	4	1,765
	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>8,210</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	5,171	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(5,171)	
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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	51,328	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	18,944
	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	350
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	88
	16 Other expenses (describe in Schedule O)	16	38,123
	17 Total expenses. Add lines 10 through 16 ▶	17	57,505
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(6,177)
	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	95,937
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	(484)
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	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	53,279	41,775
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	49,065	52,087
25 Total assets	102,344	93,862
26 Total liabilities (describe in Schedule O)	6,407	4,586
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	95,937	89,276

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	26,793
29 DUES ASSESMENTS & 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	9,874
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	18,944
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	55,611

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
LAURIE HILL PAST PRESIDENT	1.00	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 PRESIDENT ELECT	1.00	0	0	0
ROSS BAHENSKY TREASURER	2.00	0	0	0
PAUL TEDESCO PRESIDENT	2.00	0	0	0
STACI TRUMBLE SECRETARY	1.50	0	0	0
ALLI DONOHUE SECRETARY	1.50	0	0	0
BARBARA MALM DIRECTOR	1.00	0	0	0
STEVEN KNESS 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 990-EZ (2015) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and controlled entities. 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

Table with Yes/No columns and value 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

Table with Yes/No columns and value 47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns and value 48

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

Table with Yes/No columns and value 49a

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

Table with Yes/No columns and value 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."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits contributions, (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 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, Preparer's signature, Date 11-01-2016, Check self-employed, PTIN P01263999, Firm's name JEANETTE M NEDRIG CPA, Firm's address 415 EAST AVE PO BOX 471 HOLDREGE NE 68949, 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

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.

OMB No 1545-0047

2015

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

ROTARY INTERNATIONAL

47-6027298

COPY

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	6,715

ACTIVITY	VARIOUS
GRANTEE	THE ROTARY FOUNDATION
STREET	14280 COLLECTIONS CENTER DRIVE
CITY, STATE, ZIP	CHICAGO, IL 60693
AMOUNT	6,229

Name of the organization

Employer identification number

ROTARY INTERNATIONAL

47-6027298

ACTIVITY	VARIOUS
GRANTEE	FEED MY STARVING CHILDREN
STREET	PHELPS COUNTY AG CENTER
CITY, STATE, ZIP	HOLDREGE, NE 68949
AMOUNT	6,000

COPY

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

DESCRIPTION	AMOUNT
ADVERTISING	152
DUES ASSESSMENTS AND FEES	9,874
INVESTMENT FEES	668
MEETING EXPENSE	26,793
SUPPLIES	636

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS)	(484)

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2,499	4,936
PCCF ENDOWMENT FUND	46,566	47,151

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

CATEGORY	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	6,407	4,586