Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

, 2019, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.

Jul

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Jun 30

,2020

A	For the	2019 calend	ar year, or tax year beginning ${ t Jul 1}$, 2019, and endir		in 30	, 20 2 0
_		applicable:	C Name of organization			tification number
	Address	change	ROTARY INTERNATIONAL		-07692	
	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		hone num	
	Initial retu	urn	710 7TH STREET		8)754	
		urn/terminated	City or town, state or province, country, and ZIP or foreign postal code		up Exemp	otion
H	Amended	d return ion pending	SAINT PAUL, NE 68873		nber >	
G		nting Method:	X Cash			he organization is not
	Websit					h Schedule B
			eck only one) — 🗵 501(c)(3) 🔲 501(c) () ◀ (insert no.) 🗌 4947(a)(1) or 🔲 527	(Form 9	90, 990-	EZ, or 990-PF).
	_	6	. X Corporation Trust Association Other			
1	Add line	es 5h 6c and	1.7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total assets		
(Pa	art II. co	dumn (BI) are	\$500,000 or more, file Form 990 instead of Form 990-EZ		\$	31,765.
	Part I	Reveni	ie. Expenses, and Changes in Net Assets or Fund Balances (see	the instru	ctions f	or Part I)
	arti	Check i	f the organization used Schedule O to respond to any question in this P	art I		
_	1	Contributi	ons, gifts, grants, and similar amounts received		1	9,155.
	2	Program	service revenue including government fees and contracts		2	
	3	Members	hip dues and assessments		3	2,869.
	4		nt income		4	593.
			ount from sale of assets other than inventory 5a			
	5a	Loss and	t or other basis and sales expenses			
	b	Caip or (le	oss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	
	6	Gaming	and fundraising events:			
		0				
9	a	\$15,000)				
		Gross inc				
à		from fund				
		sum of si	draising events reported on line 1) (attach Schedule G if the ach gross income and contributions exceeds \$15,000) 6b	19,148.		
			ect expenses from gaming and fundraising events 6c	4,945.		
	0	Net incom	me or (loss) from gaming and fundraising events (add lines 6a and 6b an	d subtract		
		line 6c)			6d	14,203.
	7.	,	les of inventory, less returns and allowances			
	7a	1 0005554	st of goods sold			
		b Less: cos	of the of global solution of the from line 7ah of t		7c	
		C Gross pr	venue (describe in Schedule O)		8	
	8	Total rev	venue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	>	9	26,820.
	10	Grants	nd similar amounts paid (list in Schedule O)		10	
	11	Ronofite	paid to or for members		11	
			other compensation, and employee benefits		12	
	12 ses	Drafassia	onal fees and other payments to independent contractors		13	
	13	Profession	ncy, rent, utilities, and maintenance		14	
	d 14	Occupar	publications, postage, and shipping		15	
	- 10	Other ar	penses (describe in Schedule O)	6. Stmt .	16	29,825.
-	16	Uther ex	penses. Add lines 10 through 16	>	17	29,825.
	17	Total ex	or (deficit) for the year (subtract line 17 from line 9)		18	-3,005.
	18	EXCESS (or (deficit) for the year (subtract line 17 from line 3)	agree with		
	19	ond of	rear figure reported on prior year's return)		19	60,491.
	Net Assets	end-or-y	nanges in net assets or fund balances (explain in Schedule O)		20	
	20 et	Other ch	langes in her assets or rund balances (explain in schedule 0)			57,486.
	21	Net asse	ets or fund balances at end of year. Combine lines 18 through 20			F 000-F7 (2010

Check if the organization used Schedule O to respond to any question in the part 122 57, 486. 23 24 24 24 24 24 24 24	rm 990-Ez		Part II)				
22 Cash, savings, and investments 60, 491, 22 57, 486.	art II	Check if the organization used Schedule O	to respond to any	question in this P	art II		B) End of year
22 Cash, savings, and investments 23 24		OHEON II the organization access 22		(4	•		
24 24 24 24 24 24 24 24		seb savings and investments			60,491.		37,400.
Content assets (describe in Schedule O) 60,491. 25 57,486. 26 70 70 70 70 70 70 70 7	2 0	and and buildings				_	
26 Total liabilities (describe in Schedule O)	24 O	ther assets (describe in Schedule 0)			CO 101		57.486.
Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column (B) must agree with line 21) Check if the organization used Schedule O to respond to any question in this Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization's program service accomplishments for each of its three largest program services, so measured by expenses. In a clear and concise manner, describe the services provided, the number of sersons benefited, and other relevant information for each program title. ROTARY RYLA FOR YOUTH (Grants \$ 0.) If this amount includes foreign grants, check here	E T	atal accets			60,491.		31/1001
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 Check if the organization used Schedule O to respond to any question in this Part III Check if the organization's primary exempt purpose? COMMUNITY SERVICE AND POLIO REDUCTION Soliciple) organization's primary exempt purpose? COMMUNITY SERVICE AND POLIO REDUCTION Soliciple) organizations primary exempt purpose? COMMUNITY SERVICE AND POLIO REDUCTION Soliciple) organizations primary exempt purpose? COMMUNITY SERVICE AND POLIO REDUCTION Soliciple) organizations primary exempt purpose? COMMUNITY SERVICE AND POLIO REDUCTION Soliciple) organizations primary exempt purpose? COMMUNITY SERVICE AND POLIO REDUCTION Soliciple) organizations primary exempt purpose? COMMUNITY SERVICE AND POLIO REDUCTION Soliciple) organizations primary exempt purpose primary exempt					60 191		57,486.
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Check if the organization used Schedule O to respond to any question of the compensation of the compensati		Comico Accomp	ichmenis isee ille	Illottaction to	art III	1	Expenses
What is the organization's primary exempt purpose? COMMUNITY SERVICE AND TOLLO MADE TO A COMMUNITY SERVICE		in the state of th	to respond to ally	question in the	CCI C III	(Requ	uired for section
Describe the organization's program service accomplishments for each of its tirree largest place in the services of the services of the services provided, the number of semanary describe the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes and concerns the services provided, the number of semanary describes provided, the number of seminary describes provided to service provided, the number of seminary describes provided to service provided seminary describes provided to service provided the number of seminary describes provided to service provided the number of seminary describes provided to service provided the number of seminary describes provided to service provided the number of seminary describes provided the number of seminary describes provided th	What is t	contraction's primary exempt purpose?	OMMUNITY SERV.	LCE AND LOUIS	REBUGIL	501(0	c)(3) and 501(c)(4)
28 ROTARY RYLA FOR YOUTH (Grants \$ 0.) If this amount includes foreign grants, check here	escribe	the organization's program service accomplish	nments for each of I nner. describe the	to three largest of	Ulliani School		
Grants \$ 0.) If this amount includes foreign grants, check here . ▶ 29a Grants \$) If this amount includes foreign grants, check here . ▶ 29a Grants \$) If this amount includes foreign grants, check here . ▶ 30a Grants \$) If this amount includes foreign grants, check here . ▶ 31a Grants \$) If this amount includes foreign grants, check here . ▶ 31a Grants \$) If this amount includes foreign grants, check here . ▶ 32 Total program services (describe in Schedule O) Grants \$) If this amount includes foreign grants, check here . ▶ 32 Total program service expenses (add lines 28a through 31a) . ▶ 32 Total program service expenses (add lines 28a through 31a) . ▶ 32 Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to any question in this Part IV Check if the organization used Schedule O to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV Check if the organization used Schedule O to respond to any question in this Part IV (d) Health	ersons	benefited, and other relevant information for each	in program title.				
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Grants \$ If this amount includes foreign grants, check here 30a	30						
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here						-	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here			in the foreign grain	nts check here .	🕨 🗌	308	а
Total program service expenses (add lines 28a through 31a)	(G	rants \$) If this amount	includes loreign gra	its, chook note			
Total program service expenses (add lines 28a through 31a). 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 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 (Forms W-2/1099-MISC) (if not paid, enter -0-) President Mike Feeken 1.00 0. (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) O. O. O. Mike Feeken 1.00 0. O. O. O. O. O. O. O. O.	31 0	ther program services (describe in Schedule O)		nts check here .	> 🗆	31:	а
List of Officers, Directors, Trustees, and Key Employees (list each offe event in the compensation of the event in the e	(G	Harito 4	1 010			32	0
Ute Wojtalewicz 1.00 0. 0. President 1.00 0. 0. Mike Feeken 1.00 0. 0. Secretary 1.00 0. 0. Paul Mueller 1.00 0. 0. Treasurer 0. 0. 0.		8	(b) Average hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, a	ployee (Estimated amount other compensation
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	Past	President	1.00				
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orm 990)-EZ (2019)	in th	0	
Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements	Part	С V .	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	- Cit	Yes	No
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
33	detailed description of each activity in Schedule O	33		×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's harne. Otherwise, explain the	0.4		×
	change on Schedule O. See instructions	34		^
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	35a		×
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	000		
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
26	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
36	during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POI for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this feture.	38a		×
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts. Included on life 3, to public use of didb lacinties			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4955 ► ; section 4955 ►			
	Section 4911 ; section 4912 ; section 4912 ; section 4912 ; section 4918 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
b	evenes benefit transaction during the year or did it endage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3) 501(c)(4) and 501(c)(29) organizations. Enter amount of tax imposed			
C	on organization managers or disqualified persons during the year under sections 4912,			
	4955 and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		×
	transaction? If "Yes," complete Form 8886-T	400		
41	List the states with which a copy of this return is filed ► The organization's books are in care of ▶ PAUL MUELLER, CPA Telephone no. ► (30)	8)75	54-4	557
42a	The organization's books are in our of F			
h	Located at ▶ 710 7TH STREET, ST PAUL NE ZIP + 4 ▶ 688 At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	s No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42t)	×
	If "Vos." enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? .	420		×
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Ye	s No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
44a	completed instead of Form 990-EZ	44	a	>
	Bit the apparitation apparets one or more hospital facilities during the year? If "Yes." Form 990 must be	- 19		
b	completed instead of Form 990-EZ	44	b	>
	Did the examination receive any payments for indoor tanning services during the year?	44	С	>
0	I If "Ves" to line 44c, has the organization filed a Form 720 to report these payments? If No, provide an			
	explanation in Schedule O	44		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45	а	>
ł	Pid the expanization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45	h	>
	Form 990-EZ. See instructions			7 (20

m 990-EZ (20	19/					Yes	No
Did th	e organization engage, directly or in	directly, in political ca	ampaign activities on	pehalf of or in opposit	ion	- 1	
to can	e organization engage, directly en indidates for public office? If "Yes," c	omplete Schedule C,	Part I		. 46		×
, ,	Section 501(c)(3) Organizations All section 501(c)(3) organization 50 and 51. Check if the organization used Scl	s must answer que					
		ti ili a a baya a	postion 501(b) election	n in effect during the	tax	163	140
Did th	ne organization engage in lobbying If "Yes," complete Schedule C, Par	activities or have a s	section 50 r(n) election		. 47		×
year r	organization a school as described in				40		×
ls the a Did th	ne organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?	. 49a	l l	×
10 1101	- " the related ergonization a se	ection 527 organization	n?		. 490		
0	alata this table for the organization's	five highest compen	sated employees (other	er than officers, direct	ors, truste	es, ar	id Ke
emplo	byees) who each received more than	\$100,000 of compe	nsation from the organ	(d) Health benefits,	e, enter	volle.	
(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estimate other co	ted amo mpensa	unt of ition
ne			2				
		_					
		-					
		-					
		-					
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Com	I number of other employees paid or plete this table for the organization 0,000 of compensation from the org	a's five highest comp	ensated independent	contractors who eac	ch receive	d mor	e th
1 Com \$100	I number of other employees paid or plete this table for the organization 1,000 of compensation from the org	n's five highest comp anization. If there is n	ensated independent		ch receive		e tha
1 Com \$100 (a)	plete this table for the organization 0,000 of compensation from the org	n's five highest comp anization. If there is n	ensated independent one, enter "None."				e tha
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1 Com \$100 (a)	plete this table for the organization 0,000 of compensation from the org	n's five highest comp anization. If there is n	ensated independent one, enter "None."				e the
1 Com \$100 (a)	plete this table for the organization 0,000 of compensation from the org Name and business address of each indeper	n's five highest companization. If there is not an indent contractor	ensated independent one, enter "None." (b) Type of ser	vice (c) Compens		e th
d Tota	plete this table for the organization 0,000 of compensation from the org	n's five highest companization. If there is not an indent contractor tractors each receiving dule A? Note: All s	g over \$100,000 . section 501(c)(3) org		ch a .▶⋉ Y	es	No
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d Tota 52 Did com der penaltie, correct, a	plete this table for the organization 0,000 of compensation from the organization of compensation from the organization of each independent and number of other independent content the organization complete Schedule A	anization. If there is not an indent contractor tractors each receiving dule A? Note: All states are turn, including accomplian officer) is based on all in	g over \$100,000 . section 501(c)(3) org	anizations must atta	ch a .▶⋉ Y	es and beli	No

REV 04/21/20 PRO

Firm's EIN ▶47-2038871

Paul Mueller, CPA

Preparer

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Continuation Statement

Line 16: Other Expenses	Continuation Statement
Description	Amount
CLUB ADMINISTRATION	3,681.
COMMUNITY PROJECTS	8,663.
SOCIAL PROJECTS	85.
SCHOLARSHIPS	2,000.
MEMBERSHIP DUES	7,843.
DISTRICT FUNDRAISER EXPENSE	3,150.
PAUL HARRIS EXPENSE	4,403.
Tota	29,825.