

Short Form

OMB No. 1545-0047

Form 990-EZ

Return of Organization Exempt From Income Tax

2019

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

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning Jul 1, 2019, and ending Jun 30, 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: ROTARY INTERNATIONAL. D Employer identification number: 47-0769249. E Telephone number: (308) 754-4557. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual [] Other. H Check [X] 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) - [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527.

K Form of organization: [X] 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 31,765.

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 [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Values include 9,155, 2,869, 593, 19,148, 4,945, 14,203, 26,820, 29,825, -3,005, 60,491, 57,486.

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. Questions range from 33 to 45b. Includes sub-questions a, b, c, d, e. Some questions have associated form numbers (37a-39b, 40a-e) in boxes.

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		X

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

	Yes	No
48		X

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

	Yes	No
49a		X

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

	Yes	No
49b		X

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
None				

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
None		

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: PAUL MUELLER, TREASURER Date: 7/16/2020

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Paul Mueller, CPA Preparer's signature: *Paul Mueller, CPA* Date: 7/16/2020 Check if self-employed PTIN: P00522366

Firm's name: Paul Mueller, CPA LLC Firm's EIN: 47-2038871

Firm's address: 710 HOWARD AVE, ST. PAUL, NE 68873 Phone no.: (308) 754-4557

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**

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
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.
Total	29,825.