

Return of Organization Exempt From Income Tax

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning July 1, 2023, 2023, and ending June 30, 2024

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Rotary Club of North Platte. D Employer identification number: **-***410. E Telephone number: 308/539-6649. F Group Exemption Number.

G Accounting Method: Cash, Accrual, Other. H Check if the organization is not required to attach Schedule B (Form 990).

I Website. J Tax-exempt status (check only one) - 501(c)(3), 501(c)(4), 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 57,896

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 columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received (2,941.00); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (18,725.00); 4 Investment income (864.00); 5a-5c Assets sale; 6 Gaming and fundraising events; 7a-7c Inventory sales; 8 Other revenue (20,258.00); 9 Total revenue (53,938.00); 10-17 Expenses; 18 Excess or (deficit) for the year (15,872.00); 19 Net assets at beginning (43,569.00); 20 Other changes (0); 21 Net assets at end (59,441.00).

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	65,630	59,885
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	510	-360
25 Total assets	66,140	59,525
26 Total liabilities (describe in Schedule O)	22,571	84
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	43,569	59,441

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? _____

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 <u>Josh the Otter - water safety training for all kindergarden student in North Platte - 320 students</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,370.00
29 <u>Operation Christmas Card - provide funds for postage to mail Christmas boxes to U.S. service men and women</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,410.00
30 <u>Caroling for Kenya - purchase manual and electric sewing machines for women in Kenya. Purchase fabric so women can learn to make school uniforms for orphan children, and clothing they can make and sell to provide financial support for their families.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,380.00
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	5,155.00
32 Total program service expenses (add lines 28a through 31a)	32	10,315.00

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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Brian Phares President	0	0	0	0
Noah Harvey President Elect	0	0	0	0
Louise Hoffmann Secretary/Treasurer	0	0	0	0
Jason Hansen Director	0	0	0	0
Kevin McGahan Director	0	0	0	0
Rhonda Nolda Director	0	0	0	0
John Hales Director	0	0	0	0
Teresa Edwards Director	0	0	0	0
Misty Robertson Director	0	0	0	0
Scott Orr Director	0	0	0	0
Kendi McClain 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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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 name. Otherwise, explain the change on Schedule O. See instructions
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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 return?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage 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
40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed:
42a The organization's books are in care of: Louise Hoffmann Telephone no. 308/539-6649
Located at: 503 Prairie Lake Road 18A; North Platte, NE ZIP + 4 69101-8931
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," 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).
42c At any time during the calendar year, did the organization maintain an office outside the United States? 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 and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization 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 Form 990-EZ. See instructions

	Yes	No
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	<input checked="" type="checkbox"/>

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

	Yes	No
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	
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/1099-NEC)	(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 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	<i>Louise Hoffmann</i> Signature of officer	Date
	Louise Hoffmann, Secretary/Treasurer Type or print name and title	10/31/2024

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Rotary Club of North Platte Nebraska

Employer identification number

-*4106

Part I Line 8 - Member Meal Income - revenue collected for meals consumed at weekly meetings

Part I Line 10 - Rotary district and international dues - \$11,769; Contributions to Rotary International projects - \$2,342;

Contributions to Community Projects - \$5,155; Bloodhounds Blood Drive - \$900;

Reverse unclaimed high school scholarships - \$10,000.

Part II Line 24 - Prepaid dues - \$360

Part II Line 26 - 50/50 Raffle Payable - \$84

Part III Help provide humanitarian services & promote high ethical standards in vocations. Help provide goodwill & peace through
foreign exchange programs and world community projects.

Part III Line 31 Habitat for Humanity exterior paint and brick - \$1,785; NP High School Pantry - \$1,500; Salvation Army Red Kettle - \$1,000;

Rotary Youth Exchange - \$1,000; Small Community Contributions - \$170