IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning

07 - 01 - 2012, and ending 06 - 30 - 2013

OMB No. 1545-1878

Department of the Treasury

▶ Do not send to the IRS. Keep for your records.

2012

Internal Revenue Service	
Name of exempt organization	Employer identification number
ROTARY INTERNATIONAL Name and title of officer	47-6027298
MARLENE L JOHNSON, 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 r on the applicable line below. Do not complete more than 1 line in Part I.	eturn, then enter -0-
A CONTROL OF THE PROPERTY OF T	27
1a Form 990 check here ► □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	
2a Form 990-EZ check here $\blacktriangleright \boxtimes$ b Total revenue, if any (Form 990-EZ, line 9)	
4a Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
	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 co	6
organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowlare true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the coporganization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic ret to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or return transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund, authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct of inancial institution account indicated in the tax preparation software for payment of the organization's federal tax return and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the involved in the processing of the electronic payment of taxes to receive confidential information necessary to an resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only	by of the sturn originator (ERO) eason for rejection of lf applicable, I debit) entry to the easo wed on this streamy Financial the financial institutions swer inquiries and
X I authorize JEANETTE M NEDRIG CPA to enter my PIN 27298 ERO firm name to enter my PIN 27298 Enter five numbers, but do not enter all zeros	as my signature
on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a content being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also auth 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 2012 If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regula the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ▶ Date ▶	01-31-2014
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	0309 03271
number (EFIN) followed by your five-digit self-selected PIN.	do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Moc	
Secreta M Hedrig CPA	
RO's signature FANETTE M NEDRIG CPA Date	02-03-2014
ERO Must Retain This Form - See Instructions	
Do Not Submit This Form To the IRS Unless Requested To	Do So

990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service

A	For the	e 2012 calenda	r year, or tax year beginning 07-01 , 2012, and	ending		06-3	0 ,2013
В	Check if	applicable.	C Name of organization		D Emple	oyer ide	ntification number
	Address	change	ROTARY INTERNATIONAL 4				298
	Name ch	ange	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telepi	none nui	mber
	Initial retu	urn	~				
	Terminate	ed	PO BOX 702		(3	08)99	5-8223
	Amended	i return	City or town, state or country, and ZIP + 4		F Group	Exemp	tion
	Application	on pending	HOLDREGE, NE 68949-0702		Numb	er ▶	
G	Accou	inting Method:	☐ Cash ☒ Accrual Other (specify) ▶		H Check ▶	X if the	he organization is not
ı	Webs	ite: ▶			required to	attach .	Schedule B
J	Tax-ex	empt status (c	heck only one) - ☐ 501(c) (3) 🛛 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or	527	(Form 990	, 990-E2	Z, or 990-PF).
K	Check	▶ ☐ if the or	ganization is not a section 509(a)(3) supporting organization or section 527	organizatio	n and its gros	s receip	ts are normally
). A Form 990-EZ or Form 990 return is not required though Form 990-N (e-				
	the orga	anization choos	es to file a return, be sure to file a complete return.				
L			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore, or if tot	al assets (Par	t II,	
							65,892
	art I		Expenses, and Changes in Net Assets or Found Balar	ces(see th	ne instructions	for Par	t I)
L			e organization used Schedule O to respond to any question whis Part				
_	1		, gifts, grants, and similar amounts received	1.21 b	7	1	20,891
	2		ice revenue including government fees and contracts	<i>u</i>	<i>(</i> 6	2	
	3	[일었으시죠!] (100mm = 100mm = 100				3	43,235
	4	Investment in				4	1,766
	5a	Gross amoun	t from sale of assets other than inventory 5a				
	b	Less: cost or					
	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	VIVATED PRODUCTION SOCIETY
	6	Gaming and f					
	а	1.5	from gaming (attach Schedule G if greater than				
ne							
Revenue	b			of contributi	ons		
Re			ng events reported on line 1) (attach Schedule G if the				
			pross income and contributions exceeds \$15,000) 6b				
	C	The second secon	xpenses from gaming and fundraising events 6c				
	100		(loss) from gaming and fundraising events (add lines 6a and 6b and subtra	ict			
						6d	
	7a		f inventory, less returns and allowances				
	1	Less: cost of					
	C	Gross profit of	(loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8		(describe in Schedule O)			8	
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		>	9	65,892
	10		milar amounts paid (list in Schedule O)			10	19,863
	11		o or for members			11	
	12		compensation, and employee benefits			12	
ses	13		ees and other payments to independent contractors			13	596
Expenses	14		ent, utilities, and maintenance			14	
X	15		cations, postage, and shipping ,			15	70
	16		es (describe in Schedule O)			16	42,024
	17	Late Control State Control State Control	es. Add lines 10 through 16			17	62,553
	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)			18	3,339
ets			fund balances at beginning of year (from line 27, column (A)) (must agree w				
150			ure reported on prior year's return)			19	96,648
Net Assets	20	Other changes	in net assets or fund balances (explain in Schedule O)			20	1,831
Z	253500		fund balances at end of year, Combine lines 18 through 20			21	101,818

Form 990-EZ (2012) ROTARY INTERNATIONAL			47-	6027	7298 Page:
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to respond	to any question in this f	Part II		÷	<u>X</u>
		-	A) Beginning of year	_	(B) End of year
22 Cash, savings, and investments		_	50,214	22	56,119
23 Land and buildings		-	0	23	0
24 Other assets (describe in Schedule O)		_	54,555	24	54,004
25 Total assets		-	104,769	25	110,123
26 Total liabilities (describe in Schedule O)			8,121	26	8,305
27 Net assets or fund balances (line 27 of column (B) must agree			96,648	27	101,818
Part III Statement of Program Service Accompl			200000000000		Expenses
Check if the organization used Schedule O to respond		Part III	<u> U</u>	(Re	quired for section
What is the organization's primary exempt purpose? SCHEDULE (0			501	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each	ch of its three largest p	rogram services,		orga	anizations and section
as measured by expenses. In a clear and concise manner, describe t		he number of		494	7(a)(1) trusts; optional
persons benefited, and other relevant information for each program tit				for d	others.)
28 WEEKLY NOON MEETINGS PROVIDE MEMBERS AN O					
LISTEN TO SPEAKERS & LEARN OF DIFFERENT N	HEEDS & WAYS TO	BE		1	
OF SERVICE. THE MEETINGS BRING MEMBERS T					200000 1000000
(Grants \$) If this amount in	ncludes foreign grants,	check here , .	▶ 📙	28a	27,266
29 DUES ASSESMENTS & FEES PAID TO STATE & IN	IT'L ROTARY TO				
ADVANCE THEIR SERVICES. DUES ALSO SUPPORT		CLUB		1	
IN SERVING LOCAL BUSINESS PEOPLE & COMMUN				1	
	ncludes foreign grants,		▶ 📙	29a	11,070
30 GRANTS/CONTRIBUTIONS ARE PAID TO VARIOUS	ORGANIZATIONS '	го			
ASSIST THEM IN MANY WAYS		(0)			
		(C)		l	
(Grants \$) If this amount in	ncludes foreign grants,	check here	11-	30a	19,863
31 Other program services (describe in Schedule O)			· · · · · <u>U</u> · · · · ·		
(Grants \$) If this amount in	ncludes foreign grants, o	check here	▶ 📙	31a	
32 Total program service expenses (add lines 28a through 31a)				32	
Part IV List of Officers, Directors, Trustees, and Key Emplo	yees List each one eve	en if not compen	sated (see the instruc	tions	for Part IV)
Check if the organization used Schedule O to respond to	to any question in this F	Part IV			
	(b) Average	(c) Reportable	(d) Health benefits		(e) Estimated amount of
(a) Name and title	hours per week	compensation (Form W-2/1099-MI	contributions to employed SC) benefit plans, and		other compensation
	devoted to position	(if not paid, enter	등통하는 그 회에 다른 경험 등 경험 등 경험 기계를 받는 것이 되었다.	W	
ANDREW WEIDES					
PAST PRESIDENT	1		0	0	0
KYLE ANDERSON					
PRESIDENT	2		0	0	0
MARLENE L JOHNSON				1	
TREASURER	4		0	0	0
ANGIE ENVICK					
DIRECTOR	1		0	0	0
PAM SOREIDE					
DIRECTOR	1		0	0	0
ROGER TWEEDY					
DIRECTOR	1		0	0	0
MICHELE HIGH					
PRESIDENT ELECT	1		0	0	0
RACHEL MORGAN					
SECRETARY	3		0	0	0
SCOTT LATTER					
DIRECTOR	1		0	0	0
RYAN BAUER					
DIRECTOR	1		0	0	0
JIM VAN MARTER					
DIRECTOR	1		0	0	0

47-6027298

2 13	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	/	Mr	10000
2.			Yes	N
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	20		X
2.4	detailed description of each activity in Schedule O	33		
34	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			1
	change on Schedule O (see instructions)	34		X
35 2	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-	1	1
JJ 4	activities (such as those reported on lines 2, 6a, and 7a, among others)?	358		X
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35k	1	1
C				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	350	:	X
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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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?	38a		X
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	4		
b		4		
40 a				
	section 4911 ▶; section 4912 ▶; section 4955 ▶			
Ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	R#-01-1		
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40b		Х
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	400		A
С	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
ŭ	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
- 5	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed NE			
42 a	The organization's books are in care of ► MARLENE L JOHNSON Telephone no. ► 308-9	95-8	223	
	Located at ▶ 417 BURLINGTON ST, PO BOX 560 HOLDREGE, NE ZIP +4 ▶ 68949)		25
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			7.
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			Г
13	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		Þ	_
	and enter the amount of tax-exempt interest received or accrued during the tax year	J	Yes	No
	Did the association and interest advised funds during the year? If "Vee " Form 000 must be		162	INO
4 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		Х
L	completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	de transcrite	Χ
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		- managed
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization have a controlled entity within the meaning of section of Equation (Equation 1). The 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)	45b		Х

Form 9	990-EZ (2012)	ROTARY INTERNAT	IONAL			47-60	27298	F	age
	Chapter and the s			14 24 24 24 24 24 24 24 24 24 24 24 24 24	e rounduite		100000000000000000000000000000000000000	Yes	No
46	- 15 Mai 15 Mai 15 Mai 15 Mai 16 Mai	ganization engage, directly or indirectly, in	48k	vities on behalf of or in opp	osition				
		tes for public office? If "Yes," complete S					. 46		X
Par	All	ection 501(c)(3) organizations (Section 501(c)(3) organizations and 51		stions 47-49b and 52	, and com	plete the ta	bles for l	ines	
		neck if the organization used Sch	edule O to respon	d to any question in	this Part \	/1			П
	- 01	leck if the organization used oci	ledule O to respon	d to arry question in	uns rait v		• • • • •	Yes	No
47	Did the ord	ganization engage in lobbying activities or	have a section 501(h) e	election in effect during the	tax			100	-
							. 47		
48		nization a school as described in section	170(b)(1)(A)(ii)? If "Yes,	" complete Schedule E			. 48		
49 a	Did the org	ganization make any transfers to an exem	pt non-charitable related	d organization?			. 49a		
b	If "Yes," w	as the related organization a section 527	organization?				. 49b		
50	Complete t	this table for the organization's five highes	t compensated employe	ees (other than officers, di	rectors, trust	ees and key			
	employees) who each received more than \$100,000	of compensation from t	he organization. If there is	s none, enter	"None."			
	(a)	Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	d amour	nt of
	()	paid more than \$100,000	hours per week	compensation	benefit plans,	and deferred	other con		
		para more and a product	devoted to position	(Forms W-2/1099-MISC)	compe	nsation			
				0					
				1 6	2	W.			
		- H			3/10	10			
					\ \tau_{\text{i}}	6			
						-			-
3	\$100,000 o	nis table for the organization's five highes from the organization. If the organization in the organization in the organization in the organization in the state of each independent contractor paid more than the organization in	here is none, enter "Nor				Compensation		
							_		
ded to									
		er of other independent contractors each r							
		nization complete Schedule A? Note: All		izations and 4947(a)(1)				₹F .	200
		charitable trusts must attach a completed		 			Yes	X 1	10
		ry, I declare that I have examined this return, including			my knowledge a	nd belief, it is			
ue, corr	ect, and compl	etc. Declaration of preparer (other than officer) is base	ed on all information of which	preparer has any knowledge.					
		MARLENE L JOHNSON		***	Date				
ign		Signature of officer	YD DD		2013				
lere		MARLENE L JOHNSON, TREAST Type or print name and title	JKEK			-			
			parer's signature	(Δ Δ Date	10	eck X if	PTIN		-
		o Type preparer's name	parer's signature	lug PA DO 03 200	anner Press	eck Mi	0126399	0.0	
aid	-	NETTE M NEDRIG CPA	ANETTE M NEDRIG	CPA 02-03-20:	Firm's Ell		VIZU393	, ,	
repar	CONTRACT CONTRACT	s name DEANETTE M NEDRIG	CFA	J	Firm's El	V -			
se Or	ily Firm	's address ▶ 415 EAST AVENUE	PO BOX 471			200 00	E 0200		
	IDC II	HOLDREGE NE 68949		· · · · · · · · · · · · · · · · · · ·	Phone no	. 308-99	5-9380 X Yes		lo
	e IRS discus	ss this return with the preparer shown abo	ove? See Instructions						
٨							Form 990-	·CL (2	UIZ)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number ROTARY INTERNATIONAL 47-6027298 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: 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) ROTARY FOUNDATION GRANTEE 14280 COLLECTIONS CENTER DR STREET CITY, STATE, ZIP CHICAGO IL THUUNA 5,137 GRANTEE VARIOUS GRANTS CITY, STATE, ZIP NE THUUMA 14,726 03. Description of other expenses (Part I, line 16)

AMOUNT

DESCRIPTION

Schedule O (Form 990 or 990-EZ) (2012)		Employer identification number	Page 2
Name of the organization ROTARY INTERNATIONAL		47-6027298	
DUES, ASSESSMENTS & FEES	11,070		770 =
INVESTMENT FEES	671		
MEETING EXPENSE	27,266		
PRIZES	2,040		*
SUPPLIES	781		
TAX	96		
ADVERTISING	75		
BANK CHARGES	25		
04. Other changes in net as	ssets or fund balances	(Part I, line 20)	
DESCRIPTION	AMOUNT		
UNREALIZED GAIN	1,831		
	6		
		0/5	
05. Description of other as	sets (Part II, line 24	10012	
CATEGORY	BEGINNING OF YEAR	END OF YEAR	
	2 523	2,735	
ACCOUNTS RECEIVABLE	3,533	2,133	
NOTES RECEIVABLE-LOAN FUND	7,825	7,825	
PCCF ENDOWMENT FUND	43,197	43,444	
150			
06. Description of total li	abilities (Part II, li	ne 26)	
	BEGINNING OF YEAR	END OF YEAR	
CATEGORY			
ACCOUNTS PAYABLE	8,121	8,305	
			

Department of the Treasury Internal Revenue Service Ogden UT 84201

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: December 9, 2013

Taxpayer Identification Number:

47-6027298 Tax Form: 990

Tax Period: June 30, 2013



ROTARY INTERNATIONAL HOLDREGE ROTARY CLUB PO BOX 702 HOLDREGE NE 68949-0702

056010

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2014.**

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.