## 8879-EO

Department of the Treasury

Name of exempt organization

Internal Revenue Service

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning 07-01-2013 , and ending 06-30-2014

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

OMB No. 1545-1878

2013

Form 8879-EO (2013)

Employer identification number

ROTARY INTERNATIONAL	47-6027298
Name and title of officer	00
ROSS M BAHENSKY, TREASURER	(0)
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,	
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 follower line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the relative line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-).	
the applicable line below. <b>Do not</b> complete more than 1 line in Part I.	idii, tici che o oi
	15
1a Form 990 check here ► □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ► ☒ b Total revenue, if any (Form 990-EZ, line 9)	2h 58 246
3a Form 1120-POL check here	
4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5)	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	
Land the state of	
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 cor-	by of the
organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowled	dge 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return.	irn originator (ERO)
to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or rea	son 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	
authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct definancial institution account indicated in the tax preparation software for payment of the organization's federal taxes.	es 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	e financial institutions
involved in the processing of the electronic payment of taxes to receive confidential information necessary to answered the process of the electronic payment of taxes to receive confidential information necessary to answered the process of the electronic payment of taxes to receive confidential information necessary to answered the process of the electronic payment of taxes to receive confidential information necessary to answered the electronic payment of taxes to receive confidential information necessary to answered the electronic payment of taxes to receive confidential information necessary to answered the electronic payment of taxes to receive confidential information necessary to answere the electronic payment of taxes to receive confidential information necessary to answere the electronic payment of taxes to receive confidential information necessary to answere the electronic payment of taxes are taxed to tax the electronic payment of taxes are taxed to tax the electronic payment of taxes are taxed to tax the electronic payment of taxes are taxed to tax the electronic payment of taxed taxed to tax the electronic payment of taxed taxed taxed to taxed	wer inquiries and the organization's
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.	the organization's
Officer's PIN: check one box only	
V	as my signature
X lauthorize Jeanette M Nedrig CPA to enter my PIN 27298  ERO firm name Enter five numbers, but	
do not enter all zeros	
on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a co	opy of the return is
being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also autho ERO to enter my PIN on the return's disclosure consent screen.	rize the aforementioned
ENO to enter my him on the retains also source consont as each.	
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 of	electronically filed return.
If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulati	ng 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	02-03-2015
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	200 2727
number (EFIN) followed by your five-digit self-selected PIN. 470.	do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for th	e organization
indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Mode	ernized e-File (MeF)
Information for Authorized IRS e-file Providers for Business Returns.	
	02-03-2015
ELLO 3 Signature	
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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-1150

2013

Department of the Treasury Internal Revenue Service

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection 2014

Α	For th	the 2013 calendar year, or tax year beginning 07-01, 2013, and ending				06-30 ,	2014		
В	Check if	ck if applicable: C Name of organization			D Empl	oyer identific	ation number		
	Address	ss change ROTARY INTERNATIONAL			47-6027298				
	Name ch					ephone number			
	Initial ret	um				9/50			
	Terminat	ted	PO BOX 702		(3	08)995-82	223		
	Amende	d return	City or town, state or province, country, and ZIP or foreign postal code		F Group	Exemption			
						er ▶			
G	Accou	unting Method:	☐ Cash X Accrual Other (specify) ▶	HC	heck ▶	X if the ord	anization is not		
1		ite: ▶		-0		attach Sched			
J	Tax-ex	empt status (c	heck only one) - 501(c)(3) 🗓 501(c)(4 ) ◀ (insert no.) 4947(a)(1) or	☐527 (F	orm 990	, 990-EZ, or 9	90-PF).		
			☐ Corporation ☐ Trust ☐ Association ☐ Other	the I					
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total as:	sets				
						. ▶ \$	64,018		
Parties and	art I		e, Expenses, and Changes in Net Assets or Fund Balance		****				
CZ22		5	e organization used Schedule O to respond to any question in this Part I .				[x]		
-	1		, gifts, grants, and similar amounts received			11	19,031		
	2		rice revenue including government fees and contracts			2	25,002		
	3		dues and assessments			3	43,353		
	4	Investment in				4	1,634		
	5a		t from sale of assets other than inventory			•	1,031		
	h	Less: cost or		1					
		: Gain or (loss)		5c					
	6	Gaming and f							
		Gross income							
ā		\$15,000) .							
Revenue									
Sev	l n		e from fundraising events (not including \$ 11,050 of cong events reported on line 1) (attach Schedule G if the	contributions					
и.									
			The state of the s		,772				
			xpenses from gaming and fundraising events 6c		, 112				
	a		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract			64	/E 770\		
		144 9200 000	C			6d	(5,772)		
	m m		f inventory, less returns and allowances						
	30,10	Less: cost of	**************************************			7			
	100		(loss) from sales of inventory (Subtract line 7b from line 7a)		2012/06/2012 100	7c			
	8		(describe in Schedule O)			8	50.046		
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		1000	9	58,246		
	10		nilar amounts paid (list in Schedule O)			10	17,421		
	11		o or for members		1	11			
S	12		compensation, and employee benefits		8 S 8 8 10	12			
Expenses	13		ees and other payments to independent contractors			13	375		
cpe	14		ent, utilities, and maintenance			14			
யி	15		ations, postage, and shipping			15	124		
	16		es (describe in Schedule O)			16	40,255		
	17		es. Add lines 10 through 16			17	58,175		
"	18	[[[전기 [18] (18] [18] [18] [18] [18] [18] [18] [18]	icit) for the year (Subtract line 17 from line 9)			18	71		
sets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with						
Net Assets			ure reported on prior year's return)			19	101,818		
	20	Other changes	in net assets or fund balances (explain in Schedule O)			20	3,969		
	21	Net assets or f	und balances at end of year. Combine lines 18 through 20		▶	21	105,858		

Form 990-EZ (2013)

Form 990-EZ (2013) ROTART INTERNATIONA	OII				
Part II Balance Sheets (see the instructions for Pa		stone take			[77]
Check if the organization used Schedule O to res	spond to any question in this P			i -	
			ginning of year		(B) End of year
22 Cash, savings, and investments			56,119	22	54,968
23 Land and buildings			0	23	0
24 Other assets (describe in Schedule O)			54,004	24	58,530
25 Total assets			110,123	25	113,498
20 Total mashines (			8,305	26	7,640
27 Net assets or fund balances (line 27 of column (B) must	agree with line 21)		101,818	27	105,858
Part III Statement of Program Service Acc			( )		Expenses
Check if the organization used Schedule O to re		Part III	L	1	quired for section
What is the organization's primary exempt purpose? SCHEDU	ULE O			58/2000	(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments	for each of its three largest pro	ogram services,			anizations and section
as measured by expenses. In a clear and concise manner, despersons benefited, and other relevant information for each prog	scribe the services provided, th	ne number of			7(a)(1) trusts; optional others.)
28 WEEKLY NOON MEETINGS PROVIDE MEMBERS	AN OPPORTUNITY TO				
LISTEN TO SPEAKERS & LEARN OF DIFFERE	ENT NEEDS & WAYS TO	BE			
OF SERVICE. THE MEETINGS BRING MEMBE					
(Grants \$ ) If this am	nount includes foreign grants, o	check here	▶ 📙	28a	27,831
29 DUES ASSESMENTS & FEES PAID TO STATE	& INT'L ROTARY TO				
ADVANCE THEIR SERVICES. DUES ALSO SUP	PORT LOCAL ROTARY C	LUB			
IN SERVING LOCAL BUSINESS PEOPLE & CO	MMUNITY.				
	ount includes foreign grants, o		<b>▶</b> ∐	29a	10,966
30 GRANTS/CONTRIBUTIONS ARE PAID TO VARI	OUS ORGANIZATIONS T	0			
ASSIST THEM IN MANY WAYS					
				20/6/20	
	ount includes foreign grants, c			30a	17,421
31 Other program services (describe in Schedule O)	* * * * * * * * * * * * * *	* * * * * * * * * * *		12/27	
	ount includes foreign grants, c			31a	
32 Total program service expenses (add lines 28a through 3	31a)			32	
Part IV List of Officers, Directors, Trustees, and Key					
Check if the organization used Schedule O to res	spond to any question in this P		(1) Health benefits		
	(b) Average	(c) Reportable compensation	<ul><li>(d) Health benefits, contributions to empl</li></ul>		(e) Estimated amount of
(a) Name and title	hours per week devoted to position	(Form W-2/1099-MISC)	benefit plans, and		other compensation
	Octobed to position	(if not pald, enter -0-)	deferred compensal	tion	
KYLE ANDERSON	1	0		0	0
PAST PRESIDENT					
MARLENE L JOHNSON DECEASED	4	0		0	0
TREASURER			OR BUILDING		
MICHELE HIGH	2	0		0	0
PRESIDENT WORKING					
RACHEL MORGAN	3	0		0	0
SECRETARY					
LAURIE HILL	1	0		0	0
PRESIDENT ELECT					
KAREN STUTE	1	0		0	0
DIRECTOR					
MIKE KLEIN	1	0		0	0
DIRECTOR					
ROXANNE LUSH	1	0		0	0
DIRECTOR					
SCOTT MCKELVEY	1	0		0	0
DIRECTOR					
ROSS BAHENSKY	1	0		0	0
DIRECTOR					
SUE HARDESSEN	1	0		0	0
DIRECTOR					-
				- 1	

Pa	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part \( \)	<i>.</i>		. []
	instructions for Part V) Check if the organization used ochedule of to respond to any quotion in this Part		Yes	No
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	33		X
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	3		
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	4		700777
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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	35b		
C	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	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	1		
	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	_		
	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	W. 1000		
	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:			
a	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) 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	40b		Х
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Λ
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			f.
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) 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 transaction? If "Yes," complete Form 8886-T	40e	35555555	Х
7272	NET	100	1	
41	List the states with which a copy of this return is filed ▶ NE  The organization's books are in care of ▶ ROSS M BAHENSKY  Telephone no. ▶ 308-	995-6	151	
42 a	The organization's books are in care of P ROBB M BIMILABAT	0-0163		
	Located at ▶ 419 EAST AVE, PO BOX 163, HOLDREGE, NE ZIP+4 ▶ 6894!  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b		42b		X
	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 Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
С	If "Yes," enter the name of the foreign country:			
12	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	40 4000000	Þ	
43	and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of aborded daming the tax year.	1	Yes	No
11 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
14 a	completed instead of Form 990-EZ	44a		Χ
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
100	completed instead of Form 990-EZ	44b		X
c	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			
ч	explanation in Schedule O	44d	200	
45.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	- Negras	X
	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)	45b		X
		orm 990	)-EZ (2	2013)

	9						
Form 990	PEZ (2013) ROTARY INTERNAT	IONAL		47-	-6027298	Yes	Page 4 No
	old the organization engage, directly or indirectly, it is candidates for public office? If "Yes," complete		ities on behalf of or in opp		46		Х
Part	All section 501(c)(3) organizations 50 and 51.	must answer ques		901	M		
	Check if the organization used Sc	hedule O to respond	d to any question in	this Part VI		Yes	No.
	olid the organization engage in lobbying activities of ear? If "Yes," complete Schedule C, Part II		lection in effect during the		47		
48 ls	s the organization a school as described in section	170(b)(1)(A)(ii)? If "Yes,	" complete Schedule E		48		
	old the organization make any transfers to an exer		l organization?	*********	49a 49b	-	
ь If 50 С	"Yes," was the related organization a section 527 complete this table for the organization's five higher	est compensated employe					
	mployees) who each received more than \$100,00						
	(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) Estimate other co	ed amou impensat	
						·	
		1					
f Total number of other employees paid over \$100,000 ▶  51 Complete this table for the organization's five highest compensated inde \$100,000 of compensation from the organization. If there is none, enter  (a) Name and business address of each independent contractor		st compensated independ there is none, enter "No		(c) Compensation			
- 10-							
52 D	otal number of other independent contractors each id the organization complete Schedule A? Note: A conexempt charitable trusts must attach a complete alties of perjury, I declare that I have examined this return, include	ll section 501(c)(3) organ d Schedule A	nizations and 4947(a)(1)			X 1	No_
under pen true, corre	attes of perjury, Fuedate that thave examined than officer) is b	ased on all information of which	preparer has any knowledge.				
Sign	ROSS M BAHENSKY Signature of officer ROSS M BAHENSKY, TREASU	RER		Date			
Here	Type or print name and title				рты	valles Ver	107.75
Paid	Jeanette M Nedrig CPA	Preparer's signature	Date 02-03-20		P012639	99	
Prepare			()———	Firm's EIN ▶			
Use On	Holdrege NE 6894			Phone no. 308	-995-9380	anions.	
May the	IRS discuss this return with the preparer shown a				. ► X Yes		No.
EEA					Form 99	0-EZ (2	2013)

#### 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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer Identification number

47-6027298 ROTARY INTERNATIONAL 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) VARIOUS Activity VARIOUS Grantee VARIOUS Street HOLDREGE, NE 68949 City, State, Zip Relationship 17,421 Amount 03. Description of other expenses (Part I, line 16) Amount Description 165 ADVERTISING 416 BAD DEBT EXPENSE