

Form 990-EZ

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning Jul 1, 2023, and ending Jun 30, 2024

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return pending	C Name of organization ROTARY INTERNATIONAL		D Employer Identification number 47-0769249
	Number and street (or P.O. box if mail is not delivered to street address) 710 7TH STREET	Room/suite _____	E Telephone number 3087544557
	City or town, state or province, country, and ZIP or foreign postal code SAINT PAUL, NE 68873		F Group Exemption Number _____

G Accounting Method: Cash Accrual Other (specify): _____

H Check if the organization is not required to attach Schedule B (Form 990).

I Website: **N/A**

J Tax-exempt status (check only one) — 501 (c)(3) 501 (c) ()

K Form of organization: Corporation Trust Association

L Add lines 5b, Cc, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part column (B)) or more, Form 990 instead of Form 990-EZ. **52,650.**

	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
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If, are \$500,000 file

Check if the or anization used Schedule O to respond to any question in this Part I .

Revenue	1 Contributions, gifts, grants, and similar amounts received .	1	
	2 Program service revenue including government fees and contracts Membership dues and assessments .	2	
	3 Investment income	3	5986.
	4 Gross amount from sale of assets other than inventory	4	8.
	5a Less: cost or other basis and sales expenses .		
	b Gain or (loss) from sale of assets other than inventory (subtract line c 5b Gaming and fundraising events: 5b ne 5a)		

Expenses	6a	Gross income from gaming (attach Schedule G if greater than \$15,000) .	rom	19,700 .		
	b	Gross income from fundraising events (not including \$	6a			
	c	from fundraising events reported on line 1) (attach Schedule G if the	of contributions			
	d	sum of such gross income and contributions exceeds \$15,000) .				
		Less: direct expenses from gaming and fundraising events		23,801 .		
	7a	Net income or (loss) from gaming and fundraising events (add lines	6b			
	b	line 6c)				
	c	Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold .				
	8	Gross profit or (loss) from sales of inventory (subtract line 7b from	6a and 6b and subtract		39,221 .	
	9	line Other revenue (describe in Schedule O) .	7b			
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	a)			
					8	
					9	
					48,370 .	
		10	Grants and similar amounts paid (list in Schedule O)		10	
		11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12		
		Professional fees and other payments to independent contractors .				
	13	Occupancy, rent, utilities, and maintenance		13		
	14	Printing, publications, postage, and shipping		14		
	15	Other expenses (describe in Schedule O)	. See. Line 1 6. Stmt	15		
	16	Total expenses. Add lines 10 through 16		16	44,318 .	
	17			17	44,318 .	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18		
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		19		
	20	end-of-year figure reported on prior year's return)		20		
		Other changes in net assets or fund balances (explain in Schedule O)		20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	46,619 .	

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

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<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Balance Sheets (see the instructions for Part II)		
Check if the organization used Schedule O to respond to any question in this Part II .					
22	Cash, savings, and investments	(A) Beginning of year	(B) End of year		

23	Land and buildings .	42 , 567 .	22	4 6 , 619 .
24	Other assets (describe in Schedule O) 25 Total assets		23	
26	Total liabilities (describe in Schedule O)		24	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	42 , 567 .	25	4 6 , 619 .
			26	
		42 , 567 .	27	4 6 , 619 .

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		Expenses (Required for section 501 and 501 organizations; optional for others.)	
What is the organization's primary exempt purpose? <u>COMMUNITY SERVICE AND POLIO REDUCTION</u> 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.			
28	POLIO PLUS		
		
	(Grants \$ o .) If this amount includes foreign grants, check here	28a	2
29	Boy Scouts-Local Sponsor		
		
	(Grants \$ c .) If this amount includes foreign grants, check here	29a	1 352 .
30	Summer Recreation Programs Support For Underserved Children		
		
	(Grants \$ o .) If this amount includes foreign grants, check here	30a	2, 768 .
31	Other program services (describe in Schedule O) Grants \$ If this amount includes foreign grants, check here		
32	Total program service expenses (add lines 28a through 31 a)	32	

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	(c) Reportable compensation (Forms W-2/1099-	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

	position	MISC/ 1099-NEC (if not paid, enter - 0-)		
Lorraine Lawler				
President	1 . 00	0 .	o .	o .
Ute Woitalewicz				
Secretary	1 . 00	o .	o .	0 .
Paul Mueller				
Treasurer	1 . 00	o .		c .
Keely Butcher				
----- Board Memeber	1 . 00	o .	c .	c .
Val Killinger				
Board Member	1 . 00	o .	o .	o .
Chris Tomhave				
Board Member	1. cc	0 .	o .	o .
Gerald Sol ko				
Board Member	1. co	o .	o .	o .

Blank box for identification number

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. [3

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 33 through 41 regarding significant activities, changes, business income, political expenditures, and tax shelter status.

41 List the states with which a copy of this return is filed:

42a The organization's books are in care of: PAUL MUELLER, CPA

Telephone no. (308) 754-4557

Located at: 710 7TH STREET, ST PAUL NE 68873 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 FinCEN Form 1 14, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? 42c 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 .

43		Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 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		
	Did the organization receive any payments for indoor tanning services during the year?		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide explanation in Schedule O . . .		X
	44a b Did the organization have a controlled entity within the meaning of section 512(b)(1 3)?		
	c Did the organization receive any payment from or engage in any transaction with a controlled entity within meaning of section 512(b)(13)Q If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions .	44b	X
	d		X
	45a b	44d	
		45a	X
		45b	X

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		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		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.

		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		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related		

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

49a		
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 (For forms W-2/1099-MISC/ 1099-NEC)	(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 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.

Here			10/24/2024		
	Signature of officer PAUL MUELLER, TREASURER		Date		
	Type or print name and title				
Paid	Printtype preparer's name Paul Mueller, CPA	Preparer's signature Paul Mueller, CPA	Date 10/24/2024	Check if self-employed <input type="checkbox"/>	PTIN P00522366
	Firm's name Paul Mueller, CPA LLC			Firm's EIN 47-2038871	
Preparer Use Only	Firm's address 710 7th Street, Saint Paul, NE 68873			Phone no. (308) 754-4557	

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

ROTARY INTERNATIONAL

47-0769249

Additional Information From 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, 053
COWUNITY PROJECTS	22 , 906
SCHOLARSHIPS	
MEMBERSHIP DUES	
DISTRICT FUNDRAISER EXPENSE	
POLIO PLUS AND ROTARY FOUNDATION	

RYLA	900 .
Total	44 , 318

