

Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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. **1906**

A For the 2018 calendar year, or tax year beginning 07-01, 2018, and ending 06-30, 20 19	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization ROTARY INTERNATIONAL Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 973 City or town, state or province, country, and ZIP or foreign postal code GRAND ISLAND, NE 68802 04
D Employer identification number 47-6045960	
E Telephone number 402-380-0471	
F Group Exemption Number ▶ 0573	
G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶	
H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	
I Website: ▶ www.rotary.org	
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 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. ▶ \$ 64,646	

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 ☒	
Revenue	1 Contributions, gifts, grants, and similar amounts received 1 4,965
	2 Program service revenue including government fees and contracts 2 13,019
	3 Membership dues and assessments 3 28,133
	4 Investment income 4 416
	5a Gross amount from sale of assets other than inventory 5a
	b Less cost or other basis and sales expenses 5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
	6 Gaming and fundraising events
	a Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 18,113
	c Less direct expenses from gaming and fundraising events 6c 15,377
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 2,736
	7a Gross sales of inventory, less returns and allowances 7a
	b Less cost of goods sold 7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
	8 Other revenue (describe in Schedule O) 8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 49,269
	10 Grants and similar amounts paid (list in Schedule O) 10 26,108
	11 Benefits paid to or for members 11 20,395
Net Assets	12 Salaries, other compensation, and employee benefits 12
	13 Professional fees and other payments to independent contractors 13
	14 Occupancy, rent, utilities, and maintenance 14
	15 Printing, publications, postage, and shipping 15 936
	16 Other expenses (describe in Schedule O) 16 1,678
	17 Total expenses. Add lines 10 through 16 17 49,117
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 152
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 37,145	
20 Other changes in net assets or fund balances (explain in Schedule O) 20 0	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 37,297	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2018)

SCANNED MAR 22 2021

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	35,453	37,297
23	Land and buildings		
24	Other assets (describe in Schedule O)	1,692	0
25	Total assets	37,145	37,297
26	Total liabilities (describe in Schedule O)	0	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	37,145	37,297

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? **PROMOTING SERVICE ABOVE SELF**

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	CONDUCTED THE TASTE OF GRAND ISLAND EVENT, WITH THE PROCEEDS BEING DONATED TO YOUTH LEADERSHIP TOMORROW AND POLIO PLUS		
	(Grants \$) If this amount includes foreign grants, check here	28a	10,700
29	PROVIDING MEMBERSHIP PROGRAMS AND SOCIAL EVENTS, PAYMENTS OF DUES TO AFFILIATED INTERNATIONAL AND DISTRICT ORGANIZATIONS		
	(Grants \$) If this amount includes foreign grants, check here	29a	30,473
30	PROVIDING FINANCIAL ASSISTANCE IN THE FORM OF CONTRIBUTIONS TO VARIOUS ENTITIES AND OTHER CHARITABLE ACTIVITIES		
	(Grants \$) If this amount includes foreign grants, check here	30a	11,222
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	52,395

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 ☐

[illegible]

GO

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 ☐

	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		☒
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)?		☒
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		
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		☒
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 ▶ 37a 0		
b 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?		☒
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		
40a 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), 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		☒
c 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 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e 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 ▶ PHILLIP ERB Telephone no. ▶ 402-380-0471 Located at ▶ PO BOX 973 ZIP + 4 ▶ 68802		
b 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).		☒
c 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 ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		☒
c Did the organization receive any payments for indoor tanning services during the year?		☒
d 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)?		☒
b 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		☒

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		☒

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		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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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)	(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."

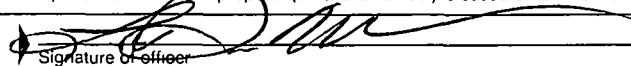
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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



Date

5.14.2020

DENISE MCGOVERN-GALLAGHER, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

ROTARY INTERNATIONAL

47-6045960

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TASTE OF GRAND (event type)	DOGS & SUDS (event type)	1 (total number)	
Revenue	1 Gross receipts	13,170	2,017	2,926	18,113
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	13,170	2,017	2,926	18,113
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,246			2,246
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,454	2,237	2,440	13,131
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				15,377
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				2,736

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|----|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | ☐ Yes | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? | ☐ Yes | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records. | | |

Name ▶ _____

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party.

Name ▶

Address ►

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions.

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

ROTARY INTERNATIONAL

Employer identification number

47-6045960

FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME

DESCRIPTION - INTERST AMOUNT 416

FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES

AFFILIATE NAME - ROTARY DISTRICT 5630, 616 S POPLAR ST, NORTH PLATTE, NE

PURPOSE - PAYMENT OF ANNUAL DUES AMOUNT 5,412

FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES

AFFILIATE NAME - THE ROTARY FOUNDATION, 1560 SHERMAN AVE, EVANSTON, IL 60201

PURPOSE - PAYMENT OF ANNUAL DUES, CONTRIBUTIONS, AND POLIO PLUS DONATION AMOUNT 13,865

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION - CHARITABLE GRANTEE - LEADERSHIP TOMORROW 3180 WEST, US-34, GRAND ISLAND, NE 68801

DATE OF GIFT - 08/16/2018 AMOUNT GIVEN - 1,000

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION - CHARITABLE GRANTEE - GRAND ISLAND PUBLIC LIBRARY FOUNDATION PO BOX 1364, GRAND ISLAND, NE

68802 DATE OF GIFT - 06/10/2019 AMOUNT GIVEN - 4,000

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION - CHARITABLE GRANTEE - OVERLAND TRAILS COUNCIL 2808 O FLANNAGAN ST, GRAND ISLAND, NE 68803

DATE OF GIFT - 03/26/2019 AMOUNT GIVEN - 500

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION - CHARITABLE GRANTEE - STUHR MUSEUM FOUNDATION 3133 W HIGHWAY 34, GRAND ISLAND, NE 68801

DATE OF GIFT - 09/14/2018 AMOUNT GIVEN - 250

Name of the organization

ROTARY INTERNATIONAL

Employer identification number

47-6045960

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION - CHARITABLE GRANTEE - NE CHILDREN'S GROUNDWATER FESTIVAL 215 KAUFMAN AVENUE, GRAND

ISLAND, NE 68803 DATE OF GIFT - 03/26/2019 AMOUNT GIVEN - 250

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION - CHARITABLE GRANTEE - MULTICULTURAL COALITION 325 W 4TH ST, GRAND ISLAND, NE 68801

DATE OF GIFT - 11/06/2018 AMOUNT GIVEN - 731

FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION - CHARITABLE GRANTEE - YOUTH LEADERSHIP TOMORROW 3180 WEST, US-34, GRAND ISLAND, NE 68801

DATE OF GIFT - 03/20/2019 AMOUNT GIVEN - 100

FORM 990-EZ, PART II, LINE 24 OTHER ASSETS

DESCRIPTION - ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,692 END OF YEAR AMOUNT 0

FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES

DESCRIPTION - ADMINISTRATION 1,500 SALES AND USE TAX 18 SUPPLIES 160