

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2018

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

► 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

A For the 2018 calendar year, or tax year beginning

JULY 1

, 2018, and ending

JUNE 30

, 2019

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization

ROTARY INTERNATIONAL, GREATER ALBANY

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

P.O. BOX 1629

City or town, state or province, country, and ZIP or foreign postal code

ALBANY, OR 97321

04

D Employer identification number

93-0854535

E Telephone number

(541) 979-0214

F Group Exemption

Number ► 0573

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► <http://www.greateralbanyrotary.org/>J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other DOMESTIC NONPROFIT CORPORATION

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

► \$ 54,629

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	1,938
	2 Program service revenue including government fees and contracts	2	0
	3 Membership dues and assessments	3	36,318
	4 Investment income	4	203
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events:	5c	0
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
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	16,170
	c Less: direct expenses from gaming and fundraising events	6c	7,631
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
	7a Gross sales of inventory, less returns and allowances	7a	0
	b Less: cost of goods sold	7b	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe in Schedule O)		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		► 46,998
		7c	0
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	31,196
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	0
	14 Occupancy, rent, utilities, and maintenance	14	0
	15 Printing, publications, postage, and shipping	15	0
	16 Other expenses (describe in Schedule O)	16	44,126
	17 Total expenses. Add lines 10 through 16	17	75,322
		18	-28,324
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	81,059
	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)	20	1,851
	20 Other changes in net assets or fund balances (explain in Schedule O)	21	54,586
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2018)

10

1202312985251121
JAN 1 SCANNED NOV 1 2021

989906

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	81,059	22 54,586
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	0	24 0
25	Total assets	81,059	25 54,586
26	Total liabilities (describe in Schedule O)	0	26 0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,059	27 54,586

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? **SEE SCHEDULE O**

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	SUPPORT FOR ROTARY INTERNATIONAL PROGRAMS		
	(Grants \$ 14,354) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	15,090
29	SUPPORT FOR LOCAL COMMUNITY NEEDS SUCH AS: YOUTH, YOUTH EXCHANGE, HOMELESS, ELDERLY, ETC.		
	(Grants \$ 16,842) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	16,842
30			
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	31,932

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) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KEVIN MANSKE				
PAST PRESIDENT	2	0	0	0
JOE VINCENT				
PRESIDENT	5	0	0	0
JESSICA PANKRATZ				
PRESIDENT ELECT	5	0	0	0
SAM WILLIAMS				
SECRETARY	4	0	0	0
WILLIAM HIGBY, JR.				
TREASURER	8	0	0	0
JERRY MCINTOSH				
DIRECTOR	2	0	0	0
SARAH STEEN				
DIRECTOR	2	0	0	0
DAVE HENDERSON				
DIRECTOR	2	0	0	0
SELINA MARSHALL				
DIRECTOR	2	0	0	0
KELLY DUFOUR				
DIRECTOR	2	0	0	0

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

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

	Yes	No
33		✓

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

34	✓
35a	✓

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)?

35a	✓
35b	

35c	✓
36	✓

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

36	✓
37a	0

37b	✓
38a	✓

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

37b	✓
38a	✓

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?

38b	
39a	

39b	
40a	0

b If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter:

39a	
39b	

a Initiation fees and capital contributions included on line 9

39b	
40a	0

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 ►

40b	✓
40e	✓

40e	✓
41	

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **WILLIAM HIGBY, JR** Telephone no. ► **(541) 979-0214**

ZIP + 4 ► **97321**

42b	✓
42c	✓

42c	✓
43	

43	
44a	

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)?

44b	
-----	--

44c	
-----	--

44d	
-----	--

45a	
-----	--

45b	
-----	--

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	✓
43	

43	
44a	

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

44b	
-----	--

44c	
-----	--

44d	
-----	--

45a	
-----	--

45b	
-----	--

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).

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here

43	
44a	

and enter the amount of tax-exempt interest received or accrued during the tax year

44b	
-----	--

44c	
-----	--

44d	
-----	--

45a	
-----	--

45b	
-----	--

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	
-----	--

44c	
-----	--

44d	
-----	--

45a	
-----	--

45b	
-----	--

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	
-----	--

44d	
-----	--

45a	
-----	--

45b	
-----	--

44c Did the organization receive any payments for indoor tanning services during the year?

44d	
-----	--

45a	
-----	--

45b	
-----	--

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	
-----	--

45b	
-----	--

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b	
-----	--

45c	
-----	--

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

45c	
-----	--

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

		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."		

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	Signature of officer <i>[Signature]</i>		Date <i>10-31-2017</i>		
	WILLIAM HIGBY, JR - TREASURER				
	Type or print name and title				
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.

Form 990-EZ (2018)

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 8a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018Open to Public
Inspection

Name of the organization

Employer identification number

ROTARY INTERNATIONAL, GREATER ALBANY

93-0854535

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

2b 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
1		Yes	No			
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.

RECEIVED IN CORRESPONDENCE
IRS - OSC - 28

SEP 21 2020

OGDEN, UTAH

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 <u>BEER WALK</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,170			16,170
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	16,170			16,170
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,631			7,631
	10 Direct expense summary. Add lines 4 through 9 in column (d)				7,631
	11 Net income summary. Subtract line 10 from line 3, column (d)				8,539

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				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> 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, GREATER ALBANY

Employer identification number

93-0854535

FORM 990-EZ, PART 1, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID

DESCRIPTION OF GRANTS AND SIMILAR AMOUNTS PAID	AMOUNT
ALBANY DOWNTOWN ASSOCIATION	\$918
ROBOTICS	2,000
DOLLY PARTON IMAGINATION LIBRARY	5,000
HIGH SCHOOL SCHOLARSHIPS	3,800
STUDENT OF THE MONTH AWARDS	1,200
RYLA SCHOLARSHIPS	1,725
FOUR WAY TEST SPEECH CONTEST	300
INBOUND EXCHANGE STUDENT STIPEND	600
SIERRA LEONE ORPHANAGE SUPPORT	3,000
SIERRA LEONE COMPUTER PROJECT	5,000
PASS THROUGH PAYMENTS TO ROTARY FOUNDATION	5,754
OTHER GRANTS	1,899
TOTAL TO FORM 990-EZ, LINE 10	\$31,196

RECEIVED IN CORR
IRS - OSG - 28
SEP 21 2020
OGDEN, UTAH

Name of the organization

ROTARY INTERNATIONAL, GREATER ALBANY

Employer identification number

93-0854535**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES**

DESCRIPTION OF OTHER EXPENSES	AMOUNT
RI DUES & MAGAZINE	\$5,038
DISTRICT 5110 DUES	3,027
DELEGATES (PETS)	1,068
WEEKLY MEALS	26,205
GOVERNOR'S VISIT	254
BANK CHARGES	799
PINS	66
MEETING SITE	2,662
SUPPLIES, POSTAGE	264
WEBSITE SOFTWARE	259
BOOKKEEPING	2,078
PUBLIC IMAGE	15
MISCELLANEOUS	1,655
INBOUND / OUTBOUND EXCHANGE STUDENT COSTS	711
OTHER YOUTH EXCHANGE COSTS	25
TOTAL TO FORM 990-EZ, PART I, LINE 16	\$44,126

FORM 990-EZ, PART I, LINE 20, OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

DESCRIPTION OF OTHER CHANGES	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	\$1,851
TOTAL TO FORM 990-EZ, LINE 20, OTHER CHANGES IN NET ASSETS OR FUND BALANCES	\$1,851

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE:

ORGANIZATION OF BUSINESS AND PROFESSIONAL PERSONS WORLDWIDE WHO PROVIDE HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICS, AND BUILD GOODWILL AND PEACE.