

**Short Form**

**Return of Organization Exempt From Income Tax**

**2018**

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](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2018 calendar year, or tax year beginning 07-01, 2018, and ending 06-30, 2019

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **ROTARY INTERNATIONAL**  
 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**

**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.girotary.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**

<b>Part I</b>		<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)	
		Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>	
<b>Revenue</b>	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	
	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 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49,269	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	26,108
	11 Benefits paid to or for members	11	20,395
	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 <b>Total expenses.</b> Add lines 10 through 16	17	49,117
<b>Net Assets</b>	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 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	37,297



**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 . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
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)? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
35c			
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 . . . . .		<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
37b			
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? . . . . .		<input checked="" type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
38b			
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . .		
39a			
b	Gross receipts, included on line 9, for public use of club facilities . . . . .		
39b			
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 . . . . .		<input checked="" type="checkbox"/>
40b			
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 . . . . .		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
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 . . . . .		<input checked="" type="checkbox"/>
40e			
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>PHILLIP ERB</u> Telephone no. ▶ <u>402-380-0471</u> Located at ▶ <u>PO BOX 973</u> ZIP + 4 ▶ <u>68802</u>		
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).		<input checked="" type="checkbox"/>
42b			
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 ▶ _____		<input checked="" type="checkbox"/>
42c			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
44b			
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
44c			
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 . . . . .		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
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 . . . . .		<input checked="" type="checkbox"/>
45b			

		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 . . . . .	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."

(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.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ DENISE MCGOVERN-GALLAGHER, TREASURER	
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	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 . . . . . ▶  Yes  No



**Part I 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	
		TASTE OF GRAND (event type)	DOGS & SUDS (event type)	1 (total number)	(add col. (a) through col. (c))	
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 II 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))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other 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: \_\_\_\_\_



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](http://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

Employer identification number

ROTARY INTERNATIONAL

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