

Form **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)

OMB No. 1545-0047  
**2022**  
Open to Public Inspection

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

**A** For the 2022 calendar year, or tax year beginning **07/01/22**, and ending **06/30/23**

<b>B</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 <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Rotary International</b>	<b>D</b> Employer identification number <b>47-6045960</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>PO Box 973</b>	<b>E</b> Telephone number <b>308-379-5266</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Grand Island NE 68802</b>	<b>F</b> Group Exemption Number <b>0573</b>

**G** Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_

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

**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 \$ **41,382**

**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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>445</b>
	<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	<b>5,565</b>
	<b>3</b> Membership dues and assessments	<b>3</b>	<b>20,050</b>
	<b>4</b> Investment income	<b>4</b>	<b>9</b>
	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b> Gaming and fundraising events:		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	
<b>b</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)	<b>6b</b>	<b>15,138</b>	
<b>c</b> Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>7,477</b>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>7,661</b>	
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>		
<b>b</b> Less: cost of goods sold	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	<b>7c</b>		
<b>8</b> Other revenue (describe in Schedule O)	<b>8</b>	<b>175</b>	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>33,905</b>	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (list in Schedule O)	<b>10</b>	<b>14,109</b>
	<b>11</b> Benefits paid to or for members	<b>11</b>	<b>5,747</b>
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	<b>1,199</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	<b>454</b>
	<b>16</b> Other expenses (describe in Schedule O)	<b>16</b>	<b>2,141</b>
	<b>17 Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>23,650</b>
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 9)	<b>18</b>	<b>10,255</b>
	<b>19</b> 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)	<b>19</b>	<b>31,530</b>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>41,785</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jessica Hendricks President	1.00	0	0	0
Denise McGovern-Gallagher Treasurer	1.00	0	0	0
Tonja Brown Secretary	1.00	0	0	0
Brad Mellema Board Member	1.00	0	0	0
David Plond Board Member	1.00	0	0	0

**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

32 Total program service expenses (add lines 28a through 31a) **7,297**

31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here

30 (Grants \$ ) If this amount includes foreign grants, check here

29 (Grants \$ ) If this amount includes foreign grants, check here

28 Providing membership programs and social events to raise funds for local organizations and pay affiliated international and district dues **7,297** (Grants \$ 1,550) If this amount includes foreign grants, check here

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.

**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

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	31,530	27	41,785
26 Total liabilities (describe in Schedule O)	0	26	0
25 Total assets	31,530	25	41,785
24 Other assets (describe in Schedule O)	0	24	0
23 Land and buildings	0	23	0
22 Cash, savings, and investments	31,530	22	41,785

**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	31,530
(B) End of year	41,785

33 Did the organization detail?

Other instructions (2022)

44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	X	44a
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	X	44b
c	Did the organization receive any payments for indoor tanning services during the year?	X	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)?	X	45a
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	X	45b

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

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)?	No	42b
c	At any time during the calendar year, did the organization maintain an office outside the United States? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	X	42c

42a The organization's books are in care of L. Denise McGovern-Gallagher, Telephone no. 308-379-5266  
 Located at Grand Island, ZIP + 4 68802  
 PO Box 973

41	List the states with which a copy of this return is filed	None	
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 8868-T		40e
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 4955, and 4958		40d
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		40c
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	X	40b
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		40a
b	Gross receipts, included on line 9, for public use of club facilities	39b	39b
a	Initiation fees and capital contributions included on line 9	39a	39a
39	Section 501(c)(7) organizations. Enter:	38b	38b
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		38a
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?	X	38a
b	Did the organization file Form 1120-POL for this year?	X	37b
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	37a
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	X	36
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	X	35c
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	X	35b
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)?	X	35a
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	X	34
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	X	33

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

May the IRS discuss this return with the preparer shown above? See instructions

Firms address <b>PO Box 1407</b> <b>Grand Island, NE 68802-1407</b>		Phone no. <b>308-381-1810</b>
Firms name <b>AMGL, PC</b>		Firms EIN <b>47-0589915</b>
Print/preparer's name <b>Kyle Overturn, CPA</b>		Date <b>05/13/24</b>
Preparer's signature <b>[Signature]</b>		Check <input type="checkbox"/> if self-employed PTIN <b>01060403</b>

Signature of officer <b>Denise McGovern-Gallagher</b> Date	Type or print name and title <b>Treasurer</b>
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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.

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes  No

d Total number of other independent contractors each receiving over \$100,000

(a) Name and business address of each independent contractor	(b) Type of service	(c) 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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."

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 <input type="checkbox"/> No <input type="checkbox"/>
48	Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	Yes <input type="checkbox"/> No <input type="checkbox"/>
49a	Did the organization make any transfers to an exempt non-charitable related organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b	If "Yes," was the related organization a section 527 organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
49b	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."	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Check if the organization used Schedule O to respond to any question in this Part VI

**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.

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

9 Enter the state(s) in which the organization conducts gaming activities:  Yes  No

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

Table with 8 rows (Direct Expenses and Revenue) and 5 columns (Bingo, Pull tab/instant bingo/progressive bingo, Other gaming, Total gaming add col. (a) through col. (c)).

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.

Table with 11 rows (Direct Expenses and Revenue) and 3 columns (Event #1, Event #2, Other events). Includes a 'Taste Of Grand' header.

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.

47-6045960

Rotary International

Schedule G (Form 990) 2022

07648 05/13/22

Is the organization required to file Form 990?

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Rotary International

47-6045960

Employer identification number

2022

Open to Public Inspection

OMB No. 1545-0047

07648 05/13/2009

Rotary 6045960 FIVE: 6/30/12

Form 990-EZ, Part I, Line 8 - Other Revenue

Description Amount

Other Revenue \$ 175

Total \$ 175

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address Purpose Amount

Rotary District 5630

616 S Poplar St

North Platte NE 69101

The Rotary Foundation

1560 Sherman Ave

Evanston IL 60201

Form 990-EZ, Part I, Line 16 - Other Expenses

Description Amount

Expenses

Advertising and Promotion \$ 789

Information Technology \$ 915

Conferences/Meetings \$ 32

Dues \$ 405

Total \$ 2,141

2022  
to Public

OMB No. 1545-004

18 05/13/20

Rotary International

6045960

RYE: 6/30/2023

# Federal Statements

## Form 990-EZ, Part 3 - Membership Dues and Assessments

Description	Amount
	\$ 20,050
<b>Total</b>	<b>\$ 20,050</b>

## Form 990-EZ, Part 11 - Benefits Paid To or For Members

Description	Amount
	\$ 5,747
<b>Total</b>	<b>\$ 5,747</b>

### Federal Statements

#### Other Direct Fundraising or Gaming Expenses

Description	Amount
Advertising	\$ 750
Supplies	5,727
Total	\$ 6,477

#### Taste Of Grand Island