

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)

2017

Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07-01-2017, 2017, and ending 06-30, 2018

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	C Name of organization <input checked="" type="checkbox"/> 97 ROTARY INTERNATIONAL		D Employer identification number <input checked="" type="checkbox"/> 21 47-604596
	Number and street (or P.O. box, if mail is not delivered to street address) <input checked="" type="checkbox"/> 97 Room/suite PO BOX 973		E Telephone number 402-380-0471
	City or town, state or province, country, and ZIP or foreign postal code GRAND ISLAND, NE 68802		F Group Exemption Number ▶ <input checked="" type="checkbox"/> 21 0573
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____		

I Website: ▶ www.glrrotary.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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 75,608

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) **21**
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	<input checked="" type="checkbox"/> 1 Contributions, gifts, grants, and similar amounts received	1	1,024
	<input checked="" type="checkbox"/> 2 Program service revenue including government fees and contracts	2	12,332
	<input checked="" type="checkbox"/> 3 Membership dues and assessments	3	28,935
	<input checked="" type="checkbox"/> 4 Investment income	4	15
	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		33,302	
c Less: direct expenses from gaming and fundraising events 6c		31,926	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d		1,376	
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		43,682	
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10		24,867
	11 Benefits paid to or for members 11		15,907
	12 Salaries, other compensation, and employee benefits <input checked="" type="checkbox"/> 21 12		
	13 Professional fees and other payments to independent contractors <input checked="" type="checkbox"/> 21 13		
	14 Occupancy, rent, utilities, and maintenance 14		
	15 Printing, publications, postage, and shipping 15		1,373
	16 Other expenses (describe in Schedule O) <input checked="" type="checkbox"/> 21 16		5,233
17 Total expenses. Add lines 10 through 16 ▶ 17		47,380	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18		-3,698
	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		40,843
	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		37,145

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"/>
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	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"/>
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 ▶ 37a 0		
37b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
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"/>
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9		
39b	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	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"/>
40c	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		
40d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
40e	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"/>
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		
42b	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"/>
42c	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"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
44c	Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>

	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	<input checked="" type="checkbox"/>

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	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>

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 <input checked="" type="checkbox"/>	<i>Phillip Erb</i> Signature of officer	11-15-18 Date
	PHILLIP ERB, 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 ▶ Yes No

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	
		TASTE OF GRAND (event type)	DISTRICT (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	18,264	11,460	3,578	33,302
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	18,264	11,460	3,578	33,302
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,265			2,265
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,234	10,744	2,683	29,661
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,926
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				1,376	

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	<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 for the latest information.

OMB No. 1545-0047

2017

**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 - INTEREST AMOUNT 15

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 5,060

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 AMOUNT 9,052

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

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

DATE OF GIFT - 07/01/2017 AMOUNT GIVEN - 1,150

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

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

DATE OF GIFT - 02/23/2018 AMOUNT GIVEN - 5,000

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

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

68802 DATE OF GIFT - 06/30/2018 AMOUNT GIVEN - 3,000

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

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

DATE OF GIFT - 06/12/2018 AMOUNT GIVEN - 500

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 - CHARTIABLE GRANTEE - MERCY MEALS 409 N. SHADY BEND ROAD, GRAND ISLAND, NE 68801

DATE OF GIFT - 12/22/2017 AMOUNT GIVEN - 1,105

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

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

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

DESCRIPTION - ADMINISTRATION 3,116 EXCHANGE STUDENT STIPEND 2,025 SALES AND USE TAX 35 SUPPLIES 57