Form **990-EZ**

orm xempt From Income Tax

Under section 501(c), 527, or ¬3 · (a)(1) of a conternal Revenue Code (except private foundations)

2016

OMB No 1545-1150

Department of the Treasury
Internal Poyenus Segues

Information about Form 990-EZ and its instructions is at www.irs gov/form990

Open to Public Inspection

inte	emai Kev	enue Service	2 Land to historians is at www.ms gov.normos	·		L			
A For the 2016 calendar year, or tax year beginning , and ending									
В	Check if	applicable	D	D Employer identification number					
	Address	change	1						
	Name ch	ange		<u> 39-6</u>	016592				
	initial ret	nal return Number and street (or P O box, if mail is not delivered to street address) Room/suite				E Telephone number			
	Final retu	urn/terminated	2680 Riverside Dr.	_L_	608-289-2165				
	Amended	d return	City or town, state or province, country, and ZIP or foreign postal code	F	F Group Exemption				
X	Application	on pending	Beloit WI 53511 U		Number >				
G	Accou	nting Method	X Cash Accrual Other (specify) ▶ H C	heck	$\blacktriangleright X $ if the organization is not				
1	Websi	te: ► <u>N/A</u>	<u>1</u>	equired	ed to attach Schedule B				
J	Tax-ex	empt status (c	$\frac{1}{2} \frac{1}{2} \frac{1}$	orm 9	990, 990-EZ, or 990-PF).				
K	Form o	of organization: X Corporation Trust Association Other							
) (I	Add line	Add lines 5b, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, or if total assets							
T	ırt II, colu	mn (B) below)	are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	55,000			
Ţ	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Pa								
۰,٦		Check	if the organization used Schedule O to respond to any question in this Part I			X			
	1	Contributions,	, gifts, grants, and similar amounts received		1				
•	2	Program ser	rvice revenue including government fees and contracts		2				
,	4 3	Membership	dues and assessments		3	40,000			
•	4	Investment i	ıncome		4				
	¹ 5a	Gross amou	unt from sale of assets other than inventory 5a						
-	b	Less: cost o	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				
7	6	Gaming and fundraising events							
3	a	Gross incom							
三子的 en	1	\$15,000)	6a		1				
্য Revenue	b	Gross incom	ne from fundraising events (not including \$ of contributions		} }				
Re	1	from fundrai	ising events reported on line 1) (attach Schedule G if the		'				
	i	sum of such	n gross income and contributions exceeds \$15,000) 6b 15,	1					
	С	Less direct	expenses from gaming and fundraising events 6c 2,	200] }				
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		} {				
)		line 6c)		6d	12,800				
	7a	Gross sales	of inventory, less returns and allowances 7a		1 1				
2018	b	Less: cost o	of goods sold 7b		1 1				
7	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
•	8	Other reven	iue (describe in Schedule O)		8				
<u>~</u> _	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9	52,800			
	10	Grants and	similar amounts paid (list in Schedule O)	- -71	10				
とうこううと46リ(Expenses	11	Benefits paid	d to or for members RECIEVED		11				
	12	Salaries, oth		ا ∥د	12				
	13	Professiona	If fees and other payments to independent contractors	3	13				
	. 14	Occupancy,	al fees and other payments to independent contractors rent, utilities, and maintenance	} ↓	14	22,987			
	15	Printing, put	oncontrol poorage, and emplaing	15	166				
	16	Other expen	nses (describe in Schedule O)		16	13,230			
	17		nses. Add lines 10 through 16		17	36,383			
, 0	18		deficit) for the year (Subtract line 17 from line 9)		18	16,417			
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with						
	1	-	figure reported on prior year's return)		19	44,830			
Net	20	=	ges in net assets or fund balances (explain in Schedule O)	_	20				
_	21_		or fund balances at end of year. Combine lines 18 through 20		21	61,247			
Fo	r Paper	work Reduct	tion Act Notice, see the separate instructions.			Form 990-EZ (2016)			

Part II	Balance Sheets (se	e the instructions for P	art II)				
	Check if the organizati	on used Schedule O to	o respond to any				
				(A) Be	ginning of year	ļ	(B) End of year
22 Cash, savi	ngs, and investments				44,830	22	61,24
23 Land and b	ouildings				0	23	
24 Other asse	ets (describe in Schedule O)			0	24	
25 Total assets 44,830					25	61,24	
26 Total liabilities (describe in Schedule O)					26	(
27 Net assets	s or fund balances (line 27				44,830	27	61,24
Part III	Statement of Progr		•		. 🖅		
	Check if the organizati	<u>on used Schedule O to</u>	o respond to any	question in this Part	III X	}	Expenses
What is the org	ganization's primary exemp	t purpose?				l '	equired for section
See Sched						l	(c)(3) and 501(c)(4)
	rganization's program servi			_		org	anizations, optional for
	y expenses In a clear and			vided, the number of		oth	ers)
	ted, and other relevant info	rmation for each program	ı title			ļ. ——	
28 See Sc	hedule O					 	
						1	
					. 🗂	_	
(Grants \$		If this amount includes t	foreign grants, che	ck here		28a	
29							
						_	
(Grants \$	l	If this amount includes f	foreign grants, che	ck here		29a	<u>'</u>
30						, ,	
							ì
(0	,	1641		at trans	. [-7		
(Grants \$		If this amount includes t	roreign grants, che	ck nere		30a	
	ram services (describe in S	· ·		al. have	▶ [7]]	
(Grants \$		If this amount includes f		ck nere		31a 32	 -
Part IV	ram service expenses (ac List of Officers, Director			h one even if not compe	nsated — see th		ctions for Part IV)
	Check if the organization	used Schedule O to resp	ond to any questio	n in this Part IV	r		,
	(a) Name and title		(b) Average hours per week	(c) Reportable compensation	(d) Health ber contributions to e	mployee	(e) Estimated amount of
	(-)		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans deferred compe		other compensation
Nick Ha	milton						
Commodo	re	•	1.00	О	}	C) (
Jim Pac							
Vice Co		!	1.00	0		C)
Jeff Vo							
Rear Co	mmodore	I	1.00	o	(C	
Andy Ma							
Recordi	ng Secretary		1.00	o	ł	C	
Gary Ke	ller				[
Treasur	er		1.00	О		C)
Chris M	ayhew .]]		
Corrspn	d Secretary `		1.00	o]	C)
Pete Ha	nson						
Fleet C	aptain		1.00	[o	<u> </u>	C	
Denny O	ldenburg						
Directo	r	!	1.00	0	1	C	
John Ke	lley						
Directo	-		1.00	0		0) <u> </u>
	andenoven						
Directo			_ 1.00	0	<u></u>	C	
Andrew							
Treasur	er		1.00		1 _	C	
		1	[_		ĺ		

Form 990-EZ (2016)

Form 990-EZ (see instructions)

		Star Zenith Boat C	<u> 1ub</u>		39-00	16392	<u> </u>	, ' '	ugo .
46	Did the	organization engage, directly or indirectly, in pol	itical campaign activitio	s on bob	alf of or in onno	eition		Yes	No
+0		idates for public office? If "Yes," complete Sched		5 011 0611			46		<u>x</u> _
Pa	rt VI	Section 501(c)(3) organizations or All section 501(c)(3) organizations must		–49b aı	nd 52, and cor	nplete the tables for li	nes		
		50 and 51. Check if the organization used Schedule	O to respond to any	questic	on in this Part	VI			
47	Did the	organization engage in lobbying activities or hav	re a section 501(h) elec	tion in ef	fect during the t	ax		Yes	No
••		"Yes," complete Schedule C, Part II	0 0 00000000000000000000000000000000000		noot during the t		47		L
48	is the or	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48		
49a		organization make any transfers to an exempt n		ganızatı	on?		49a	<u> </u>	
b 50	If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key						49b	L	L
	· · · · · · · · · · · · · · · · · · ·	ees) who each received more than \$100,000 of a							
	 -	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c)	Reportable mpensation	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other com		
_						deterred compensation			
				ļ					
			}						
			1						
									
f	Total nu	umber of other employees paid over \$100,000							
51		te this table for the organization's five highest co 00 of compensation from the organization. If ther			ctors who each	received more than			
	\$100,00					· . · · · · · · · · · · · · · · · · · ·			
		(a) Name and business address of each independen	t contractor		(b) Typ	e of service	(c) Compensation		
									
							 -		
d	Total nu	umber of other independent contractors each rec	ceiving over \$100,000	•	·				
52		organization complete Schedule A? Note: All se	ection 501(c)(3) organiz	ations m	ust attach a		Г-1		
land a		ted Schedule A		abadulaa	and statements of	and to the best of my browle	Yes		No_
		of perjury, I declare that I have examined this return, and complete. Declaration of treparer (other than office					age and belie	et, it is	
						04/19/18			
Sigr	ĺ	Signature of officer Andrew Davis			Treasure	ete			
Here	9	Type or print name and title			Treasure	=1			
	F	Print/Type preparer's name	Preparer's signature	<u> </u>	^	Date Check	PTIN		
Paid	ם	ennıs E Hildebrandt	1 Dui CALL	L.A	Konown	1 4 . 1/ //		01364	1 7
Prep	oarer 👍	firm's name Siepert & Co. I	LLP			Firm's EIN	39-12		
Use	Only	irm's address 1920 West Hart							
N/a:	the IDO	Beloit, WI 535				Phone no 6	08-365 ► X Y		
iviay	me IKS (discuss this return with the preparer shown above	e: See instructions				Form 99		(2016)

SCHEDULE O (Form 990 or 990-EZ)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Star Zenith Boat Club

Employer identification number 39-6016592

Form 990-EZ, Part I, Line 16	- Other	Expens	ses				
Description Amount							
Expenses							
Supplies		\$	794				
Miscellaneous		\$	5,752				
Social Meeting/Entertainm		\$	4,474				
Small Equipment		\$	2,210				
	Total	\$	13,230				

Form 990-EZ, Part III - Primary Exempt Purpose

The undersigned have associated, and do hereby associate themselves together for the purpose of forming a corporation under chapter 180 of the Wisconsin Statutes, the business and purpose of which corporation shall be:

a) To engage in and promote interest in the general activity of boating and boats on Rock River, in and about the city of Beloit, Wisconsin; and

b) To promote sociability and friendship among its members; to hold and conduct entertainment, excursions, and social meetings of its members; and c) To make, contract and purchase or lease and hold all real and personal property necessary for the purpose of said society.

Form 990-EZ, Part III, Line 28 - First Accomplishment

To engage in and promote interest in the general activity of boating and boats on Rock River, in and about the city of Beloit, Wisconsin;

To promote sociability and friendship among its members; to hold and conduct entertainment, excursions, and social meetings of its members