form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2017

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

| A For the 2017 calendar year, or tax year beginning .2017, and ending .2017, and en | | | nue Service | ► Go to www.irs.gov/Form990EZ for instructions and the latest information | on. | | • | | | |
|---|---|------------|---|--|----------------|---------------|----------------------------------|--|--|--|
| Noting charge Index interior Index inte | A F | or the | 2017 calend | ar year, or tax year beginning , 2017, and ending | _ | | , 20 | | | |
| Number careage Number and street (or P O box, it mail is not delivered to street address) Room/suite Properties | B c | heck if ap | plicable | C Name of organization 21 | D Empl | oyer id | entification number ? | | | |
| Pol Box 908 City or town, state or prowne, country, and ZIP or foreign postal code Tis-422-1126 | | ddress cl | hange | Rotary Club of Stevens Point | 396074745 | | | | | |
| Final elementerminated Angelection personing Stevens Point, WI 5481 Stevens Point, WI 5 | | Name cha | nge | Number and street (or P O box, if mail is not delivered to street address) Room/suite | E Telep | hone ni | umber | | | |
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| Website: | = | | | Stevens Point, WI 54481 | Num | ber 🕨 | ?; | | | |
| Tax-exempt status (check only one) | G A | ccount | ing Method | ✓ Cash | Check • | ₽ | f the organization is not | | | |
| K Form of organization | I V | /ebsite | :▶ | | required | to atta | ach Schedule B | | | |
| 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 | J Ta | ax-exem | npt status (che | eck only one) — ☐ 501(c)(3) 🗹 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 | (Form 99 | 90, 990 |)-EZ, or 990-PF). | | | |
| (Part III, column (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | | | | | | | | |
| 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 I 1 15130.55 Program service revenue including government fees and contracts I 2 2 Program service revenue including government fees and contracts I 3 Membership dues and assessments I 4 Investment income I 4 Investment income I 4 Investment income I 5 Investment income I 6 Investment income I 7 Investment income I 7 Investment income I 8 Investment income I 9 Investment income I 9 Investment income I 9 Investment income I 9 Investment income I 1 Investment income I 2 Investment income I 2 Investment income I 2 Investment income I 2 Investment income I 3 Investment income I 4 Investment income I 4 Investment income I 1 Investment income I 2 Investment income I 2 Investment income I 3 Investment income I 2 Investment income I 3 Investment income I 1 Investment income I 2 Investment income I 3 Investment income I 2 Investment income I 3 Investment income I 4 Investment income I 5 Investment income I 1 Investment income I 2 Investment income I 3 Investment income I 4 Investment income I 5 Investment income | | | | | assets | | | | | |
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| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | | | | , — | | $\overline{}$ | | | | |
| 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) | | _ | Excess or | (deficit) for the year (Subtract line 17 from line 9) | | - | -4904 60 | | | |
| end-of-year figure reported on prior year's return) | šets | | | | | | | | | |
| 20 Other changes in net assets or fund balances (explain in Schedule O) | Net Asse | | | | ı | 19 | 23800.12 | | | |
| 2 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | | 20 | Other char | nges in net assets or fund balances (explain in Schedule O) | [| 20 | | | | |
| | | | | | . ▶ | 21 | 18895.52 | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2017)





| ı | orm : | 、 990-EZ (2017) | | | | | Page 2 | | | | |
|-----|--|--|----------------------|--|---|---------------|---|--|--|--|--|
| ?: | | Part II Balance Sheets (see the instructions for Part II) | | | | | | | | | |
| _ ' | | Check if the organization used Schedule | | ny question in this | Part II | <u></u> | <u> </u> | | | | |
| • | | | | | (A) Beginning of year | | (B) End of year | | | | |
| | 22 | Cash, savings, and investments | | | 23977.12 | | 19426 52 | | | | |
| | 23 | Land and buildings | | | | 23 | | | | | |
| | 24 | Other assets (describe in Schedule O) | | | 25.4 | 24 | | | | | |
| | 25 | Total assets | | | 354 -531 | \rightarrow | <u>V</u> | | | | |
| | 26 | Total liabilities (describe in Schedule O) | | | 23800 12 | | - <u>531</u> 18895 52 | | | | |
| ?; | 27 221 | Net assets or fund balances (line 27 of column till Statement of Program Service Accomp | | | | 21 | 10073 32 | | | | |
| | rai | Check if the organization used Schedule | | | | | Expenses | | | | |
| ; | Wha | it is the organization's primary exempt purpose? | <u> </u> | ,, 4000000 | · · · · · · · · · · · · · · · · · · · | • | juired for section | | | | |
| | Desc | cribe the organization's program service accomplis | | | | orga | c)(3) and 501(c)(4) inizations, optional for | | | | |
| | as measured by expenses. In a clear and concise manner, describe the services provided, the number of others) | | | | | | | | | | |
| | | ons benefited, and other relevant information for ea | ch program title. | | | | T | | | | |
| ?: | 28 | | | | | | | | | | |
| | | | | | | | | | | | |
| | ?1 | (Grants \$) If this amount | includes foreign gra | ints check here | . ▶ □ | 28a | | | | | |
| | 29 | <u> </u> | | | | | † | | | | |
| | | | | | | | | | | | |
| | | | | ····· | | | | | | | |
| | | (Grants \$) If this amount | ıncludes foreign gra | ints, check here . | ▶ □_ | 29a | | | | | |
| | 30 | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | 30a | | | | | | | | | |
| | 31 | 31a | | | | | | | | | |
| | 20 | (Grants \$) If this amount includes foreign grants, check here ▶ ☐ 32 Total program service expenses (add lines 28a through 31a) | | | | | | | | | |
| | | 32 | tions for Part I\A | | | | | | | | |
| | Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the ins Check if the organization used Schedule O to respond to any question in this Part IV | | | | | | | | | | |
| | | (c) Reportable ?! (d) Health benefits, | | | | | | | | | |
| | | ?1 (a) Name and title | hours per week | compensation (Forms W-2/1099-MISC | contributions to employe benefit plans, and | | Estimated amount of other compensation | | | | |
| | | _ | devoted to position | (If not paid, enter -0-) | | | | | | | |
| | Sano | dy Retzki | | | | | | | | | |
| | Pres | sident | 5 | | 0 | | | | | | |
| | Nich | nole Matowitz | 3 | | | | | | | | |
| | Secr | retary | <u> </u> | | 0 | | | | | | |
| | Ashl | ley Netzer | 7 | | | | | | | | |
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| Part | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | | | П | |
|------|--|--------|----------|------------|------|
| | instructions for that v.) Greek if the organization adda confedera to the respond to any question | | 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 | 33 | | V | |
| 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 | 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 | | <u> </u> | , |
| 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 | | V | • |
| 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 | 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 | 36 | | / | ? |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | - | لــــا | |
| b | Did the organization file Form 1120-POL for this year? | 37b | | ~ | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | | | ابــــ | _ |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | | |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | - | | | Í |
| 39 | Section 501(c)(7) organizations. Enter | | | | ĺ |
| а | Initiation fees and capital contributions included on line 9 | - | | | |
| 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 ▶ | | | | |
| 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 | 40b | | | |
| _ | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 400 | | | ? |
| С | 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 | 40e | | ~ | |
| 41 | List the states with which a copy of this return is filed ▶ | | | | |
| 42a | The organization's books are in dare or a state of the organization of the organizatio | 715-34 | | B | |
| _ | Located at ► 2869 Church St, Stevens Point, ZIP + 4 ► | 544 | 481 | | |
| 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)? | 42b | Yes | NO V | |
| | If "Yes," enter the name of the foreign country: | | | | ĺ |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| С | 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: | 42c | <u> </u> | | |
| 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 | · — | . I | ▶ ∐ | - |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No V | į |
| 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 | 44b | | > | |
| C | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ' | i |
| d | explanation in Schedule O | 44d | | ~ | - |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | ļ | ~ | |
| 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) | 45b | | ~ | |

| Page | • |
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| | | | | | | | Yes | No | |
|----------------------------|--|--|---|--|--|----------------------|-----------|-------|---|
| | id the organization engage, directly or in | | | | | | | | |
| | candidates for public office? If "Yes," of | | , Part I | | | · 46 | | ~ | E |
| Part VI | | | -1' 4 7 401 | 50d - | | ا مماطمة ما | fa., 1, | | |
| | All section 501(c)(3) organization | s must answer que | stions 47-49b and | 52, and c | ompiete tri | e tables | IOF III | es | |
| | 50 and 51. | hadula O ta raanand | l to only guidation in t | hio Dort VI | | | | П | |
| | Check if the organization used Sc | nequie O to respond | to any question in t | mis Part VI | | · · · | Yes | No | |
| 47 D | ud the organization engage in lobbying | actuation or have a | coction EO1/b) alactic | on in offect | during the | tay | 165 | 140 | |
| 47 D | ear? If "Yes," complete Schedule C, Par | t ii | | | during the | . 47 | | | |
| | the organization a school as described in | | | | : | 48 | + | ~ | |
| 48 Is | tid the organization make any transfers t | o an exempt non cha | ritable related organi | zation? | | · — | + | 7 | |
| | "Yes," was the related organization a se | | | | | | + | 7 | |
| | complete this table for the organization's | | | | | | | d kev | |
| | mployees) who each received more than | | | | | | | | |
| | F,, | | 1 | | h benefits, | | | | |
| | (a) Name and title of each employee | (b) Average hours per week | (c) Reportable compensation | | s to employee and deferred | (e) Estimat | | | |
| | | devoted to position | (Forms W-2/1099-MISC) | | ensation | d other compensation | | | |
| NONE | | | - | 1 | | | | | |
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| f T | otal number of other employees paid ov | er \$100,000 | . ▶ | | | | | | |
| | complete this table for the organization | | | contracto | rs who eacl | h received | more | than | |
| \$ | 100,000 of compensation from the orga | nization. If there is no | one, enter "None." | | | | | | |
| | (a) Name and business address of each independ | dent contractor | (b) Type of sen | vice | (c |) Compensat | ion | | |
| | (-) | | | | | <u> </u> | | | |
| NONE | | | - | | | | | | |
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| | | notoro ocob reserves | Over \$100,000 | | | | - | | |
| | otal number of other independent contra | | | | must stas | | | | |
| | old the organization complete Schedu | | | inizations | must attact | n a .▶∐ Ye: | ا (تا ، | No | |
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| Under pena true, correc | alties of perjury, I declare that I have examined this ct, and complete Declaration of preparer (other that | retum, including accompan n officer) is based on all info | ying schedules and statem ormation of which preparer | ents, and to the has any know | ie best of my ki ledge | nowleage an | a beller, | IT IS | |
| | 1 10 1 10 | | | · / | | | | | |
| Sign | Signature of others | | | D _i | ate . | · - | | | |
| Here _ | Signature of officer ASSIGNATURE OF THE CONTROL Date | | | | | | | | |
| 11616 | Type or print name and title | TI KUUN | <u> </u> | | | \$110 | | | |
| | _ | Preparer's signature | ים ד | ate | | PTIN | | | |
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| Prepar | l = . | | | T _E | | ,,,,,, | | | |
| Use Or | | | | | rm's EIN ► | | | | |
| May the | Firm's address ► IRS discuss this return with the prepare | r shown above? See | Instructions | [Pr | none no | ► ☐ Ye | | No | |
| iviay lile | ing discuss this return with the prepare | i Silowii above: Jee i | | | | | ال و | 40 | |