

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)

2017

OMB No 1545-1150

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 for instructions and the latest information.

Open to Public Inspection

npt status (che organization: s 5b, 6c, and umn (B) below Revenue Check if Contribution Program see Membershi Investment Gross amo Less. cost Gain or (los Garning an Gross Inco \$15,000).	portal clubrunner.ca/11957 k only one) — 501(c)(3) 50 Corporation Trust to to line 9 to determine gross rec are \$500,000 or more, file Form 9 c, Expenses, and Changes the organization used Sched as, gifts, grants, and similar an evice revenue including govern to dues and assessments income unt from sale of assets other the or other basis and sales expen s) from sale of assets other that d fundraising events me from gaming (attach S	(specify) ► O1(c) (4) ◀ (insert no	o.) 4947(a) on Otto s are \$200,000 90-EZ. r Fund Bal o any quest tracts.	ther	F H Che req (Fo	3 Telephone no 41 Group Exe Number I uired to att rm 990, 999 sets Structions	### 14-719-4847 Importion
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Contribution Program see Membershi Investment Gross amo Less. cost Gain or (lost Gaming and Gross inco \$15,000).	ns, gifts, grants, and similar an rivice revenue including governo dues and assessments income	mounts received	tracts			. 1 . 2 . 3	6,0
Program se Membershi Investment Gross amo Less. cost Gain or (los Garning an Gross inco \$15,000).	rvice revenue including govern to dues and assessments	nment fees and cont	tracts	· · · · ·		. 2	
Membershi Investment Gross amo Less. cost Gain or (los Garning an Gross Inco \$15,000)	o dues and assessments income	han inventory	 [. 3	7,
Investment Gross amo Less. cost Gain or (los Gaming an Gross inco \$15,000)	income Int from sale of assets other the or other basis and sales expensely from sale of assets other that fundraising events The from gaming (attach S	han inventory nses an inventory (Subtra	 <u> </u>				7,:
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Less. cost Gain or (los Gaming an Gross inco \$15,000).	or other basis and sales expens) from sale of assets other that fundraising events me from gaming (attach S	nses	[1 1	
Gain or (los Gaming an Gross inco \$15,000) .	s) from sale of assets other that I fundraising events me from gaming (attach S	an inventory (Subtra		5b			
Gaming an Gross inco \$15,000) .	I fundraising events me from gaming (attach S		ict line 5b fr			. 5c	
Gross inco \$15,000) .	me from gaming (attach S					.	
\$15,000) .		chedule G if orea	eter than				j
		=	I	6a			
			L		hutione		
	ne from fundraising events (no		- C 4 4 h a	or contr	ibutions		
	using events reported on line			1 1			
	n gross income and contribution		F	6b	46	,698	ł
	expenses from gaming and fu			6c		,726	
		-	add lines 6a	ia and 6b a	ind subtra	act	
•						· 6d	26,
Gross sale	of inventory, less returns and	l allowances]	7a			
Less: cost	of goods sold		[7b			
Gross prof	or (loss) from sales of invento	ory (Subtract line 7b	from line 7	'a)		. 7c	
Other rever	ue (describe in Schedule O).					. 8	
Total reve	ue. Add lines 1, 2, 3, 4, 5c, 6d	d, 7c, and 8				▶ 9	41,
Grants and	similar amounts paid (list in S	chedule O)	. I Q	ECEN	/F 🗀 ·	.1 10	22,
Benefits pa	d to or for members			LULIV		./ 11	9,
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work Reduct	on Act Notice, see the separate	instructions.		Cat No 10	6421		Form 990-EZ (2
	line 6c) Gross sales Less: cost of Gross profit Other reven Total reven Grants and Benefits par Salaries, oth Professional Occupancy Printing, pu Other expen Total expen Excess or (of Net assets end-of-year Other change	line 6c) Gross sales of inventory, less returns and Less: cost of goods sold Gross profit or (loss) from sales of inventor Other revenue (describe in Schedule O). Total revenue. Add lines 1, 2, 3, 4, 5c, 6d Grants and similar amounts paid (list in S Benefits paid to or for members Salaries, other compensation, and emplor Professional fees and other payments to Occupancy, rent, utilities, and maintenant Printing, publications, postage, and shipp Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16d Excess or (deficit) for the year (Subtract lines or fund balances at beginning end-of-year figure reported on prior year) Other changes in net assets or fund balances at end of year	Inne 6c) Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contra Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Sch	Inne 6c) Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7c) Other revenue (describe in Schedule O) Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O) Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, columend-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 2	Gross sales of inventory, less returns and allowances	Gross sales of inventory, less returns and allowances	Gross sales of inventory, less returns and allowances

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Pa				D4 II		
	Check if the organization used Schedule	O to respond to ar	ny question in this		· · ·	(D) Seed of viscos
			-	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			27,061		34,509
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets]	27,061		34,509
26	Total liabilities (describe in Schedule O)		[26	0
27	Net assets or fund balances (line 27 of column			227,061	27	34,509
Par	Statement of Program Service Accom	plishments (see th	e instructions for l	Part III)		
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔽		Expenses
Wha	is the organization's primary exempt purpose?	Community Develop	ment Programs Rota	iry		quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each of	f its three largest r	rogram services.		anizations, optional for
	easured by expenses. In a clear and concise m				oth	ers.)
	ons benefited, and other relevant information for ea		•	,		
28	Rotary Park Bandshell. Rotary Recived a grant from t	he City of Jefferson t	o erect a bandshell	in Rotary		
	Park. Open to anyone using the Park. The club is rais				}	}
	grant. To date we have paid back \$48,000.00 since we				ļ	
	(Grants \$ 80,000) If this amount			▶ 🗆	28	8.000
29	Rotary Scholarships. Paid 4 graduating seniors who					1
	Will be attending any accredited 2 or 4 year secondar					1
	The boat of the second of the	7.501100				
	(Grants \$) If this amount	ıncludes foreign gra	ints check here	▶ □	29	a 7,000
30	Donation through Fort Atkinson Rotary club to Guate					7,000
00	Guatemala. We help by providing the fund for the equ		o neip a village geri	unning water in		
	Guatemaia. We need by providing the fund for the equ	apinent necueu.				
	(Grants \$) If this amount	ıncludes foreign gra	inte check here	▶ [1]	30	a 1,900
21	Other program services (describe in Schedule O)		***************************************		300	1,900
J.	• •	ıncludes foreign gra			31	5 453
32	Total program service expenses (add lines 28a t	brough 31a	ints, check here .	· · · ·	32	
Par						
ı aı	Check if the organization used Schedule					 1
	Check if the organization used Schedule		(c) Reportable	Part IV	÷	<u> </u>
	(a) Name and title	(b) Average hours per week	compensation	contributions to employ) Estimated amount of
	AN COMO DIO	devoted to position	(Forms W-2/1099-MISC (if not paid, enter -0-)			other compensation
	a Diversities beautiful Diversities A		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
Jame	s B van Lieshout- President	_				•
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10m	Moore- Vice President	_				•
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Part				
<u> </u>	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		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	33	163	<u>₩</u>
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		✓
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 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	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 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?	37b 38a		✓ ✓
39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
	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		✓
С	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			
	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 ▶ Wisconsin			
42a		414-71		
b	Located at ► 363 E. North St, Jefferson WI At any time during the calendar year, did the organization have an interest in or a signature or other authority over	53545	-1702 Yes	
	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:	42b	Tes	V
	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		✓
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		Yes	► □ No
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		√
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		✓
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
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		1

Form 99	0-EZ (2	017)							- 1	age 4
									Yes	No
` 46		ne organization engage, directly or in								
		ndidates for public office? If "Yes," of	complete Schedule C	, Part I	<u> </u>		•	46		✓
Part '	VI	Section 501(c)(3) organizations	only							
		All section 501(c)(3) organization	s must answer que	stions 47-49b an	d 52, and	l complete	the ta	bles f	or lın	es
		50 and 51.	·							
		Check if the organization used Scl	nedule O to respond	to any question i	this Part	VI				. 🗇
		one on gameation tood of		to any quodition in					Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	tion in effe	ect during th	e tay		103	1.00
4,		If "Yes," complete Schedule C, Par		section so i(ii) elec		set during ti	ic tax	47	1	
40	•	· · · · · · · · · · · · · · · · · · ·					•	47		
48		organization a school as described in						48	 -	
49a		ne organization make any transfers t		-				49a	ļ	└
b		es," was the related organization a se						49b	L	L
50		olete this table for the organization's								
	emple	oyees) who each received more than	1 \$100,000 of compe	nsation from the org	ganization.	If there is no	one, er	nter "N	lone.'	
			(b) Average	(c) Reportable		ealth benefits,				
	(a)	Name and title of each employee	hours per week	compensation	honofit n	tions to employe lans, and deferre		Estimate ther con		
			devoted to position	(Forms W-2/1099-MIS		mpensation			.,	
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f	Total	number of other employees paid ov	er \$100,000	. >						
51	Com	plete this table for the organization	s five highest comp	ensated independe	nt contrac	tors who ea	ach red	ceived	more	e than
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."						
	(a)	Name and business address of each independ	lant contractor	(b) Type of s	onuco		(c) Con	nnonest	ion	
	(4)	rianic and business address of each independ	ient contractor	(b) Type of s	ici vice	1	(0)	препзаг	1011	
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				L		1				
þ		number of other independent contra	•		.▶			<u>-</u> .		
52		the organization complete Schedi	ule A? Note: All se	ection 501(c)(3) or	ganization	s must atta	ach a			
	comp	oleted Schedule A	· · · · · ·		<u> </u>	<u> </u>	▶[☐ Ye	s 🗌	No
Under p	enalties	of perjupy. declare that I have examined this	return, including accompar	nylng schedules and stat	ements, and	to the best of m	y knowle	edge an	d belie	i, it is
true, coi	rrect, an	d complete Declaration of preparer (other that	n officer) is based on all info	ormation of which prepa	er has any kr	nowledge.	1 7	7		
		TIMESATLA	/			マク	नार्व			
Sign		Signature of officer		Date	' ' 0					
Here		Patrick J. Beck, Treasurer								
		Type or print name and title								
			Preparer's signature		Date			PTIN		
Paid		Print/Type preparer's name	i reparer a aignature		Jule	Check	_			
Prep	arer		1			 	nployed	L		
Use (Only	Firm's name ▶			,	Firm's EIN ▶				
		Firm's address ▶	··. 			Phone no				
May th	ne IRS	discuss this return with the prepare	r shown above? See	instructions	<u> </u>	<u></u>	<u>. ►</u> !	☐ Ye	s 🔲	No

SCHÈDULE 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.

2017

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection
Employer identification number

Rotary Club of Jefferson	39-607866
See Part III for the 1st 3 Service provided as part of line 10 , below is breaking out line 32 in Part III	
\$400- Save a Life Tour Donation-Jefferson Senior High School Support school in it effort to educate you	outh about the dangers of drugs
\$250 iFeed Event - sent 5 kids to iFeed Rotary event-	
iFeed is a one-day event where over 50,000 dried meals are packed and boxed, ready for shipment to a	country where children are hungry.
It's also a one-day all-Coulee Region food drive to fill area food pantries.iFeed is a joint service project	t of the area Interact Clubs and the
La Crosse Area Rotary Clubs as an extension of Rotary Lights Food collections.	
\$100-Tomorrow's Hope (Yarn Extravaganza 2018)- Jefferson, WI charity supporting canner research f	or a cure.
\$250 -Mission Impact Food Drive Jefferson, WI charity	
\$250 -Manna Monday Food Drive Jefferson, WI charity	
\$538.05 Top 10 Luncheon, 8th grade	
\$394.57 Top 10 Luncheon, Seniors	
Both Top 10 luncheon we sponsor a lunch with a quest speaker of the 10 % of each grade listed about	ove, eigher home schooled or attending
any plublic or parochial school within the Jefferson School District. Patents and students and school	representative are invited. Each
Louncheon is held on seperate dates.	
\$161.97 -Bike Trail Cleanup supplies and lunch during the day our club cleans up the Bike Trail in Jeff	erson WI.
\$248.97 Rotary Park maintenance- Paid for maintenance to the Gardens as Rotary Park in Jefferson W	л
\$200- Donation to Scott Fischer Memorial Fund for Rivers Edge Nature Preserve	
\$250- Donation to Jefferson County Housing Authority Pool Tablet Restore	
\$198.67 -Polio Plus Donation. Effort by Rotary International to eradicate polio world wide.	
\$620.05- Breakfast with Santa Each year we provide a breakfast, Christmas Gift, and photo op with Sa	nta for Jefferson Count Head
Start Participants. This year we had 105 children with there parents attend.	
\$300 -Ready for School , Jefferson WI . a program designed to supply all incoming students with a ful	ly equipped backpack for the start
of the school year.	
\$394.57 -Interact Luncheon- we sponsored our local Rotary Interact Club form Jefferson Seinor High	school. To talk over project we could
work with them on in the coming years.	
\$600.00 -Rotary Youth Leadership Summer Camp Sponsored 3 students	

Schedule O (Form 990 or 990-EZ) (2017)	Page 4
Name of the organization	Employer identification number 39-607866
Rotary Club of Jefferson	1 33-007000
Other Expense Line16	
\$547.00 -PETS Registration Room- Training Event for Rotary both VP's	
\$ 53.72 Office Supplies	
\$100 Jefferson Chamber Dues	
\$83.40 New Membership Kits	
\$89.29 Annual Dinner Awards/Plagues	
\$534.94 -Philippine Vistors Exp. for Coming to visit Jefferson Rotary, Presidential Discretion Exp.	
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