

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

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

- 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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: NEENAH ROTARY CLUB. D Employer identification number: 39-6076886. E Telephone number: 920-882-9400. F Group Exemption Number: 0573. G Accounting Method: Cash. H Check if the organization is not required to attach Schedule B. I Website: WWW.NEENAHROTARY.ORG. J Tax-exempt status: 501(c)(4). K Form of organization: Corporation. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$148,219.

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 [X]

Table with 21 rows: 1 Contributions, gifts, grants, and similar amounts received (20,024); 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments (13,279); 4 Investment income (376); 5a Gross amount from sale of assets other than inventory; 5b Less: cost or other basis and sales expenses; 5c Gain or (loss) from sale of assets other than inventory; 6 Gaming and fundraising events; 6a Gross income from gaming; 6b Gross income from fundraising events (18,850); 6c Less: direct expenses from gaming and fundraising events (99,912); 6d Net income or (loss) from gaming and fundraising events (13,348); 7a Gross sales of inventory, less returns and allowances; 7b Less: cost of goods sold; 7c Gross profit or (loss) from sales of inventory; 8 Other revenue (describe in Schedule O) (1,280); 9 Total revenue (48,307); 10 Grants and similar amounts paid (32,773); 11 Benefits paid to or for members; 12 Salaries, other compensation, and employee benefits; 13 Professional fees and other payments to independent contractors (1,000); 14 Occupancy, rent, utilities, and maintenance; 15 Printing, publications, postage, and shipping (2,136); 16 Other expenses (describe in Schedule O) (16,735); 17 Total expenses (52,644); 18 Excess or (deficit) for the year (-4,337); 19 Net assets or fund balances at beginning of year (77,862); 20 Other changes in net assets or fund balances (0); 21 Net assets or fund balances at end of year (73,525).

RECEIVED SEE SCHEDULE O DEC 17 2018 UCCLEN, UT

Revenue SCANNED MAR 14 2019

Expenses

Net Assets

613

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		(B) End of year
22 Cash, savings, and investments	86,153.	22	78,525.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	803.	24	0.
25 Total assets	86,956.	25	78,525.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	9,094.	26	5,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	77,862.	27	73,525.

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SERVE AND SUPPORT THE COMMUNITY

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

28 <u>HOLD SEVERAL EVENTS TO RAISE FUNDS IN ORDER TO PROVIDE BENEFITS TO THE COMMUNITY. ALSO A MAJOR CONTRIBUTOR TO THE EXCHANGE STUDENT PROGRAM.</u>	(Grants \$ <u>32,733.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,642.
29 _____	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)	(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	3,642.

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NATE KOK PRESIDENT	10.00	0.	0.	0.
LISA WERNER PAST PRESIDENT	3.00	0.	0.	0.
JULIE HUTH TREASURER	5.00	0.	0.	0.
DANA KOHLMAYER SECRETARY	8.00	0.	0.	0.
KRISTOPHER ULRICH DIRECTOR	3.00	0.	0.	0.
PAUL HUXTABLE DIRECTOR	3.00	0.	0.	0.
BOB KARRMANN DIRECTOR	3.00	0.	0.	0.
RENEE NEUMEYER DIRECTOR	3.00	0.	0.	0.
DAVID BAUMAN DIRECTOR	3.00	0.	0.	0.
KELLY HICKS DIRECTOR	3.00	0.	0.	0.
ERIC GLASSCO DIRECTOR	3.00	0.	0.	0.
AMBER MEYER DIRECTOR	3.00	0.	0.	0.

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 Sch. O to respond to any question in this Part V [X]

- 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
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)
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)?
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
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
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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
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

Table with columns Yes and No. Rows 33-40e. Values: 33 (No), 34 (No), 35a (No), 35b (N/A), 35c (No), 36 (No), 37a (0), 37b (No), 38a (No), 38b (N/A), 39a (N/A), 39b (N/A), 40a (No), 40b (No), 40c (0), 40d (0), 40e (No).

41 List the states with which a copy of this return is filed WI
42a The organization's books are in care of KARLYN HENRY Telephone no. 479-381-7567
Located at P.O. BOX 275, NEENAH, WI ZIP + 4 54957-0275

- 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)?
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)
c 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:

Table with columns Yes and No. Rows 42b, 42c. Values: 42b (No), 42c (No).

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 N/A

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
44c Did the organization receive any payments for indoor tanning services during the year?
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
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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)

Table with columns Yes and No. Rows 44a-45b. Values: 44a (No), 44b (No), 44c (No), 44d (No), 45a (No), 45b (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

Table with Yes/No columns. 46: Yes [], No [X]

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with Yes/No columns. 47: Yes [], No []

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with Yes/No columns. 48: Yes [], No []

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with Yes/No columns. 49a: Yes [], No []

b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns. 49b: Yes [], No []

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"

Table with 5 columns: (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. Row 1: N/A

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: N/A

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

Signature of officer

KARLYN HENRY, TREASURER

Type or print name and title

Date

11-25-17

Paid Preparer Use Only

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check [] if self-employed. Row 1: KEITH A. DEPIES, CPACPA, KEITH A. DEPIES, 11/08/18, P00070440

Firm's name: ROBERTS, RITSCHKE AND TYCZKOWSKI, LTD.

Firm's EIN: 39-1504406

Firm's address: 335 FIRST STREET, PO BOX 679

Phone no.: (920) 722-2141

NEENAH, WI 54957-0679

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

Yes [X] 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	
		SEAFOOD FESTIVAL (event type)	WINE TASTING - UNCORKED (event type)	1 (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	73,443.	20,852.	37,815.	132,110.
	2	Less Contributions	17,850.	1,000.		18,850.
	3	Gross income (line 1 minus line 2)	55,593.	19,852.	37,815.	113,260.
Direct Expenses	4	Cash prizes			1,750.	1,750.
	5	Noncash prizes				
	6	Rent/facility costs	6,538.	3,281.	12,280.	22,099.
	7	Food and beverages	15,631.	6,515.		22,146.
	8	Entertainment				
	9	Other direct expenses	38,171.	1,254.	14,492.	53,917.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				99,912.
	11	Net income summary. Subtract line 10 from line 3, column (d)				13,348.

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

NEENAH ROTARY CLUB

Employer identification number

39-6076886

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:

AMOUNT:

INTEREST INCOME

376.

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

MEALS, NET OF EXPENSE

1,280.

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

ACTIVITY CLASSIFICATION:

GRANTEE NAME: VARIOUS-SEE ATTACHED

AMOUNT GIVEN:

14,100.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: STUDENT EXCHANGE

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ROTARY INT'L & NEENAH ROTARY FDN

AMOUNT GIVEN:

9,393.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: WORLD AFFAIRS SEMINAR

AMOUNT GIVEN:

1,280.

Name of the organization NEENAH ROTARY CLUB	Employer identification number 39-6076886
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ACTIVITY CLASSIFICATION:

GRANTEE NAME: COMMUNITY OUTREACH PROJECTS - SEE ATTACHED

AMOUNT GIVEN: 6,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 32,773.

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

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
DUES/ASSESSMENTS	7,393.
CONFERENCES & MEETINGS	858.
WEBSITE	803.
CHANGING OF THE GUARD	1,078.
STRIVE, STRIVE II, STRIVE 9/10	3,642.
FELLOWSHIP	2,095.
MARKETING	866.
TOTAL TO FORM 990-EZ, LINE 16	16,735.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID WEBSITE	803.	0.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ARROWHEAD PARK	5,000.	5,000.
FIRST NATIONAL BANK VISA	244.	0.
MEAL CREDIT	3,850.	0.
TOTAL TO FORM 990-EZ, LINE 26	9,094.	5,000.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

Name of the organization

NEENAH ROTARY CLUB

Employer identification number

39-6076886

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

