

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

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.

906

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

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: X Cash. H Check: X if the organization is not required to attach Schedule B. I Website: WWW.NEENAHROTARY.ORG. J Tax-exempt status: 501(c)(3) X 501(c)(4). K Form of organization: X Corporation. L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$ 115,919.

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 and 2 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Includes a 'RECEIVED' stamp from NOV 05 2019, OGDEN, UT.

SCANNED DEC 11 2019

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

612

**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	78,525.	22	83,782.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	78,525.	25	83,782.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	5,000.	26	5,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,525.	27	78,782.

**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>24,126.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	3,481.
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	3,481.

**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
PAM SEIDL PRESIDENT	10.00	0.	0.	0.
NATE KOK PAST PRESIDENT	3.00	0.	0.	0.
KARLYN HENRY 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.
AARON OLSON DIRECTOR	3.00	0.	0.	0.
ERIC GLASSCO DIRECTOR	3.00	0.	0.	0.
AMBER MEYER DIRECTOR	3.00	0.	0.	0.

GO

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]

Table with columns Yes/No and rows 33-40e. Questions include: Did the organization engage in any significant activity not previously reported to the IRS? Were any significant changes made to the organizing or governing documents? Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? etc.

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

Table with columns Yes/No and rows 42b-43. Questions include: 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? At any time during the calendar year, did the organization maintain an office outside the United States? 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

Table with columns Yes/No and rows 44a-45b. Questions include: Did the organization maintain any donor advised funds during the year? Did the organization operate one or more hospital facilities during the year? Did the organization receive any payments for indoor tanning services during the year? Did the organization have a controlled entity within the meaning of section 512(b)(13)?

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

	Yes	No
46		X

If "Yes," complete Schedule C, Part I

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

	Yes	No
47		

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

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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* Date: 10-30-19

KARLYN HENRY, TREASURER

Paid Preparer Use Only

Print/Type preparer's name: KEITH A. DEPIES, CPACPA  
 Preparer's signature: *Keith A. Depies*  
 Date: 10/24/19  
 Check  if self-employed  
 PTIN: P00070440

Firm's name: ROBERTS, RITSCHKE AND TYCZKOWSKI, LTD.  
 Firm's address: 335 FIRST STREET, PO BOX 679, NEENAH, WI 54957-0679  
 Firm's EIN: 39-1504406  
 Phone no.: (920) 722-2141

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 (add col (a) through col (c))
		SEAFOOD FESTIVAL (event type)	WINE TASTING - UNCORKED (event type)	NONE (total number)	
Revenue	1	Gross receipts	70,205.	24,131.	94,336.
	2	Less Contributions	21,250.	1,311.	22,561.
	3	Gross income (line 1 minus line 2)	48,955.	22,820.	71,775.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	5,595.	610.	6,205.
	7	Food and beverages	15,295.	10,545.	25,840.
	8	Entertainment			
	9	Other direct expenses	31,561.	1,598.	33,159.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			65,204.
11	Net income summary. Subtract line 10 from line 3, column (d)			6,571.	

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

13a		%
13b		%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party.

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_

Director/officer      Employee      Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.



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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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

648.

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

ACTIVITY CLASSIFICATION:

GRANTEE NAME: VARIOUS-SEE ATTACHED

AMOUNT GIVEN:

16,180.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: STUDENT EXCHANGE

AMOUNT GIVEN:

2,000.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: ROTARY INT'L & NEENAH ROTARY FDN

AMOUNT GIVEN:

4,656.

ACTIVITY CLASSIFICATION:

GRANTEE NAME: WORLD AFFAIRS SEMINAR

AMOUNT GIVEN:

1,290.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

24,126.

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

DUES/ASSESSMENTS

7,855.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization <b>NEENAH ROTARY CLUB</b>	Employer identification number <b>39-6076886</b>
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CONFERENCES & MEETINGS	2,485.
WEBSITE	864.
CHANGING OF THE GUARD	638.
STRIVE, STRIVE II, STRIVE 9/10	3,481.
FELLOWSHIP	1,772.
MARKETING	563.
MEALS (NET)	433.
TOTAL TO FORM 990-EZ, LINE 16	18,091.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ARROWHEAD PARK	5,000.	5,000.

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

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.

