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)

2018

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.

Open to Public Inspection

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

_	_		,	
A	For th	e 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 3	30,	2019
B	Check applica	1 C Name of organization	ployer	identification number
	_	ress change		
F	\neg	· I	39-6	076886
Ë	7			number
F	→ Fina	retorn		882-9400
늗	\neg			emption
F		M	mber 🎚	·
رد ج			~~_	X if the organization is
				ed to attach Schedule B
		· · · · · · · · · · · · · · · · · · ·), 990-EZ, or 990-PF).
			יבפ וווו	J, 990-CZ, 01 990-FF).
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,		115 010
		(B)) 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)	<u>▶ \$</u>	115,919.
P	art I		s ior Pa	
	1	Check if the organization used Schedule 0 to respond to any question in this Part I	т	<u>X</u>
	1	Contributions, gifts, grants, and similar amounts received	1	30,264.
	2	Program service revenue including government fees and contracts	2	40.000
	3	Membership dues and assessments	3	13,232.
	4	Investment income SEE SCHEDULE O	4	648.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less, cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events:		
a)	a	Gross income from gaming (attach Schedule G if greater than		
ž		\$15,000)	}	
Revenue	b	Gross income from fundraising events (not including \$ 22,561. of contributions		
æ		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b 71,775.		
	С	Less: direct expenses from gaming and fundraising events 6c 65, 204.	,	
	ď	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,571.
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b	1	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7d, and 8 DECENTED	9	50,715.
	10	Grants and similar amounts paid (list in Schedule 0) RECLIVED QUEE SCHEDULE O	10	24,126.
	11	Benefits paid to or for members	11	
vs	12	Benefits paid to or for members Salaries, other compensation, and employee terrelits NOV 0 5 2019 Professional fees and other payments to independent contractors	12	
Se	13	Professional fees and other payments to independent contractors	13	1,060.
=xpenses	14		14	1,000.
χ				2,181.
	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) SEE SCHEDULE O	15	18,091.
	16	· · · · · · · · · · · · · · · · · · ·	16	
	17	Total expenses Add lines 10 through 16	17	45,458.
Assels	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,257.
	19	Net assets or fund balances at beginning of year (from line 27, column (A))		72 525
ζ.		(must agree with end-of-year figure reported on prior year's return)	19	73,525.
ב כ	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.
_	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	78,782.
.HA	For	Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2018)

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SCANNED DEC 1 1 2019

2018.04030 NEENAH ROTARY CLUB

612 1339___1

DIRECTOR 832172 12-11-18

AARON OLSON

ERIC GLASSCO

AMBER MEYER

DIRECTOR

DIRECTOR

Form 990-EZ (2018)

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Page 3 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 Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 Х activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended 34 Х 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 N/A 35b 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 X requirements during the year? If "Yes," complete Schedule C. Part III 35c 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 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0. b Old 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 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 38b N/A Section 501(c)(7) organizations Enter, N/A 39a a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. <u>N/A</u> ; section 4912 ► <u>N/A</u> ____ ; section 4955 🕨 _ 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 c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on 0. 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 0. 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 41 List the states with which a copy of this return is filed ► WI Telephone no. $\triangleright 479 - 381 - 7567$ 42 a The organization's books are in care of ► KARLYN HENRY Located at ▶ P.O. BOX 275, NEENAH, WI $ZIP + 4 \triangleright 54957 - 0275$ b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b 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? 42c If "Yes," enter the name of the foreign country. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A 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 Х b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? Х 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 45a 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

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Form 990-EZ (2018)

Form 990-E2	(2018) NEENAH ROTARY CLUB			<u> 39-60768</u>		Page 4
•	 -			۲	Y	es No
	e organization engage, directly or indirectly, in political campaign activi	ties on behalf of or in oppositi	on to candidates for p	ublic office?		
Part VI	"complete Schedule C, Part I Section 501(c)(3) Organizations Only				46	X
Fart VI	All section 501(c)(3) organizations must answer questions 4	7.40h and 52, and comple	te the tables for line	se 50 and 51		
	Check if the organization used Schedule O to respond to an		ite the tables for line	3 30 410 31		
	Official wife of garinzation good Controlle Control to an	iy quostori iir tiilio i urr s		······································	Ye	es No
7 Did the	e organization engage in lobbying activities or have a section 501(h) ele	ection in effect during the tax y	/ear? If "Yes," complete	e Sch. C, Part II	47	
	organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"		•		48	
9a Did the	organization make any transfers to an exempt non-charitable related (organization?			49a	
b If "Yes,	" was the related organization a section 527 organization?				49b	
0 Comple	ete this table for the organization's five highest compensated employed	es (other than officers, directo	rs, trustees, and key e	mployees) who ea	ich receiv	ed more
than \$	100,000 of compensation from the organization. If there is none, enter					
	(a) Name and title of each employee	(b) Average hours	(C) Reportable compensation (Forms	(d) Health benefits, contributions to		timated
	27./2	per week devoted to position	W-2/1099-MISC)	employee benefit plans, and deferred	1	of other
	N/A	position .		compensation	+	
		_				
					 	
		-				
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-		┪			Ì	
					 -	
		7				
f Total ni	umber of other employees paid over \$100,000	•				
	ete this table for the organization's five highest compensated independent	ent contractors who each rece	eived more than \$100,0	000 of compensat	ion from	the
	ation. If there is none, enter "None." N/A			•		
(a)	Name and business address of each independent contractor	(b)) Type of service	(c) C	ompensat	non
_						
_			<u> </u>			
		-				
				1		
d Total ou	imber of other independent contractors each receiving over \$100,000					
	organization complete Schedule A? Note ; All section 501(c)(3) organization	zatione must attach a		 -		
	ted Schedule A	zations inust attach a		▶ [Yes [No
	es of perjury, I declare that I have examined this return, including acco	mnanving schedules and state	ements, and to the bes	t of my knowledg		
	and complete. Declaration of preparer (other than officer) is based on				o dina con	01, 10
	Med Lange	propu	in any investigation	10-30-	19	
ign	Signature of officer			Date		
ere	KARLYN HENRY, TREASURER					
	Type or print name and title					
	Print/Type preparer's name Preparer's signature	Date	Check [If PTIN		
aid	KEITH A	JEP JES7	self- employ	ed		
reparer	KEITH A. DEPIES, CPACPA Lult	Va 10/24	./19	P000	7044	0
se Only	Firm's name > DODADEG DEEGGYIVE AND			▶ 39-150	4406	
-c Ciny	Firm's address ▶ 335 FIRST STREET, PO		Phone no.	(920) 7	22-23	141
_	NEENAH, WI 54957-0679	<u> </u>				
ly the IRS d	liscuss this return with the preparer shown above? See instructions				Yes	X No
				For	rm 990-E ž	Z (2018)

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 39-6076886 NEENAH ROTARY CLUB Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e l □ Solicitation of non-government grants Internet and email solicitations J Solicitation of government grants b Special fundraising events Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fundraiser (v) Amount paid (vi) Amount paid (iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Schedule G (Form 990 or 990-EZ) 2018

<u> </u>	ai t	of fundraising event contributions and gr	•		•	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SEAFOOD	WINE TASTING	NONE	(add col (a) through
			FESTIVAL	- UNCORKED		1
ā			(event type)	(event type)	(total number)	col (c))
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.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs	5,595.	610.		6,205.
Direct Expenses	7	Food and beverages	15,295.	10,545.		25,840.
۵	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.
		Net income summary Subtract line 10 from li				6,571.
Pa	ırt I	—	answered "Yes" on Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a		3		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs		1		
	5	Other direct expenses				
	6	Volunteer labor	Yes% No	Yes% [Yes % No	
	7	Direct expense summary. Add lines 2 through	5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)	···········	<u>- ></u> _	
		er the state(s) in which the organization condu he organization licensed to conduct gaming ac		etates?		Yes No
		No," explain				
I0a	Wer	re any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax ye	ear?	Yes No
		res," explain:	·	-	·	
	_				0.1.1.5.5	000 000 5
3208	2 10-	-03-18			Schedule G (For	m 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 NEENAH ROTARY CLUB	<u> 39-607688</u>	6 Page 3
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		
а	The organization's facility	13a	9/
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	ş.	
	Name ▶		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$	nt	
	If "Yes," enter name and address of the third party.		
	Name ▶		
	Address ►		
	Gaming manager information		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	s 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 🕨 \$		
Par		nd Part III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	<u> </u>	
			•
			-
	•		
332083	10-03-18 Schedule G (Form 990 or 990)-EZ) 2018

Schedule G (Form 990 or 990-EZ) NEENAH ROTARY CLUB	39-6076886 Page 4
Schedule G (Form 990 or 990-EZ) NEENAH ROTARY CLUB Part IV Supplemental Information (continued)	
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Schedule G (Form 990 or 990-EZ)

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service 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 AMOUN	TS 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:	
DUES/ASSESSMENTS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)	Page
Name of the organization NEENAH ROTARY CLUB	Employer identification number 39-6076886
CONFERENCES & MEETINGS	2.405
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 LIABILITIE	ES:
DESCRIPTION	BEG. OF YEAR END OF YEAR
ARROWHEAD PARK	5,000. 5,000.
THE ORGANIZATION DID NOT, DURING THE YEAR, RECOMPANY TO PAY PREMIUMS ON A PERSONAL BETTHE ORGANIZATION, DID NOT, DURING THE YEAR, PAYOR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	ENEFIT CONTRACT. Y ANY PREMIUMS, DIRECTLY,
•	

Name of the organization

NEENAH ROTARY CLUB

Employer identification number 39-6076886

art IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for 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-)		(e) Estimated amount of other compensation
BENI WESTGOR				
DIRECTOR	3.00	0.	0.	0.
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