

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)

▶ 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. *7006***2019****Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning July 1, 2019, and ending June 30, 2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization **Elmbrook (Brookfield) Rotary Club**
 Number and street (or P.O. box if mail is not delivered to street address) **PO Box 1014** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **Brookfield, WI 53008-1014**

D Employer identification number **391637293**

E Telephone number **4145100755**

F Group Exemption Number ▶ **22**

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶ _____

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.elmbrookrotary.com

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L 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 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **55345**

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 ☐

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received																1											
	2	Program service revenue including government fees and contracts																2											
	3	Membership dues and assessments																3	55345										
	4	Investment income																4											
	5a	Gross amount from sale of assets other than inventory																5a											
	5b	Less: cost or other basis and sales expenses																5b											
	5c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)																5c											
	6	Gaming and fundraising events:																											
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)																6a											
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																6b											
6c	Less: direct expenses from gaming and fundraising events																6c												
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																6d	55345											
Revenue	7a	Gross sales of inventory, less returns and allowances																7a											
	7b	Less: cost of goods sold																7b											
	7c	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, 7c, and 8																9											
	Expenses	10	Grants and similar amounts paid (list in Schedule O)																10										
		11	Benefits paid to or for members																11										
12		Salaries, other compensation, and employee benefits																12											
13		Professional fees and other payments to independent contractors																13											
14		Occupancy, rent, utilities, and maintenance																14											
15		Printing, publications, postage, and shipping																15	159										
16		Other expenses (describe in Schedule O)																16	47796										
17	Total expenses. Add lines 10 through 16																17	47995											
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)																18	7389										
	19	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)																19	8264										
	20	Other changes in net assets or fund balances (explain in Schedule O)																20	-170										
	21	Net assets or fund balances at end of year. Combine lines 18 through 20																21	15483										

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2019)

SCANNED OCT 18 2021

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Revenue

Expenses

Net Assets

RECEIVED
SEP 28 2020

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	7976	22 18502
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1013	24 216
25 Total assets	9079	25 18718
26 Total liabilities (describe in Schedule O)	815	26 3235
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8264	27 15483

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 ☐

What is the organization's primary exempt purpose?

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.

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

28	Conducts weekly meetings of community and civic leaders to encourage community service Supports local and national charities with grants through the Elmbrook Rotary Foundation Elmbrook Rotary Foundation is a separate 501(c)(3) organization		
28a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
29			
29a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30			
30a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
31	Other program services (describe in Schedule O)		
31a	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
32	Total program service expenses (add lines 28a through 31a)	32	

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
Michael Schmelling - President	4	0	0	0
Thomas Hochuli - Vice President	2	0	0	0
Thomas Arndt - Secretary	2	0	0	0
Harold Farchmin - Sgt at Arms	2	0	0	0
Mark Zalewski - Treasurer	3	0	0	0
Directors				
Kevin Roche	2	0	0	0
Gary Gilmore	2	0	0	0
Daniel Zomcheck	2	0	0	0
Christine Spresser	2	0	0	0
Noamin Sharief	2	0	0	0
Gordon Miller	2	0	0	0
Kathrine Bloomberg	2	0	0	0
Marie Owens	2	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 Schedule O to respond to any question in this Part 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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; 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	<input checked="" type="checkbox"/>
c 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 ▶		
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	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>Wisconsin</u>		
42a The organization's books are in care of ▶ <u>Mark Zalewski - Treasurer</u> Telephone no. ▶ <u>4145100755</u> Located at ▶ <u>8803 Greenhill Lane, Greendale, WI</u> ZIP + 4 ▶ <u>53129-1514</u>		
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).	42b	<input checked="" type="checkbox"/>
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 ▶	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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

	Yes	No
46		<input checked="" type="checkbox"/>

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 Schedule C, Part II

	Yes	No
47		<input checked="" type="checkbox"/>

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

	Yes	No
48		<input checked="" type="checkbox"/>

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

	Yes	No
49a		<input checked="" type="checkbox"/>

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

	Yes	No
49b		<input checked="" type="checkbox"/>

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
no employees				

f Total number of other employees paid over \$100,000

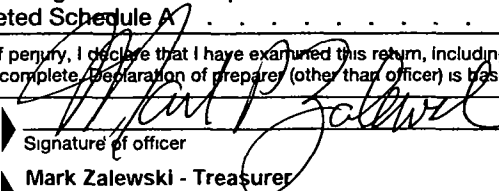
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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  Date 7-22-2020
Mark Zalewski - Treasurer
 Type or print name and title

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name ▶ Firm's EIN ▶
 Firm's address ▶ Phone no. ▶

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Elmbrook (Brookfield) Rotary Club

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

2019

**Open to Public
Inspection**

Employer identification number

39-1637293

LINE 16 Expenses

Credit Card Fees \$624

Board Discretionary Expenses - \$667

District Meetings \$300

Rotary International Dues \$7588

Rotary District 6270 Dues \$3400

Gratuities \$450

Legal fees \$221

Meeting Meals - Western Racquet Club \$29,004

Meeting Meals offsite \$502

Member recruitment \$300

Memorials \$200

Office Supplies \$159

Public Relations \$64

Sgt at Arms expenses \$348

Website Mainrenance \$756

International and Youth Programs \$1557

Vocational Programs \$1013

Line 20 -- Other changes to assets - transfer of excess fund to Elmbrook Rotary Foundation \$170

Line 24 - Other Assets - Accounts receivable members and inventory \$216

Line 26 - Total Liabilities - Prepaid member meals and accounts payable

Line35b - Organization had no unreportable income for 2019