As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492294003379 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Open to Do not enter social security numbers on this form as it may be made public. Department of the Public Treasury ▶ Go to <u>www.irs.gov/Form990EZ</u> for the latest information. Inspection Internal Revenue Service A For the 2018 calendar year, or tax year beginning 07-01-2018 and ending 06-30-2019 B Check if applicable D Employer identification number C Name of organization ROTARY CLÚB OF WATERTOWN ☐ Address change 46-6014971 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return PO BOX 726 ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return WATERTOWN, SD 57201 F Group Exemption ☐ Application pending Number Check ► ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀ (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) below) 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 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts . . 2 3 Membership dues and assessments 3 57,034 4 45 4 5a Gross amount from sale of assets other than inventory 5b h Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 10,660 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 Less direct expenses from gaming and fundraising events 6с 5,023 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 5,637 7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) C 7c 8 Other revenue (describe in Schedule O) 8 1,088 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . 9 63,804 10 Grants and similar amounts paid (list in Schedule O) 10 16,989 11 Benefits paid to or for members 11 12,360 12 Salaries, other compensation, and employee benefits . 12 13 2,886 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance . . 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 30.971 17 17 Total expenses. Add lines 10 through 16 63,206 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 598 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 52,099 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 52,697 For Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2018)

OIIII 330 LZ (20	10)					rage
	lance Sheets (see the instructions eck if the organization used Schedule		usestion in this Part II			
Circ	sek if the organization used senedule	o to respond to any q		Beginning of year		
22 Cash, saving	s, and investments			56,509	22	I ' '
23 Land and bui	ldıngs				23	
24 Other assets	(describe in Schedule O)				24	
				56,509		<u>'</u>
	ties (describe in Schedule O)			4,410		· · · · · · · · · · · · · · · · · · ·
	or fund balances (line 27 of column atement of Program Service A	· /	· · · · · · · · · · · · · · · · · · ·	52,099	7/ T	52,69° Expenses
	eck if the organization used Schedule	•		•	(1	Required for section 501(
ROTARY IS AN O HUMANITARIAN AND PEACE IN T Describe the org	nization's primary exempt purpose? RGANIZATION OF BUSINESS AND PR SERVICE, ENCOURAGE HIGH ETHICA HE WORLD anization's program service accomplis penses In a clear and concise manne	L STANDARDS IN ALL shments for each of its	VOCATIONS, AND HEI s three largest prograr	LP BUILD GOODWILI n services, as	0	3) and 501(c)(4) rganızatıons, optional for thers)
penefited, and of 28 See Additional D	ther relevant information for each pro ata Table	ogram title	<u> </u>	·		
(Grants \$)	If this amount	t includes foreign gran	nts, check here	. ▶ 🗆	28	a
29 See Additiona	al Data Table				29	a
(Grants \$)	If this amoun	t includes foreign gran	nts, check here	. ▶ 🗆		
30 See Additiona	al Data Table				30	a
(Grants \$)	If this amoun	t ıncludes foreign gran	nts, check here	. ▶ 🗆		
31 Other progra	m services (describe in Schedule 0)				1	
(Grants \$)	If this amoun	t ıncludes foreign gran	nts, check here	. ▶ 🗆	31	a
	ım service expenses (add lınes 28a					
	t of Officers, Directors, Trustees, eck if the organization used Schedule					
Circ	sek ii tile organization used senedale	o to respond to any q	question in this rare iv		<u> </u>	
	(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 ben contributions to er benefit plans, deferred compen	nplo [,] and	yee of other compensation
TOBY WISHARD		1 00	cited 0))		
PRESIDENT						
BRADFORD HOW	ELL	1 00	(;		
VICE PRESIDE						
REID HOLIEN		1 00	(,		
		1 00				
PAST PRESIDE JOE BERGAN		1.00		,		
JOE BERGAN		1 00		'		
TREASURER						
JOHN HOLLEY		1 00		[*]		
SECRETARY						
JENNIFER HARM	5	1 00	l c	+		
DIRECTOR						
BELINDA ENGELI	HART	1 00	C	•		
DIRECTOR						
LARRY KEYES		1 00	C	,		
DIRECTOR						
CARLA ROBY		1 00		1		
		= **				
DIRECTOR		1.00		1		
JENNIFER VICK		1 00		<u> </u>		
DIRECTOR				1		
				•		<u> </u>

Par	t V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			
	instructions for fact v) check if the organization used Schedule of to respond to any question in this fact 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	res	No No
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		No
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		No No
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		
С	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
Ь	Did the organization file Form 1120-POL for this year?	37b		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			
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		No
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 sections4912, 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 41	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		No
42a	List the states with which a copy of this return is filed			
	organization's books are in care of ELAINE HARDEE Telephone no	(605)	886-071	3
	Located at ▶ PO BOX 726 WATERTOWN , SD ZIP + 4 ▶	57201		
	Exercise de la	37201		
			Yes	No
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)?	42b		No
	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 U S ?	42c		No
	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	•	▶□	
	and enter the amount of tax-exempt interest received or accrued during the tax year	Г		
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
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		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
	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		No

							Yes	No
	the organization engage, directly or indire			of or ın	opposition to			
Part VI	Section 501(c)(3) organization	, , , , , , , , , , , , , , , , , , ,			· · ·	46		No
Pait VI	All section 501(c)(3) organization		ions 47- 49b and 52	2, and	complete the table	es for I	ines 50	and
	51. Check if the organization used Schedu	le O to respond to any o	question in this Part VI				[
							Yes	No
	the organization engage in lobbying activi 'es," complete Schedule C, Part II	ities or have a section 5	01(h) election in effect	t during	the tax year?	47		
18 Is th	ne organization a school as described in se	ection 170(b)(1)(A)(ii)?	If "Yes," complete Sch	edule E		48		
19a Did t	the organization make any transfers to ar	n exempt non-charitable	related organization?			49a		
b If "Y	es," was the related organization a sectio	n 527 organization? .				49b		
	uplete this table for the organization's five					and key	employ	ees)
	Name and title of each employee	(b) Average	(c) Reportable	(d	l) Health benefits,		timated	
		hours per week devoted to position	compensation (Forms W-2/1099- MISC)	b	ributions to employee enefit plans, and erred compensation	of othe	er compe	ensatioi
						1		
	tal number of other employees paid over	•		<u> </u>	<u>-</u>			
51 Com	tal number of other employees paid over iplete this table for the organization's five pensation from the organization If there	highest compensated in		 s who e	each received more t	nan \$10	0,000 of	
51 Com	plete this table for the organization's five	highest compensated ir is none, enter "None "					0,000 of ensation	
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated ir is none, enter "None "						
51 Com	plete this table for the organization's five pensation from the organization. If there	highest compensated in is none, enter "None " each independent contr	actor					
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) T	ype of service (c			
d Tot	plete this table for the organization's five pensation from the organization. If there (a) Name and business address of	highest compensated in is none, enter "None " each independent control or each receiving over note. All section 501(\$100,000	(b) T	ype of service (c) Comp		
d Tot 52 Di con con con di finder pena nowledge	tal number of other independent contracted the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000 c)(3) organizations mu	(b) T	ype of service (c) Comp	ensation es	
d Tot 52 Di con con con di finder pena nowledge	tal number of other independent contracted the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000 c)(3) organizations mu	(b) T	ype of service (c) Comp	ensation es	
d Tot 52 Di co nder pena nowledge as any kn	tal number of other independent contracted the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000 c)(3) organizations mu	(b) T	ype of service (c) Comp	ensation es	
d Tot 52 Di collinder pena nowledge as any kn	tal number of other independent contracted the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000 c)(3) organizations mu	(b) T	ype of service (c) Comp	ensation es	
d Totocomi	tal number of other independent contracted the organization of the organization contracted the organization complete Schedule A pompleted Schedule A	highest compensated in is none, enter "None " each independent control of the con	\$100,000	(b) To	ype of service (c	Yed to the of whice	ensation es	
d Tot 52 Di co Inder pena nowledge as any kn Sign Here	tal number of other independent contracted the organization completed Schedule A complete Schedule A completed Schedule A completed Sch	highest compensated in is none, enter "None " each independent control ors each receiving over NOTE. All section 501(\$100,000	(b) To	ch a	Yed to the of whice	ensation es	
d Tot 52 Di co	tal number of other independent contracted the organization of the organization contracted the organization complete Schedule A properties of perjury, I declare that I have exact and belief, it is true, correct, and complete organization	highest compensated in is none, enter "None " each independent control ors each receiving over NOTE. All section 501(\$100,000	(b) To	ype of service (c	Yed to the of whice	ensation es	
d Toto 52 Dico Inder penanowledge as any knowledge as and knowledge as and knowledge as any knowledge as any knowledge	tal number of other independent contracted the organization complete Schedule A? ompleted Schedule A	highest compensated in is none, enter "None " each independent contr ors each receiving over NOTE. All section 501(mined this return, incluste Declaration of prepa	\$100,000	(b) To	ype of service (compared to the compared to t	Yed to the of whice	ensation es	

Page **4**

Form 990-EZ (2018)

Additional Data

Software ID: Software Version:

EIN: 46-6014971

If this amount includes foreign grants, check here \ldots \longrightarrow \square

Name: ROTARY CLUB OF WATERTOWN

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 provides		<i>,</i> г
	ch of its three largest program	([
	• • • • • • • • • • • • • • • • • • • •	
number of persons benefited, and other relevant information for each program title.	h program title.	

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

28a

for others.)

5,489

28 DONATIONS TO PUBLIC CHARITIES

(Grants \$ 5,489)

Form 990EZ, Part III - Statement of Program Service Accomplishments Expenses /Paguired for section 501

	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.)(3) and 501(c)(4) anizations; optional for others.)
1	29 OTHER SCHOLARSHIPS	29a	11,500

						-
29 OTHER SCHOLARSHIPS					29a	11,500
(Grants \$ 11,500)	If this amount includes foreign grants, check here		•	. 🗆		

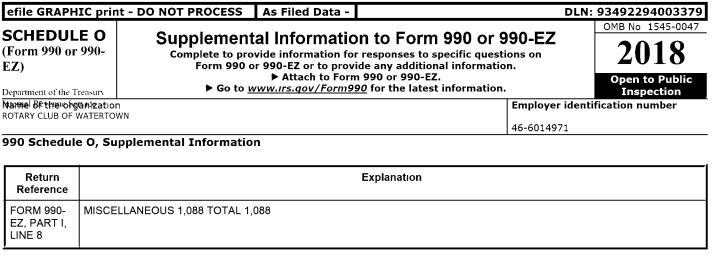
Form 990EZ, Part III - Statement of Program Service Accomplishments

(Grants \$)

Describe the organization's program service accomplishments for each of its three largest program		ured for section 501)(3) and 501(c)(4) anizations; optional for others.)
30 OTHER CHARITABLE PURPOSES	30a	43,331

If this amount includes foreign grants, check here

Expenses



990 Schedule O, Supplemental Information Return Explanation Reference FORM 990-CASH CONTRIBUTION 11.500 EZ, PART I,

LINE 10

Return Explanation

990 Schedule O, Supplemental Information

Kelerence	
FORM 990-	EXPENSES ADVERTISING 796 INSURANCE 288 MEAL COSTS 24,331 CHILD PROTECTIVE SERVICES 1,851 P
EZ, PART I,	IANO 840 PRINTING 458 BOARD MEETING EXPENSE 442 POSTAGE 342 COMPUTER SOFTWARE EXPENSE 329
LINE 16	SUPPLIES 69 MISCELLANEOUS 1.225 TOTAL 30.971

Explanation Return Reference

FORM 990-FURNITURE & FIXTURES 640 640 LESS ACCUMULATED DEPRECIATION 640 640 TOTAL 0.0 EZ, PART II,

LINE 24

990 Schedule O, Supplemental Information

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990-EZ, PART II, LINE 26

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990- ROTARY IS AN ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS UNITED WORLDWIDE WHO PROVID EZ, PART III E HUMANITARIAN SERVICE, ENCOURAGE HIGH ETHICAL STANDARDS IN ALL VOCATIONS, AND HELP BUILD GOODWILL AND PEACE IN THE WORLD