ef	ile G	RAPHIC print	- DO NOT PROCESS	As Filed Data -				DLN	N: 93492107003228
				Shor	t Form				OMB No 1545-1150
	0	90-EZ	Return of O	rganization		om I	ncome '	Tay	
For	m J	3U-EZ		•	_				2016
•			Under section 501(c), 527,	or 4947(a)(1) of the	Internal Revenue	Code (ex	cept private f	oundations	
			▶ Do not enter so	ocial security number	s on this form as	s it may	be made pub	olic.	
Den	artmen	t of the Treasury	► Information abo	ut Form 990-EZ and	d its instruction	ıs is at <u>ı</u>	www.irs.gov	/form990	Open to Public
-		venue Service							Inspection
			ar year, or tax year begin	ning 06-01-2016	, and en	ding 05	-31-2017		
		ıf applıcable s change	C Name of organization Zonta Club of Midland					D Employ	yer identification number
_		change -						38-606	
	Initial r	-	Number and street (or P O b PO Box 196	ox, if mail is not delivered	d to street address)	Room/su	ite	E Telepho	one number
	Final re	eturn/terminated	C.b b						
_		ed return	City or town, state or provinc Midland, MI 48640	e, country, and ZIP or lor	eign postai code			F Group E	
ш,	Applica	ition pending						Number	• •
_		_					H Check	L □ if th	e organization is not
G A	ccour	nting Method 🗆	l Cash ☑ Accrual Other (s	specify) ►					Schedule B
T 14	l !s						(Form 9	990, 990-E	Z, or 990-PF)
		te: www.zontaclube	ofmidland org only one) - □ 501(c)(3) ☑ 501((c)(4) 4 (insert no) ∏ 4	1947(a)(1) or □ 5				
						27			
		-	Corporation Trust As						
L A	dd lin∙ ¢500	es 5b, 6c, and 7b 000 or more, file	to line 9 to determine grose Form 990 instead of Form	s receipts If gross red 990-E7	ceipts are \$200,0	00 or m	ore, or if tota	l assets (P	art II, column (B) below) ► \$ 70.224
	art I		Expenses, and Change						
_		Check if the	organization used Schedule	O to respond to any	question in this P	art I			
	1		gifts, grants, and similar amo						9,301
	2	Program service	e revenue including governm	nent fees and contract	:s			2	
	3	Membership due	es and assessments					3	26,473
	4	Investment inco	ome					4	8
	5a	Gross amount fi	rom sale of assets other tha	n inventory	. 5a				
	b		her basis and sales expense	·	5b			0	
	С		om sale of assets other that		line 5b from line	5a).		5 _C	
	6	Gaming and fur		, ,		,			
2	а		om gaming (attach Schedul	e G if greater than \$1	5,000) 6a				
Revenue				-	. ,			_	
Š	b		om fundraising events (not nts reported on line 1) (atta		or con	tribution	is from		
_		-	oss income and contributions		Ы 6b		22,2	281	
	С	_	penses from gaming and fun-	, , ,	6c		8,7		
	d	•	loss) from gaming and fund	-		d subtra		6d	13,521
	7a	,	nventory, less returns and a	• ,	1 1	a sabera	ce iiiie de,		13,321
	b	Less cost of go	• •					 	
	c	_	(loss) from sales of inventor						
	8	·	(describe in Schedule O)	y (Subtrace line 75 in	711 III (74) I			8	12,161
	9		. Add lines 1, 2, 3, 4, 5c, 6d	7c and 8				▶ 9	61,464
\dashv	10		llar amounts paid (list in Sch			• • •	· · ·	10	28,181
	11		or for members	ledule 0)				11	20,101
	12	·	compensation, and employe	o honofite					
535	13	•	es and other payments to inc					13	
เว				•					
Expenses	14		t, utilities, and maintenance					14	122
	15		ations, postage, and shipping	• •				15	133
	16	•	(describe in Schedule O)					16	25,589
\dashv	17	•	s. Add lines 10 through 16					17	53,903
Ð	18	•	it) for the year (Subtract lin	•				18	7,561
Assets	19		ind balances at beginning of		olumn (A)) (must	. agree v	vićn		
t A		· -	ure reported on prior year's	•		• •		19	41,981
ž	20	_	n net assets or fund balance	• •	•			20	
ᆜ	21		ind balances at end of year		ough 20			21	49,542
For	·Pape	erwork Reduction	on Act Notice, see the ser	parate instructions.		Cat	No 10642I		Form 990-EZ (2016)

101111 330 EZ (2010)					rage Z
Part II Balance Sheets (see the instruction Check if the organization used Sche		uestion in this Part II			☑
Griddin the organization assa soni	caute o to respond to any t		Beginning of year	•	(B) End of year
22 Cash, savings, and investments			48,508	22	53,402
23 Land and buildings			·	23	· · · · · · · · · · · · · · · · · · ·
24 Other assets (describe in Schedule O)			8,275	24	9,127
25 Total assets			56,783	25	62,529
26 Total liabilities (describe in Schedule O).			14,802	26	12,987
27 Net assets or fund balances (line 27 of co	lumn (B) must agree with	line 21)	41,981	27	49,542
Part III Statement of Program Serv	•		•	/	Expenses equired for section 501(c)
Check if the organization used Schi What is the organization's primary exempt purportion of the legal, political, economic, health, ead advocacy, work for the advancement of understain business and the professions, promote justice and be united internationally to foster high ethic support and fellowship for members who serve the Describe the organization's program service according to the content of the program service according to the program service according to the content of the program service according to the program	ose? ducational and professional anding, goodwill and peace and universal respect for h al standards, implement se heir communities, their nat	status of women throu through a world of fello numan rights and funda rvice programs, and pr nons, and the world s three largest program	gh service and owship of executives mental freedoms, ovide mutual i services, as	(3) org	and 501(c)(4) lanizations, optional for ers)
measured by expenses In a clear and concise m benefited, and other relevant information for eac		es provided, the numbe	r of persons		
28 See Additional Data Table					
(Grants &)	mount includes foreign gran	ate chack hara	▶ □	20-	
(Grants \$) If this ar	mount includes foreign grar	its, check here		28a 29a	
29				294	
(Grants \$) If this ar	mount includes foreign grar	nts, check here	. ▶ □		
30				30a	
(Grants \$) If this ar	mount includes foreign grar	nts, check here	. ▶ ⊔		
31 Other program services (describe in Schedule	•				
•	mount includes foreign gran	<u> </u>		31a	
32 Total program service expenses (add line Part IV List of Officers, Directors, Trust		(list each one over if not a		32	42,600
Part IV List of Officers, Directors, Trust Check if the organization used School					· · · □
(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 bend contributions to en benefit plans, deferred compen	nploye and	(e) Estimated amount ee of other compensation
Karla Oldenburg	2 00	0			
Vice President					
Rhonda Anderson	2 00	0			
President					
KayLeigh Stachowiak	2 00	0			
Transumar					
Treasurer Ashleigh Summers	2 00	0			
-	2 00	•			
Vice President	2.00				
Lisa Hulbert	2 00	0			
Director					
Lisa Miner	2 00	0			
Director					
Bonnie Westervelt	2 00	0			
Director					
Kım Walden	2 00	0			
Duractor					
Director Carole Calvert-Baxter	2 00	0			
Director Cindy Vickery	2 00	0			
Cindy Vickery	2 00				
Director	2.00	-			
Trish Steele	2 00	0			
Director					
Kristi Bower	2 00	0			
Director					

Рат	ITT V Other Information (Note the Schedule A and personal benefit contract statement requirement	nts in thi	<u> </u>	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V .			
	The state of the s		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		res	NO
-	detailed description of each activity in Schedule O	33		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			
2 E ~	on Schedule O (see instructions)	34		No ——
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		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		No
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			
b	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 39a	o		
b	Gross receipts, included on line 9, for public use of club facilities	0		
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			No
С	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	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	40e		No
41	transaction? If "Yes," complete Form 8886-T			
	The organization's books are in care of Exaria Oldeburg Telephone no	(989) 6	31-6060)
	Located at ▶ 6018 Eastman Ave Midland, MI ZIP + 4	▶ 4864	40	
h	At any time during the calendar year, did the organization have an interest in er a cignature or other authority ever a			
U	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	Yes	No
	If "Yes," enter the name of the foreign country	420		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	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 • 43			
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instea of Form 990-EZ	1 44-		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	44d		No
45a	explanation in Schedule O			No No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			110
	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

Form	990-EZ	(2016)								Page 4
									Yes	No
46		e organization engage, directly or indirec				opposition to				
		ates for public office? If "Yes," complete	·			• • •		46		No
Par	t VI	Section 501(c)(3) organization	-		4 E2 and	complete the t	ablaa fa	مدا سم	FO	and E1
		All section 501(c)(3) organizations Check if the organization used Schedule	e O to respond to any o	question in this Pa	rt VI	· · · · · ·				
									Yes	No
47	Did the	e organization engage in lobbying activit	ies or have a section 5	01(h) election in e	effect during	g the tax year?				
		," complete Schedule C, Part II .		·		·	· [4	47		
48	Is the	organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete	Schedule	Ε.	. ['	48		
49a	Did the	e organization make any transfers to an	exempt non-charitable	related organizat	ion?		. 4	l9a		
b	If "Yes	," was the related organization a section	n 527 organization?				. 4	19Ь		
		ete this table for the organization's five	-	employees (other t	han officer	s directors trust	∟ Ane and	Lkev	employ	
	who ea	ach received more than \$100,000 of con		ganization If ther	e is none, e	enter "None "				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportab compensatio		d) Health benefit: ributions to emple				amount ensation
			devoted to position	(Forms W-2/10 MISC)	99-	benefit plans, and ferred compensat	ı´			
				MISC)	dei	erreu compensac	1011			
NONE	=									
							\top			
f	Total	number of other employees paid over \$	100,000			•				_
51		ete this table for the organization's five		ndependent contra	ctors who	each received mo	re than	\$100	0,000 o	f
	compe	nsation from the organization If there i	<u> </u>		(6) 7	of	(a) C			_
		(a) Name and business address of e	each independent contr	actor	(6)	Type of service	(6) (6	ompe	nsation	
NONE	•									
d	Total	number of other independent contracto	rs each receiving over	\$100,000						
52	Did	the organization complete Schedule A? I	NOTE All Castion FO1/	(s)/3) organization	c muct att	ach a				
52		pleted Schedule A					. ▶ [∃γe	s 🗆 r	4o
Undo	r nonalt	les of perjury, I declare that I have exar	mined this return unclu	iding accompanyin	a schodulo	s and statements				
knowl	ledge aı	nd belief, it is true, correct, and complet								
nas a	ny knov	vieage								
		*****				2018-04-17				
Sign		Signature of officer				Date				
Here	•	KayLeigh Stachowiak Treasurer Type or print name and title								
		Print/Type preparer's name	Preparer's signature	T	Date		TIN			
Paid	d					Check L If self-employed				
	parer	Firm's name	·			Firm's EIN ▶				
Use	Only	Firm's address ▶				Phone no				
Mav +	he IRS	discuss this return with the preparer sho	own above? See instru	ctions		•	□ Y	es	□ No	
iay t		allocato and recarr with the preparer site	above bee mad de		<u> </u>				000 =	7 (2016

Additional Data

(Grants \$ 42,600)

Software ID: 16000298

Software Version: 2016v3.0 **EIN:** 38-6065623

Name: Zonta Club of Midland

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 provided, the number of persons benefited, and other relevant information for each program title.	` (c	Expenses quired for section 501)(3) and 501(c)(4) ganizations; optional for others.)
28 Grants to create opportunities for women and to promote the status of women	28a	10,000

If this amount includes foreign grants, check here \cdot . \cdot \blacktriangleright \Box

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492107003228 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** Zonta Club of Midland 38-6065623 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. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 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? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? 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

Pa	rt II Fundraising Events. Comple than \$15,000 of fundraising e gross receipts greater than \$5	vent contributions and	answered "Yes" on Form gross income on Form	m 990, Part IV, line 18 n 990-EZ, lines 1 and 6	3, or reported more 5b. List events with
Revenue		(a)Event #1 Homewalk (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	31,582			31,582
	2 Less Contributions	9,301 22,281			9,301 22,281
: Expenses	4 Cash prizes	3,262			3,262
Direct	9 Other direct expenses	5,498			5,498
۵	10 Direct expense summary Add lines 4 t	•		· >	8,760
	11 Net income summary Subtract line 10	from line 3, column (d)			13,521
Pai	Gaming. Complete if the organization on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	IV, line 19, or reported	more than \$15,000
Revenue	on rorm 330 Ez, line sa.	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
Expenses	2 Cash prizes				
	3 Noncash prizes				
Direct	4 Rent/facility costs				
<u> </u>	5 Other direct expenses				
	6 Volunteer labor	☐ Yes %☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 t			•	
	8 Net gaming income summary Subtract	t line 7 from line 1, colum	n (d)	<u> • </u>	
9 a b	Enter the state(s) in which the organization licensed to conduct gas If "No," explain	aming activities in each of	these states?		☐ Yes ☐ No
10a b	Were any of the organization's gaming lic	· ·		·	Yes No

Sche	dule G (Form 990 or 990-EZ) 2016					F	age			
11	Does the organization conduct gaming	j activities with nonmember	s?		☐Yes	□No				
12	Is the organization a grantor, benefici- formed to administer charitable gamin		a member of a partnership or other entity		□Yes	□No				
13	Indicate the percentage of gaming act	ivity conducted in								
а	The organization's facility			13a						
b	An outside facility			13b			(
14	Enter the name and address of the pe	rson who prepares the orga	nization's gaming/special events books and re	ecords						
	Name •									
	Address >									
15a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□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 ▶ \$									
С	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									
а	,	te law to make charitable di	stributions from the gaming proceeds to		_					
_	retain the state gaming license?				☐ Yes	□ No				
b	·	Enter the amount of distributions required under state law distributed to other exempt organizations or spent								
D.	in the organization's own exempt activ			- (···) -	and (). a	ad Dawt				
Pal		l5c, 16, and 17b, as app	tions required by Part I, line 2b, column licable. Also complete this part to provid							
	Return Reference		Explanation							
			<u>'</u>	ule G (F	orm 990 or	990-EZ)	201			

efile GRAPHIC print - DO NOT PROCESS					93492107003228	
SCHEDUL	ΕΛ	Sunnlement	al Informatio	on to Form 990 or 9	990_F7	OMB No 1545-0047
(Form 990 or EZ) Department of the T	990-	Complete to pro Form 990 o	vide information fo or 990-EZ or to prov ▶ Attach to Form : Schedule O (Form	r responses to specific quest ide any additional information n 990 or 990-EZ) 990 or 990-EZ) and its instru v/form990.	ions on on.	2016 Open to Public Inspection
Internal Revenue Se Name of the org Zonta Club of Midla					Employer identi	ification number
990 Schedul	e O, Sup	plemental Information	n			
Return Reference				Explanation		
Other Revenue 1	Ways & N	Means \$10632				

990 Schedule O, Supplemental Information Return Explanation Reference Other Other \$1529 Revenue 2

Return Explanation

Grants and Similar | Donee's Name Local Service Grants | Cash Amount Given \$10000

\$5,000 1

Similar
Amounts
Paid In
Excess of

Return Explanation

Reference Name Zonta International | Purpose of payment International Dues | Amount \$6621

Payments to Affiliates 2

990 Schedule O, Supplemental Information

Return Explanation

Reference	·
Payments to Affiliates 3	Name Zonta International Foundation Purpose of payment Donation Amount \$10000

990 Schedule O, Supplemental Information Return Explanation Reference Other Meals \$15313 Expenses 1

990 Schedule O, Supplemental Information Return Explanation Reference

Other Expenses 2 Advocacy \$4102

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other International Conference \$2363
Expenses 3

990 Schedule O, Supplemental Information Return Explanation Reference Other June Social \$1617

Expenses 4

990 Schedule O, Supplemental Information Return Explanation Reference Other Ways & Means \$401

Expenses 5

990 Schedule O, Supplemental Information Return Explanation Reference Other Fall Conference \$400

Expenses 6

990 Schedule O, Supplemental Information Return Explanation Reference

Other Membership \$365
Expenses 7

990 Schedule O, Supplemental Information Return Explanation Reference Archives \$283

Other Expenses 8

990 Schedule O, Supplemental Information Return Explanation Reference Other Dues \$242 Expenses 9

990 Schedule O, Supplemental Information Return Explanation Reference

Other Golden Z \$187 Expenses 10

990 Schedule O, Supplemental Information Return Explanation Reference

Other Bank fees \$138
Expenses 11

990 Schedule O, Supplemental Information Return Explanation Reference

Other Attendence \$78
Expenses 13

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Other Other \$70
Expenses 14

990 Schedule O, Supplemental Information Return Explanation Reference

Other Area Workshops \$30 Expenses 15

Return Explanation

Reference
Other Accounts Receivable - Beginning \$1440 Accounts Receivable - Ending \$3045
Assets 1

Return

Assets 2

Reference	Ελριαίαση
Other	Prepaid Expenses and Deferred Charges - Beginning \$6835 Prepaid Expenses and Deferred Charges - Ending \$6082

Return Explanation

Liabilities 1

F	Reference	Explaination
Τo	tal	Accounts Payable - Beginning \$167 Accounts Payable - Ending \$267

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Total Liabilities 2	Deferred Revenue - Beginning \$14635 Deferred Revenue - Ending \$12720