

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**

OMB No 1545-1150
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 06-01-2016 , and ending 05-31-2017

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

C Name of organization
 Zonta Club of Midland

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 PO Box 196

City or town, state or province, country, and ZIP or foreign postal code
 Midland, MI 48640

D Employer identification number
 38-6065623

E Telephone number

F Group Exemption Number ▶

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.zontaclubofmidland.org

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) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 70,224

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	9,301	10	Grants and similar amounts paid (list in Schedule O)	10	28,181
2	Program service revenue including government fees and contracts	2		11	Benefits paid to or for members	11	
3	Membership dues and assessments	3	26,473	12	Salaries, other compensation, and employee benefits	12	
4	Investment income	4	8	13	Professional fees and other payments to independent contractors	13	
5a	Gross amount from sale of assets other than inventory	5a		14	Occupancy, rent, utilities, and maintenance	14	
b	Less cost or other basis and sales expenses	5b	0	15	Printing, publications, postage, and shipping	15	133
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		16	Other expenses (describe in Schedule O)	16	25,589
6	Gaming and fundraising events			17	Total expenses. Add lines 10 through 16	17	53,903
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,561
b	Gross income from fundraising events (not including \$ 9,301 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	22,281	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	41,981
c	Less direct expenses from gaming and fundraising events	6c	8,760	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	13,521	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	49,542
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8	12,161				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,464				

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	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 column (B) must agree with line 21)	41,981	27 49,542

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?
Improve the legal, political, economic, health, educational and professional status of women through service and advocacy, work for the advancement of understanding, goodwill and peace through a world of fellowship of executives in business and the professions, promote justice and universal respect for human rights and fundamental freedoms, and be united internationally to foster high ethical standards, implement service programs, and provide mutual support and fellowship for members who serve their communities, their nations, and the world

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 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
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	42,600

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
Karla Oldenburg	2 00	0		
Vice President				
Rhonda Anderson	2 00	0		
President				
KayLeigh Stachowiak	2 00	0		
Treasurer				
Ashleigh Summers	2 00	0		
Vice President				
Lisa Hulbert	2 00	0		
Director				
Lisa Miner	2 00	0		
Director				
Bonnie Westervelt	2 00	0		
Director				
Kim Walden	2 00	0		
Director				
Carole Calvert-Baxter	2 00	0		
Director				
Cindy Vickery	2 00	0		
Director				
Trish Steele	2 00	0		
Director				
Kristi Bower	2 00	0		
Director				

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

		Yes	No
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	46		No

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

		Yes	No
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	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a 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		

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
NONE				

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
NONE		

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.

***** Signature of officer	2018-04-17 Date
KayLeigh Stachowiak Treasurer Type or print name and title	

	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Paid Preparer Use Only	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

Additional Data

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 Grants to create opportunities for women and to promote the status of women (Grants \$ 42,600) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	10,000

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
Zonta Club of Midland

Employer identification number

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** 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
- b** 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 individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		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

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Homework (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	31,582			31,582
2	Less Contributions	9,301			9,301
3	Gross income (line 1 minus line 2)	22,281			22,281
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	3,262			3,262
	8 Entertainment				
	9 Other direct expenses	5,498			5,498
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				8,760
11	Net income summary Subtract line 10 from line 3, column (d) ▶				13,521

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| 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

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 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 complete this part to provide any additional information (see instructions).

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
Zonta Club of Midland**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public
Inspection**

Employer identification number

38-6065623

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Ways & Means \$10632

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	Other \$1529

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Donee's Name Local Service Grants Cash Amount Given \$10000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 2	Name Zonta International Purpose of payment International Dues Amount \$6621

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Meals \$15313

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Advocacy \$4102

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	International Conference \$2363

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	June Social \$1617

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Ways & Means \$401

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Fall Conference \$400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	Membership \$365

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Archives \$283

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Dues \$242

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Golden Z \$187

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Bank fees \$138

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Attendance \$78

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 14	Other \$70

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 15	Area Workshops \$30

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 2	Prepaid Expenses and Deferred Charges - Beginning \$6835 Prepaid Expenses and Deferred Charges - Ending \$6082

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	Accounts Payable - Beginning \$167 Accounts Payable - Ending \$267

990 Schedule O, Supplemental Information

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