

Form **990EZ**
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.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 06-01-2018, and ending 05-31-2019

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

C Name of organization
ZONTA CLUB OF DENVER

Number and street (or P O box, if mail is not delivered to street address) Room/suite
C/O E GILLEY-7170 S TAMARAC CT

City or town, state or province, country, and ZIP or foreign postal code
CENTENNIAL, CO 80112

D Employer identification number
84-6027142

E Telephone number
(303) 796-8292

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ Modified Cash

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

I Website: ▶ N/A

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 ▶ \$ 24,371

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	
1	Contributions, gifts, grants, and similar amounts received 607
2	Program service revenue including government fees and contracts 652
3	Membership dues and assessments 7,778
4	Investment income 2,502
5a	Gross amount from sale of assets other than inventory 4,100
5b	Less cost or other basis and sales expenses 3,535
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 565
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
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) 1,607
6c	Less direct expenses from gaming and fundraising events 0
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 1,607
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O) 7,125
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 20,836
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 3,793
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors 3,102
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe in Schedule O) 16,295
17	Total expenses. Add lines 10 through 16 ▶ 23,190
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -2,354
Net Assets	
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) 80,416
20	Other changes in net assets or fund balances (explain in Schedule O) -275
21	Net assets or fund balances at end of year Combine lines 18 through 20 77,787

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	82,553	22	80,815
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,731	24	4,993
25 Total assets	87,284	25	85,808
26 Total liabilities (describe in Schedule O).	6,868	26	8,021
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	80,416	27	77,787

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?
To provide funds for worthwhile women's tax exempt educational and social welfare organizations
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"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here . . . ▶ <input type="checkbox"/>			
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	3,793

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
Jeanette Scotland Director	1 00	0		
Veronica Hoegler Director	1 00	0		
Dawn Bali Director	1 00	0		
Wendy Moraskie Director	1 00	0		
Evie Ashmore Treasurer	2 00	0		
Marian Lee President	2 00	0		
Mary Lou Edwards President Elect	2 00	0		
Gwen Fornia Secretary	1 00	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

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of KCD BOOKKEEPING LLC Telephone no (720) 618-1617 Located at 13050 W CEDAR DR 50 LAKEWOOD, CO ZIP + 4 80228

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 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

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	2019-10-07 Date
Marian Lee President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name A ELAINE GILLEY	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01062516
	Firm's name ▶ A Elaine Gilley CPA	Firm's EIN ▶		Phone no (303) 796-8292	
	Firm's address ▶ 7170 S Tamarac Ct Centennial, CO 80112				

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 84-6027142

Name: ZONTA CLUB OF DENVER

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 Zonta contributes funds to worthwhile women's social and educational organizations which are tax exempt (Grants \$ 3,793) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

ZONTA CLUB OF DENVER

Employer identification number

84-6027142

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - ZONTA CLUB OF DENVER EIN 84-6027142 INVESTMENTS FYE 5/31/2019 Form 990-EZ INVESTMENTS WHAT MARKET BASIS Schwab International Equity ETF \$ 2,320 Pimco Intl Bond US \$ Hedged A 6,234 Pimco Income CI D 15,715 Segall Bryant & Hamill 30,010 T Rowe Price Cap Appr Fund 7,274 ----- TOTAL \$55,513 =====

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 2	Client Note 2 - Form 990-EZ STOCK SALES WHAT SALE PRICE BASIS GAIN(IOSS) LT/ST T Rowe Pric e Cap Appr FD Inv \$4,100 \$ 3,535 \$ 565 LTCG CAPITAL GAIN DISTRIBUTION 344 ----- NET C APITAL GAIN (LOSS) \$ 909 =====

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Tsf from Discretionary \$4362

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	Area 3 Meeting Hosts \$1480

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 3	ZCD Pouches \$960

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 4	Miscellaneous Income \$323

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$4192

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Dues Expenses \$4869

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Transfer to Operating \$4362

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Committee Expenses \$2530

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Officers' Expenses \$272

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Postoffice box \$70

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1011	Prepaid Expenses and Deferred Charges - Beginning \$4731 Prepaid Expenses and Deferred Charges - Ending \$4993

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$1608 Accounts Payable and Accrued Expenses - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1	Prepaid Dues - Beginning \$5935 Prepaid Dues - Ending \$8021

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 2	Adj in equity - Beginning \$-675 Adj in equity - Ending \$0