



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

For the 2010 calendar year, or tax year beginning 07-01-2010, and ending 06-30-2011

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Name of organization

ROTARY CLUB OF FORT LAUDERDALE DOWNTOWN

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

PO BOX 2399

City or town, state or country, and ZIP + 4

FORT LAUDERDALE, FL 333020678

D Employer identification number

59-0250276

E Telephone number

(954) 865-8067

F Group Exemption Number

▶ 0573

G Accounting method

Cash

Accrual

Other (specify) ▶

I Website:▶

ROTARYFORTLAUDERDALE.ORG

H Check ▶

If the organization is not 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 Check ▶

If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$

152,384

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						1			
	2	Program service revenue including government fees and contracts						2	13,156		
	3	Membership dues and assessments						3	133,681		
	4	Investment income						4	547		
	5a	Gross amount from sale of assets other than inventory				5a		5c			
	b	Less cost or other basis and sales expenses				5b					
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
	6	Gaming and fundraising events						6d			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)				6a					
	b	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 exceed \$15,000)									
	c	Less direct expenses from gaming and fundraising events				6c					
Expenses	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)						6d			
	7a	Gross sales of inventory, less returns and allowances				7a		7c			
	b	Less cost of goods sold				7b					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)									
	8	Other revenue (describe in Schedule O)						8	5,000		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						9	152,384		
	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	30,213		
	13	Professional fees and other payments to independent contractors						13	1,766		
Net Assets	14	Occupancy, rent, utilities, and maintenance						14			
	15	Printing, publications, postage, and shipping						15			
	16	Other expenses (describe in Schedule O)						16	136,382		
	17	Total expenses. Add lines 10 through 16						17	168,361		
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-15,977		
	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	54,492		
	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	38,515		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2010)

Part II **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	76,667	22	60,281
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	1,158
25	Total assets	76,667	25	61,439
26	Total liabilities (describe in Schedule O)	22,175	26	22,924
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	54,492	27	38,515

Part III **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
TO ADVANCE INTERNATIONAL UNDERSTANDING, PEACE AND GOODWILL THROUGHOUT THE WORLD
WITH AN EMPHASIS ON LOCAL CHARITY DONATIONS AND WORK PROJECTS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,
describe the services provided, the number of persons benefited, and other relevant information for each
program title

28 FIRST ACHIEVEMENT IS TO ADVANCE INTERNATIONAL UNDERSTANDING, PEACE, AND GOODWILL
THROUGHOUT THE WORLD. ATTENDANCE AT THE WEEKLY MEETINGS IS REQUIRED FOR MEMBERSHIP.
LOCAL CHARITIES ARE AWARDED DONATIONS FROM AFFILIATED FOUNDATION.
(Grants \$) If this amount includes foreign grants, check here ☐

29 FIRST ACHIEVEMENT IS TO ADVANCE INTERNATIONAL UNDERSTANDING, PEACE, AND GOODWILL
THROUGHOUT THE WORLD. ATTENDANCE AT WEEKLY MEETINGS IS A REQUIREMENT OF MEMBERSHIP.
LOCAL CHARITIES ARE AWARDED DONATIONS THROUGH THE AFFILIATED FOUNDATION.
(Grants \$) If this amount includes foreign grants, check here ☐

30

(Grants \$) If this amount includes foreign grants, check here ☐

31 Other program services (describe in Schedule O)
(Grants \$) If this amount includes foreign grants, check here ☐

32 Total program service expenses (add lines 28a through 31a) ☐

Expenses
(Required for section 501
(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts,
optional for others)

28a	
29a	133,452
30a	
31a	
32	133,452

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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a 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 on Schedule O (see instructions)	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	
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 <input type="checkbox"/> 37a <input type="text"/>		
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		
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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> FL		
42a	The organization's books are in care of <input type="checkbox"/> MIKE CASEY Telephone no <input type="checkbox"/> (954) 865-8067 PO BOX 2399 Located at <input type="checkbox"/> FORT LAUDERDALE, FL ZIP + 4 <input type="checkbox"/> 33303		
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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="checkbox"/> 43 <input type="text"/>		
44a	Did the organization maintain any donor advised funds? 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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		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		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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? If "Yes," complete Schedule C, Part II	
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	
49b	If "Yes," was the related organization a section 527 organization?	

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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

YesNo

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	
	JOHN GUSTAFSON, PRESIDENT			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	
	POMPANO BEACH, FL 330628224		Phone no (954) 941-2312	






May the IRS discuss this return with the preparer shown above? See instructions

YesNo

Additional Data

Software ID:
Software Version:
EIN: 59-0250276
Name: ROTARY CLUB OF FORT LAUDERDALE
DOWNTOWN

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN GUSTAFSON  PO BOX 2399 PO BOX 2399 FORT LAUDERDALE, FL 33303	PRESIDENT EL 2 00	0		
CHARLES FELIX  PO BOX 2399 PO BOX 2399 FORT LAUDERDALE, FL 33303	SECRETARY 2 00	0		
WILLIAM GUNDLACH III  PO BOX 2399 PO BOX 2399 FORT LAUDERDALE, FL 33303	PAST PRESIDE 2 00	0		
BOB EASTON  PO BOX 2399 PO BOX 2399 FORT LAUDERDALE, FL 33303	PRESIDENT EL 2 00	0		
MIKE CASEY  PO BOX 2399 FT LAUDERDALE, FL 33303	TREASURER 2 00	0		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization ROTARY CLUB OF FORT LAUDERDALE DOWNTOWN	Employer identification number 59-0250276
--	--

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	OTHER INCOME SALARY & PR TAX 5,000 TOTAL 5,000

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES BOARD MEETING EXPENSE 264 DISTRICT ASSEMBLY 450 DISTRICT CONFERENCE 354 RLI-LEADERSHIP SEMINAR 285 BANK CHARGES 4 CREDIT CARD EXPENSE 41 LICENSES/PERMITS 71 OFFICE SUPPLIES & EXPENSE 2,814 DISTRICT DUES 7,870 INTERNATIONAL DUES 10,162 FLOWERS 69 GIFTS/PLAQUES 1,053 INSTALLATION DINNER 79 INTERNATIONAL CONVENTION 3,383 MEMBERSHIP DEVELOPMENT 5,694 MEALS 91,039 PLANNING MEETING 120 POSTAGE & SHIPPING 308 SPECIAL EVENTS P E T S 500 SPECIAL EVENTS HOLIDAY P 9,000 TELEPHONE 756 WEB SITE 703 INTERACT CLUB SUPPORT 293 PRIOR YEAR EXPENSES 795 SOFTBALL GAME 275 TOTAL 136,382

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 0 1,158 AMOUNTS DUE TO CLUB 0 0 TOTAL 0 1,158

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DUE TO PHF 225 -100 PREPAID DUES 21,950 21,767 PRIOR YEAR LIABILITY 0 1,008 FICA PAYABLE 0 49 FEDERAL W/H PAYABLE 0 100 STATE W/H PAYABLE 0 100

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	TO ADVANCE INTERNATIONAL UNDERSTANDING, PEACE AND GOODWILL THROUGHOUT THE WORLD WITH AN EMPHASIS ON LOCAL CHARITY DONATIONS AND WORK PROJECTS

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	FIRST ACHIEVEMENT IS TO ADVANCE INTERNATIONAL UNDERSTANDING, PEACE, AND GOODWILL THROUGHOUT THE WORLD ATTENDANCE AT THE WEEKLY MEETINGS IS REQUIRED FOR MEMBERSHIP LOCAL CHARITIES ARE AWARDED DONATIONA FROM AFFILIATED FOUNDATION

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	FIRST ACHIEVEMENT IS TO ADVANCE INTERNATIONAL UNDERSTANDING, PEACE, AND GOODWILL THROUGHOUT THE WORLD ATTENDANCE AT WEEKLY MEETINGS IS A REQUIREMENT OF MEMBERSHIP LOCAL CHARITIES ARE AWARDED DONATIONS THROUGH THE AFFILIATED FOUNDATION

TY 2010 Compensation Explanation

Name: ROTARY CLUB OF FORT LAUDERDALE
DOWNTOWN

EIN: 59-0250276

Person Name	Explanation
JOHN GUSTAFSON	
CHARLES FELIX	
WILLIAM GUNDLACH III	
BOB EASTON	
MIKE CASEY	