



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



► 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.*

**D Employer identification number**  
59-0250276

---

**E Telephone number**  
(954) 865-8067

---

**F Group Exemption Number**  0573

**J Tax-Exempt status**(check only one)— ☐ 501(c)(3) ☒ 501(c)( 4) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

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

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 . . . . .	60,281	22	36,087
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	1,158	24	
25	Total assets . . . . .	61,439	25	36,087
26	Total liabilities (describe in Schedule O) . . . . .	22,924	26	32,105
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	38,515	27	3,982

Part III Statement of Program Service Accomplishments		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III		<input checked="" type="checkbox"/>	
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		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
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	TO ADVANCE INTERNATIONAL UNDERSTANDING, PEACE AND GOODWILL THROUGHOUT THE WORLD ATTENDANCE AT THE WEEKLY LUNCHEON MEETING IS A REQUIRED FEATURE OF MEMBERSHIP (Grants \$ 4,000) If this amount includes foreign grants, check here	28a	175,396
29			
	(Grants \$ ) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	175,396

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 significant 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 <b>not</b> 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 during the year from business 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 <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	
c	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 <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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 ▶, section 4912 ▶, section 4955 ▶		
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 . . . . .		
d	Section 501(c)(3) and 501(c)(4) 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 transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed ▶ FL		
42a	The organization's books are in care of ▶ STEVE LEINICKE Telephone no ▶ (954) 865-8067 PO BOX 2399 Located at ▶ FORT LAUDERDALE, FL ZIP + 4 ▶ 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 ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	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 ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	43	
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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	

		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		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 or have a section 501(h) election in effect during the tax year? 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

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

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

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.

Sign Here	*****		2012-08-14	
	Signature of officer		Date	
Paid Preparer's Use Only	ROBERT EASTON, PRESIDENT			
	Type or print name and title			
	Preparer's signature	CHRISTOPHER L. ROOT	Date	2012-08-14
	Check if self-employed			
	Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's taxpayer identification number (See instructions)	
	HINKLE RICHTER & RHINE LLP		EIN	
	2600 NE 14TH STREET CAUSEWAY			
		POMPANO BEACH, FL 330628224		Phone no (954) 941-2312
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

Additional Data

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

Form 990-EZ, Special Condition Description:

Special Condition Description
-------------------------------

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	BOARD MEMBER 2 00	0		
RAY WILLIAMS PO BOX 2399 PO BOX 2399 FORT LAUDERDALE,FL 33303	BOARD MEMBER 2 00	0		
WILLIAM GUNDLACH III PO BOX 2399 PO BOX 2399 FORT LAUDERDALE,FL 33303	BOARD MEMBER 2 00	0		
BOB EASTON PO BOX 2399 PO BOX 2399 FORT LAUDERDALE,FL 33303	PRESIDENT 2 00	0		
CHARLES FELIX PO BOX 2399 PO BOX 2399 FORT LAUDERDALE,FL 33303	PRESIDENT EL 2 00	0		
MIKE CASEY PO BOX 2399 PO BOX 2399 FORT LAUDERDALE,FL 33303	SECRETARY 2 00	0		
STEVE LEINICKE PO BOX 2399 PO BOX 2399 FORT 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

**2011****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 INC SALARY AND PR TAX 5,000 TOTAL 5,000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES BANK CHARGE 2 OFFICE EXPENSE 3,076 DISTRICT ASSEMBLY & CONF 1,347 INTERNATIONAL CONVENTION 5,953 LEADERSHIP INSTITUTE 570 LICENSES/PERMITS 186 POSTAGE & SHIPPING 397 DISTRICT DUES 7,250 INTERNATIONAL DUES 10,861 GIFTS/PLAQUES 1,233 INSTALLATION DINNER 9,149 MEMBERSHIP DEVELOPMENT 4,269 MEALS 112,575 PRIOR YEAR EXPENSES 8,807 TELEPHONE 829 HOLIDAY PARTY 5,799 P E T S 501 PUBLIC RELATIONS 1,476 INTERACT CLUB SUPPORT 380 TOTAL 174,660
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	AMOUNTS DUE TO CLUB 1,158 0 TOTAL 1,158 0
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 0 4,482 DUE TO PHF -100 900 PAYROLL TAXES 249 0 PREPAID DUES 21,767 24,075 DUE TO 1090 FOUNDATION 0 1,638 PRIOR YEAR LIABILITY 1,008 1,010
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

**TY 2011 Compensation Explanation**

**Name:** ROTARY CLUB OF FORT LAUDERDALE  
DOWNTOWN

**EIN:** 59-0250276

Person Name	Explanation
JOHN GUSTAFSON	
RAY WILLIAMS	
WILLIAM GUNDLACH III	
BOB EASTON	
CHARLES FELIX	
MIKE CASEY	
STEVE LEINICKE	