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Form **990-EZ**

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)

OMB No 1545-1150

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

► 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.**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15****B Check if applicable** Address change Name change Initial return Final return/terminated Amended return Application pending**C Name of organization****Rotary Club of Fort Lauderdale
Downtown**

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

1350 East Sunrise Boulevard

Room/suite

112

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

Fort Lauderdale FL 33304**D Employer identification number****59-0250276****E Telephone number****954-424-0731****F Group Exemption****Number ► 0573****G Accounting Method:** Cash Accrual Other (specify) ►**I Website:** ► www.rotaryfortlauderdale.org**J Tax-exempt status (check only one) —** 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**H Check ► if the organization is not**

required to attach Schedule B

(Form 990, 990-EZ, or 990-PF)

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 ► \$ **164,182****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 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 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 exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	See Statement 1 2 15,054 3 143,487 4 3 5a 5b 6a 6b 6c 7a 7b 7c 8 5,638 9 164,182 10 18,944 11 12 13 34,725 14 15 255 16 119,118 17 173,042 18 -8,860 19 -15,343 20 21 -24,203	►
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For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2014)

G8

8

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	9,654	22	11,153
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	9,654	25	11,153
26 Total liabilities (describe in Schedule O)	24,997	26	35,356
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-15,343	27	-24,203

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

What is the organization's primary exempt purpose?

See Schedule O

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 with an emphasis on local charity donations and work projects.

Attendance at weekly luncheon meeting is a required feature of membership.

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

28a

150,842

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

150,842

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
Steve Leinicke Past President	2.00	0	0	0
Tony Abbate President	2.00	0	0	0
David Kroner President Elect	2.00	0	0	0
Mike Sanchez Secretary	2.00	0	0	0
Tom Powers Treasurer	2.00	0	0	0
Dan Austin Director	2.00	0	0	0
Summer Baranco Director	2.00	0	0	0
Steve Botkin Director	2.00	0	0	0
Denise Caliguiri Director	2.00	0	0	0
Jorg Hruschka Director	2.00	0	0	0
Jonathan Keith Director	2.00	0	0	0
David Kramer Director	2.00	0	0	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

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 Yes No
33 **X**

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) Yes No
34 **X**

35a 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)? Yes No
35a **X**

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 Yes No
35b **X**

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 Yes No
35c **X**

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 Yes No
36 **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No
37b **X**

b Did the organization file Form 1120-POL for this year? Yes No
38a **X**

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? Yes No
38b **X**

b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
39 **X**

a Initiation fees and capital contributions included on line 9 Yes No
39a **X**

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b **X**

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____ Yes No
40b **X**

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 Yes No
40c **X**

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 sections 4912, 4955, and 4958 Yes No
40d **X**

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization Yes No
40e **X**

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 Yes No
41 **X**

41 List the states with which a copy of this return is filed ► **FL** Yes No

42a The organization's books are in care of ► **Tom Powers** Telephone no ► **954-424-0731** Yes No
42b **X**

P O Box 266495
Located at ► **Fort Lauderdale** FL ZIP + 4 ► **33326** Yes No
42c **X**

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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Yes No
42d **X**

c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____ Yes No
42e **X**

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** Yes No
43 **X**

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
44a **X**

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 Yes No
44b **X**

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c **X**

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 Yes No
44d **X**

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45a **X**

b 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) Yes No
45b **X**

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

	Yes	No
46		X

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

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as 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?

b 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 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

f Total number of other employees paid over \$100,000 ► _____

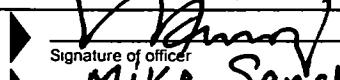
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

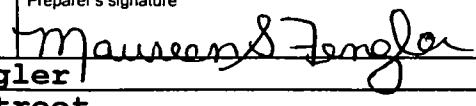
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

Sign Here 
Signature of officer 
Date 
Type or print name and title 

Paid Preparer Use Only	Print/Type preparer's name Maureen S. Fengler	Preparer's signature 	Date 11/15/15	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00127005
	Firm's name ► Sullivan & Fengler		Firm's EIN ► 65-0002115		
	Firm's address ► 3031 NE 22nd Street Fort Lauderdale, FL 33305-1825		Phone no 954-561-2826		

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

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 990-EZ or to provide any additional information.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

**Rotary Club of Fort Lauderdale
Downtown**Employer Identification number
59-0250276**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Salary and Payroll Tax Shared	\$ 5,000
Other income	\$ 638
Total	\$ 5,638

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
International Rotary		\$ 10,988
Rotary District		\$ 7,956

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Office	\$ 5,729
Bank fees	\$ 127
Credit card fees	\$ 1,597
Telephone	\$ 1,371
Website	\$ 20
Luncheon Meetings	\$ 78,542
Installation Dinner	\$ 19,830
Holiday Party	\$ 6,539
District Assemble & Big	\$ 75
Flowers	\$ 154
Membership Development	\$ 1,204

Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

Rotary Club of Fort Lauderdale

Employer identification number

59-0250276

P.E.T.S.	\$	300
Rotary Leadership Inst	\$	300
Prior year event catering	\$	1,705
Gifts/plaques	\$	1,214
Taxes and License	\$	96
Fish fry	\$	215
Donations	\$	100
Total	\$	119,118

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Due to PHF	\$ 260	\$ 126
Due to 1090 Foundation	\$ 30	\$ 0
Prepaid Dues	\$ 24,707	\$ 21,511
Due to the 1090 Foundation	\$ 0	\$ 15,000
Due to the 1090 Foundation	\$ 0	\$ -1,281

Form 990-EZ, Part III - Primary Exempt Purpose

To advance international understanding, peace and goodwill throughout the world with an emphasis on local charity donations and work projects.