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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

2015**Open to Public Inspection**

A For the 2015 calendar year, or tax year beginning <u>7/1/2015</u> , and ending <u>6/30/2016</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FISHERS ROTARY CLUB Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>11445 Lake Stonebridge Lane</u> City or town State ZIP code <u>Fishers IN 46037</u> Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number <u>35-1846948</u>	
E Telephone number <u>(317) 558-6385</u>	
F Group Exemption Number ▶ <u>0573</u>	
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	
H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ▶ <u>fishersrotary.org</u>	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <u>Rotary Club</u>	
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. ▶ \$ <u>131,755</u>	

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	23,835
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	17,780
	4 Investment income	4	233
	5a Gross amount from sale of assets other than inventory	5a	
	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)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ <u>10,000</u> 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	75,659
c Less direct expenses from gaming and fundraising events	6c	44,559	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,100	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	14,248	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	87,196	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	122,898
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	4,625
	15 Printing, publications, postage, and shipping	15	49
	16 Other expenses (describe in Schedule O)	16	24,599
	17 Total expenses. Add lines 10 through 16	17	152,171
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-64,975
	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	56,146
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	53,993
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	45,164

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)

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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	156,292	22	101,576
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	7,137	24	4,502
25 Total assets	163,429	25	106,078
26 Total liabilities (describe in Schedule O)	107,283	26	60,914
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,146	27	45,164

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? Fundraising for charities and service projects

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 Donations to local, national and international charities		
(Grants \$ 36,898) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	36,898
29 Scholarships to college bound students		
(Grants \$ 6,000) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6,000
30 Rotary International Grant Funding-Water is Life (Sierra Leone)		
(Grants \$ 80,000) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	80,000
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	122,898

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
Gregg Hiland President	Hr/WK 15 00			
Mark McSweeney President Elect	Hr/WK 10 00			
Staci Woods Secretary	Hr/WK 10 00			
Michael Peterson Treasurer	Hr/WK 10 00			
Michele Wheelchel Past President	Hr/WK 5 00			
Bob Gallup Director	Hr/WK 5 00			
Elliott Somers Director	Hr/WK 5 00			
Florence Brown Director	Hr/WK 5 00			
Ken Cante Director	Hr/WK 5 00			
Kim Branum Director	Hr/WK 5 00			
John Ossim Director	Hr/WK 5 00			
Jim Wolf Director	Hr/WK 5 00			

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 ☐

	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		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)		X
35 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)?		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		
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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
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		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a ; section 4955 40a		
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		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 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
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		X
41 List the states with which a copy of this return is filed 41		
42 a The organization's books are in care of 42a Michael Peterson, Treasurer Telephone no 42a (317) 558-6385 Located at 42a 11445 Lake Stonebridge Lane City Fishers ST IN ZIP + 4 42a 46037		
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 42b		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
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 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43		
and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 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 44d		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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) 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		X
49b		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49 a** 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
Name <u>None</u>				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

- f** Total number of other employees paid over \$100,000 ▶

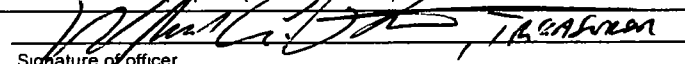
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name <u>None</u> Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		

- 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		Date <u>9-1-16</u>			
	Michael Peterson	Treasurer			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

FISHERS ROTARY CLUB

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No 1545-0047

2015

Open to Public
Inspection

Employer identification number

35-1846948

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			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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.

IN

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.

Events with gross receipts greater than \$5,000:						
Revenue		(a) Event #1 City of Fishers-Parkinson (event type)	(b) Event #2 Ren Faire (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))	
	1	Gross receipts	6,000	4,308	65,351	75,659
	2	Less: Contributions			0	0
	3	Gross income (line 1 minus line 2)	6,000	4,308	65,351	75,659
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			300	300
	6	Rent/facility costs			3,161	3,161
	7	Food and beverages			606	606
	8	Entertainment			800	800
	9	Other direct expenses		100	39,592	39,692
	10	Direct expense summary: Add lines 4 through 9 in column (d).				44,559
	11	Net income summary: Subtract line 10 from line 3, column (d).				31,100

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			0
	2	Cash prizes			0
Direct Expenses	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	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).			0
	8	Net gaming income summary: Subtract line 7 from line 1, column (d).			0

- 9 Enter the state(s) in which the organization conducts gaming activities. IN
- 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 ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

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 provide any additional information (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2015

**Open to Public
Inspection**

FISHERS ROTARY CLUB

Employer identification number

35-1846948

Form 990-EZ, Part I, Line 8, Other Revenue Meetings 11,610

Form 990-EZ, Part I, Line 8, Other Revenue Meeting sponsorships 2,100

Form 990-EZ, Part I, Line 8, Other Revenue Youth Exchange fee refund 538

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee Rotary International

Foundation, Cash Grant 12,235, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee Student Scholarships, Cash

Grant 6,000, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid Activity, Grantee Rotary Foundation-WIL Global

Grant, Cash Grant 80,000, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 340

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 206

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 1,356

Form 990-EZ, Part I, Line 16, Other Expenses Meetings 7,944

Form 990-EZ, Part I, Line 16, Other Expenses Membership-International & District dues and

subscriptions 11,275

Form 990-EZ, Part I, Line 16, Other Expenses Badges and member awards 464

Form 990-EZ, Part I, Line 16, Other Expenses Banner & stand 335

Form 990-EZ, Part I, Line 16, Other Expenses Chamber of Commerce dues 150

Form 990-EZ, Part I, Line 16, Other Expenses Insurance 355

Form 990-EZ, Part I, Line 16, Other Expenses Mini banners 271

Form 990-EZ, Part I, Line 16, Other Expenses Internet/software renewals 819

Form 990-EZ, Part I, Line 16, Other Expenses Fellowship 360

Form 990-EZ, Part I, Line 16, Other Expenses Speaker gifts 409

Form 990-EZ, Part I, Line 16, Other Expenses Community service 315

Form 990-EZ, Part I, Line 20, Net Assets Transfer from Restricted Fund (Water is Life)

53,993

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

HTA

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

Employer identification number

FISHERS ROTARY CLUB

35-1846948

Form 990-EZ, Part II, Line 24, Other Assets Fundraising receivable Beginning of year 2,141,

End of year 0

Form 990-EZ, Part II, Line 24, Other Assets Canopy tents, less accumulated depreciation

Beginning of year 2,368, End of year 1,556

Form 990-EZ, Part II, Line 24, Other Assets AV equipment, less accumulated depreciation

Beginning of year 2,628, End of year 2,084

Form 990-EZ, Part II, Line 24, Other Assets Member accounts receivable Beginning of year 0,

End of year 312

Form 990-EZ, Part II, Line 24, Other Assets Damage/security deposits Beginning of year 0,

End of year 550

Form 990-EZ, Part II, Line 26, Liabilities Scholarships payable Beginning of year 3,000,

End of year 6,000

Form 990-EZ, Part II, Line 26, Liabilities Prepaid member dues Beginning of year 1,725, End

of year 8,400

Form 990-EZ, Part II, Line 26, Liabilities Accounts payable Beginning of year 1,376, End of

year 925

Form 990-EZ, Part II, Line 26, Liabilities Restricted funds-Water is Life Beginning of year

99,582, End of year 45,589

Form 990-EZ, Part II, Line 26, Liabilities Donation payable Beginning of year 1,600, End of

year 0