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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

2015

Open 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](http://www.irs.gov/form990).

A For the 2015 calendar year, or tax year beginning 07/01/15, and ending 06/30/16

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

D Employer identification number

59-0250276

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

1350 East Sunrise Boulevard RM 112

Room/suite

E Telephone number

954-424-0731

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

Fort Lauderdale FL 33304

F Group Exemption

Number ► 0573

G Accounting Method  Cash  Accrual  Other (specify) ►I Website: ► [www.rotaryfortlauderdale.org](http://www.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  527K 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 ► \$ 165,513

## 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 

1	Contributions, gifts, grants, and similar amounts received	1	7,296
2	Program service revenue including government fees and contracts	2	16,099
3	Membership dues and assessments	3	142,118
4	Investment income	4	
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	
6	Gaming and fundraising events	6a	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less, direct expenses from gaming and fundraising events	6c	
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	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	165,513
10	Grants and similar amounts paid (list in Schedule O)	10	17,011
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	21,004
13	Professional fees and other payments to independent contractors	13	850
14	Occupancy, rent, utilities, and maintenance	14	900
15	Printing, publications, postage, and shipping	15	692
16	Other expenses (describe in Schedule O)	16	100,381
17	<b>Total expenses.</b> Add lines 10 through 16	17	140,838
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	24,675
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	-24,203
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	472

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	11,153	22	36,069
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
<b>25 Total assets</b>	<b>11,153</b>	<b>25</b>	<b>36,069</b>
<b>26 Total liabilities (describe in Schedule O)</b>	<b>35,356</b>	<b>26</b>	<b>35,597</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>-24,203</b>	<b>27</b>	<b>472</b>

**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 137,438

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) ►  32 137,438

**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
Mike Sanchez President	2.00	0	0	0
Tom Powers President Elect	2.00	0	0	0
Jonathan Keith Secretary	2.00	0	0	0
David Kramer Treasurer	2.00	0	0	0
Tony Abbate Past President	2.00	0	0	0
Dan Austin Director	2.00	0	0	0
Summer Barranco Director	2.00	0	0	0
Steve Botkin Director	2.00	0	0	0
Denise Caligiuri Director	2.00	0	0	0
Charles Felix Director	2.00	0	0	0
Lee Anne LeBlanc Director	2.00	0	0	0
Jeff Levenson 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

	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	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)	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)?	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	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	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	36	X
37a 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?	37b	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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
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), 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	40b	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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	X
41 List the states with which a copy of this return is filed ► FL		
42a The organization's books are in care of ► David Kramer	Telephone no ► 954-424-0731	
1350 East Sunrise Boulevard	FL	ZIP + 4 ► 33304
Located at ► Fort Lauderdale		
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).	42b	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: ► _____	42c	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	<input type="checkbox"/>
44a 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	
45a 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



**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.

OMB No. 1545-0047

**2015**Open to Public  
Inspection► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Rotary Club of Fort Lauderdale  
DowntownEmployer identification number  
**59-0250276****Form 990-EZ, Part I, Line 10 - Payments to Affiliates**

Name and Address	Purpose	Amount
International Rotary		\$ 9,991
Rotary District		\$ 7,020

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

Description	Amount
<b>Expenses</b>	
Office	\$ 2,584
Web site	\$ 1,419
Telephone	\$ 576
District conference	\$ 390
District assembly	\$ 375
Rotary Int convention	\$ 530
Rotary Leadership Institute	\$ 570
Credit card/bank fees	\$ 1,424
Club socials	\$ 648
Flowers/gifts/plaques	\$ 1,042
Meetings/dinners	\$ 87,142
Membership development	\$ 2,601
P.E.T.S	\$ 900
License/taxes	\$ 180
<b>Total</b>	<b>\$ 100,381</b>

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

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

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Name of the Organization

Rotary Club of Fort Lauderdale

Employer Identification number

59-0250276

Description	Beg. of Year	End of Year
Deferred Revenue	\$ 21,512	\$ 25,022
Due to 1090	\$ 13,719	\$ 10,400
Due to PHF	\$ 125	\$ 25
Due to members	\$ 0	\$ 150

## 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.