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2015

Open to Public Inspection

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.

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**B Check if applicable**

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

ROTARY CLUB OF HOUma INC

D Employer identification number

72-6035313

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

PO BOX 811

F Telephone number

(985) 857-3655

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

HOUma, LA 70361

H Group Exemption Number

► 0573

G Accounting Method Cash Accrual Other (specify) ►**H Check ► if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****I Website:** ► www.houmarotary.org**J Tax-exempt status** (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527**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** ► \$ 99,484**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 17,547 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 81,924 4 Investment income 4 13 5a Gross amount from sale of assets other than inventory 5a b Less cost or other basis and sales expenses 5b 0 c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 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 \$ _____ 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 0 c Less direct expenses from gaming and fundraising events 6c 0 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 0 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 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► 9 99,484
Expenses	10 Grants and similar amounts paid (list in Schedule O) 10 37,528 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 1,045 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 50,942 17 Total expenses. Add lines 10 through 16 ► 17 89,515
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 9,969 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 47,866 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 57,835

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	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
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	No
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	No
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 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	39a	0
a Initiation fees and capital contributions included on line 9	39b	0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	No
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	40c	
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 ► _____	40d	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40e	No
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		
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► <u>BRENDA FAUCHEUX</u> Telephone no ► (985) 857-3655 Located at ► <u>C/O ORGANIZATION PO BOX HOUma, LA</u> ZIP + 4 ► 70361		
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	No
42c	No	
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 ► _____	42d	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ►	43	No
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	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	No
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	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

<input type="checkbox"/> 46	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

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

<input type="checkbox"/> 47	
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48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<input type="checkbox"/> 48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

<input type="checkbox"/> 49a	
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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
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NONE

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

<input type="checkbox"/> f	
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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
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NONE

d Total number of other independent contractors each receiving over \$100,000.

<input type="checkbox"/> d	
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52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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

<input type="checkbox"/> *****	2017-02-23
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Signature of officer

Date

DIXON LEWIS President-Elect

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
Thomas J Lanaux CPA

Preparer's signature Date
Check if self-employed PTIN P00315097

Firm's name ► Lanaux & Felger CPAs APC

Firm's EIN ►

Firm's address ► PO Box 3695

Phone no (985) 851-0883

Houma, LA 703613695

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

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Additional Data

Software ID: 15000324
Software Version: 2015v3.0
EIN: 72-6035313
Name: ROTARY CLUB OF HOUMA INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
MEETINGS TO DISCUSS VARIOUS COMMUNITY ISSUES, AND LOCAL, NATIONAL AND 28 INTERNATIONAL SUPPORT TO CARRY OUT THE PURPOSE OF ROTARY INTERNATIONAL (Grants \$ 45,573) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)</p>
<p>LOCAL, REGIONAL AND INTERNATIONAL ROTARY SPONSORED PROGRAMS AND PROJECTS SUPPORT TO THE ROTARY FOUNDATION WHICH ENABLES ROTARIANS TO ADVANCE WORLD UNDERSTANDING, GOODWILL, AND PEACE THROUGH THE IMPROVEMENT OF HEALTH, THE 29 SUPPORT OF EDUCATION, AND THE ALLEVIATION OF POVERTY (Grants \$ 43,942)</p> <p>If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	<p>29a</p>

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.

- **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**](http://www.irs.gov/form990).

2015**Open to Public
Inspection**Name of the organization
ROTARY CLUB OF HOUMA INC**Employer identification number**

72-6035313

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000 1	Class of Activity EDUCATIONAL/CHARITABLE Donee's Name DIST 6200 ROTARY FOUNDATION Donee's Address 2266 S COLLEGE ROAD EXT LAFAYETTE LA 70508 Relationship of Donee NONE Cash Amount Given \$16649
Grants and Similar Amounts Paid In Excess of \$5,000 2	Class of Activity EDUCATIONAL/CHARITABLE Donee's Name LOCAL & DISTRICT PROJECTS AND PROGRAMS Donee's Address VARIOUS HOUMA LA 70360 Relationship of Donee NONE Cash Amount Given \$10784

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 1	Name ROTARY INTL/DISTRICT 6200 Address 2266 S COLLEGE ROAD EXT LAFAYETTE, LA 70508 Purpose of payment DUES Amount \$10095
Other Expenses 1002	Office Expenses \$5369

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	MEETING EXPENSES \$45573
Total Liabilities 1	ROTARY FOUNDATION PAYABLE - Beginning \$4300 ROTARY FOUNDATION PAYABLE - Ending \$3740