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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.

O MB No 1545-1150

2015

Open to Public Inspection

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

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 811

City or town, state or province, country, and ZIP or foreign postal code
HOUMA, LA 70361

D Employer identification number
72-6035313
E Telephone number
(985) 857-3655
F Group Exemption Number ▶ 0573

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶
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

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. ▶ \$ 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 <input checked="" type="checkbox"/>									
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		5c		
	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)							
	6	Gaming and fundraising events					6d		
	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			
Expenses	7a	Gross sales of inventory, less returns and allowances			7a		7c		
	b	Less cost of goods sold			7b	0			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	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	
	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		
Net Assets	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	
	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 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	52,166	22	61,575
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	52,166	25	61,575
26 Total liabilities (describe in Schedule O)	4,300	26	3,740
27 Net assets or fund balances (Line 27 of column (B) must agree with line 21)	47,866	27	57,835

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?
COMMUNITY ORGANIZATION

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

See Additional Data Table

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

28a

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

89,515

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
SHARON BERGERON Vice President	2 00	0		
SHERRY ROACH Secretary	2 00	0		
TRACY SCHWAB President	2 00	0		
DIXON LEWIS President-Elect	2 00	0		
BRENDA FAUCHEUX GEN SECRETARY	2 00	0		
LESLIE CHERAMIE Treasurer	2 00	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		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)		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)?		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		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		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		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?		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?		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	0	
b	Gross receipts, included on line 9, for public use of club facilities 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 ▶		
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	No
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ BRENDA FAUCHEUX Telephone no ▶ (985) 857-3655 Located at ▶ C/O ORGANIZATION PO BOX HOUMA, LA 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)?	Yes	No
	If "Yes," enter the name of the foreign country ▶	42b	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 ?	42c	No
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43		
		Yes	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

		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	46	No

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

		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	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
49b	If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				
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
NONE		
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 ▶		

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	*****	2017-02-23			
	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 <input type="checkbox"/> if self-employed	PTIN P00315097
	Firm's name ▶ Lanaux & Felger CPAs APC	Firm's EIN ▶			
	Firm's address ▶ PO Box 3695 Houma, LA 703613695	Phone no (985) 851-0883			
May the IRS discuss this return with the preparer shown above? See instructions ▶					

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 . . . ☐

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.

OMB No 1545-0047

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 PR OGRAMS Donee's Address VARIOUS HOUMA LA 70360 Relationship of Donee NONE Cash Amou nt Given \$10784

990 Schedule O, Supplemental Information

Return Reference	Explanation
Payments to Affiliates 1	Name ROTARY INT'L/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