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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 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 WESLEY CHAPEL

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

2653 BRUCE B DOWNS BLVD SUITE 108A

City or town, state or province, country, and ZIP or foreign postal code
WESLEY CHAPEL, FL 33544

D Employer identification number
90-0351904

ETelephone number
(813) 435-5128

FGroup Exemption Number ▶

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: ▶HTTP://WCROTARY.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 \$ 65,461

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 57,696
	2 Program service revenue including government fees and contracts	2 7,759
	3 Membership dues and assessments	3
	4 Investment income	4 6
	5a Gross amount from sale of assets other than inventory	5c
	5b Less cost or other basis and sales expenses	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6 Gaming and fundraising events	6d
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b 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)	
Expenses	6c Less direct expenses from gaming and fundraising events	
	6d 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	7c
	7b Less cost of goods sold	
	7c 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 65,461
	10 Grants and similar amounts paid (list in Schedule O)	10 22,018
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
Net Assets	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15 85
	16 Other expenses (describe in Schedule O)	16 51,304
	17 Total expenses. Add lines 10 through 16	17 73,407
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -7,946
	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 22,284
	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 14,338

Part VOther 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	
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		
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	
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 ▶ FMA CPA Telephone no ▶ (813) 948-3904 Located at ▶ 1527 N DALE MABRY HWY STE 100 LUTZ, FL ZIP + 4 ▶ 33548		
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)?	42b	No
	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)		
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 ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	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	
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		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		
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?		
49b	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

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		2016-10-31 Date				
	PABLO RIVERA PRESIDENT Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name MARK MARTUKOVICH CPA		Preparer's signature		Date 2016-11-03	Check <input type="checkbox"/> if self-employed	PTIN P01229330
	Firm's name ▶ FMA CPA					Firm's EIN ▶ 27-1915329	
	Firm's address ▶ 2240 BELLEAIR RD STE 100 CLEARWATER, FL 33764					Phone no. (727) 530-0036	
May the IRS discuss this return with the preparer shown above? See instructions							

Additional Data

Software ID:
Software Version:
EIN: 90-0351904
Name: ROTARY CLUB OF WESLEY CHAPEL

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.)	
<div>28</div> <div>TO CONTINUALLY IMPROVE THE QUALITY OF LIFE IN THE GREATER WESLEY CHAPEL AREA, TO PROMOTE A PROSPEROUS BUSINESS CLIMATE, AND TO SUPPORT AND ENCOURAGE INDIVIDUALS AND FAMILIES THROUGH COOPERATIVE PARTNERSHIPS</div> <div>(Grants \$ 10,146)</div> <div>If this amount includes foreign grants, check here . . . <input type="checkbox"/></div>	28a	70,494

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
ERIN MEYER PAST PRESIDE	1 00	0		
PABLO RIVERA PRESIDENT	2 00	0		
KENT ROSS PRESIDENT EL	1 00	0		
CHARANE GROELLER TREASURER	1 00	0		
CARLA ARMSTRONG SECRETARY	1 00	0		
GILBERT BENNET SERGEANT OF	1 00	0		
DAVID GAINER PRESIDENT EL	1 00	0		
REBECCA SMITH FOUNDATION	000 00	0		
TERRI WILLIAMSON PUBLIC RELAT	000 00	0		
MARYANNE YANEY MEMBERSHIP	000 00	0		
ERIC JOHNSON EXECUTIVE SE	000 00	0		
RYAN LUZOD SERVICE CHAI	000 00	0		
CHERYL OHLS YOUTH SERVIC	000 00	0		
JODIE PITRONE-SULLIVAN SOCIAL	000 00	0		
PATRICK MURTHA SERGEANT OF	000 00	0		

**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.**2015****Open to Public
Inspection**Name of the organization
ROTARY CLUB OF WESLEY CHAPEL**Employer identification number**

90-0351904

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	ROTARY DISTRICT DUES 4,621 ROTARY INT'L DUES 7,251
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 295 OFFICE SUPPLIES 1,228 BANQUET EXPENSE 3,220 HOLIDAY PARTY 791 LUNCH MEETINGS 42,056 OTHER MEETINGS 200 BANK CHARGES 20 CORPORATE FILING FEES 61 CREDIT CARD PROCESSING 544 DUES & SUPPORT 820 EVERY DAY BLESSING EVENT 91 MEMBER BADGES & PINS 196 MEMBERSHIP SUPPLIES 177 MEMBERSHIP TRAINING - PET 630 RLI TRAINING 975 TOTAL 51,304

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24	FURNITURE & FIXTURES 1,227 1,227 TOTAL 1,227 1,227
FORM 990-EZ, PART II, LINE 26	DEFERRED REVENUE 15,109 0 OTHER LIABILITIES 4,719 952

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART III	THE OBJECTIVE OF ROTARY IS TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE AND TO ENCOURAGE AND FOSTER FIRST THE DEVELOPMENT OF ACQUAINTANCE AS AN OPPORTUNITY FOR SERVICE, SECOND HIGH ETHICAL STANDARDS IN BUSINESS AND PROFESSIONS, THE RECOGNITION OF WORTHINESS OF ALL USEFUL OCCUPATIONS, AND THE DIGNIFYING OF EACH ROTARIAN'S OCCUPATION AS AN OPPORTUNITY TO SERVE SOCIETY, THIRD THE APPLICATION OF THE IDEAL OF SERVICE IN EACH ROTARIAN'S PERSONAL, BUSINESS AND COMMUNITY LIFE, FOURTH THE ADVANCEMENT OF INTERNATIONAL UNDERSTANDING, GOODWILL, AND PEACE THROUGH A WORLD OF FELLOWSHIP, OF BUSINESS AND PROFESSIONAL PERSONS UNITED IN THE IDEAL OF SERVICE