1006

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)

2015

Department of the Treasury Internal Revenue Service

SCANNED AUG 17 2016

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.

Open to Public Inspection

B Check opposition Markets-charge Name of departments STCKENDUGE ROTARY CLUB 95-339529 Name charge	Α	For the	2015 calenda	r year, or tax year beginning 07-01 , 2015, and er	nding	06-30 , 2016			
Name change The learn et and delivered to sheet address) Roombours E Telephone number Po BOX 1018 (928) 231-0953	В	Check if ap	applicable C Name of organization D En		D Emplo	Employer identification number			
Total return		Address ch	thange WICKENBURG ROTARY CLUB		95	95-3395283			
First Prevention Principle Anneholder return Angeletation principle Anneholder return Angeletation principle	Name change		nge	Number and street (or PO box, if mail is not delivered to street address) Roc	om/suite E Teleph	hone number			
Approaction pending Cyr of twore, size or previous, country, and 20'r of treeps postal code F. Group Exemption Number		Initial return	ı						
Restitation penalty Wickenburg Az 85358 Number Number Number Record		Final return	v/terminated	P O BOX 1018	28) 231-0953				
		Amended r	etum	City or town, state or province, country, and ZIP or foreign postal code	F Group	F Group Exemption			
Website: Paraxempt status (check only one) Sorick) Sorick Paraxempt status (check only one) Sorick) Sorick Paraxempt status (check only one) Sorick) Sorick Paraxempt status (check only one) Sorick Paraxempt status P		Application	pending		Numb	per ▶			
Tax-exempt status (check only one)			-	Cash	H Check ▶	f the organization is not			
K Form of organization	1	Website	: >		required to	o attach Schedule B			
K Form of organization	<u>J_</u>	Tax-exe	mpt status (check only one) - ☐ 501(c)(3) 🗵 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or	527 (Form 990), 990-EZ, or 990-PF)			
	K	Form of	organization	☐ Corporation ☐ Trust ☐ Association ☐ Other					
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add line:	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total assets				
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, griss, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses 5 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming attach Schedule G if greater than strong and undraising events (so the sum of such gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions screeds \$15,000) b Gross income from fundraising events (not including \$ of contributions screeds \$15,000) c Less direct expenses from gaming and fundraising events (ad lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 6a) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 6a) 7 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 6a) 7 a Gross sales of inventory, less returns and allowances 1 a Subtract line 1 a Subtract line 6a) 8 a Subtract line 6b) 9 a 388,830 10 Grants and similar amounts paid list in Schedule O) 11 Grants and similar amounts paid list in Schedule O) 12 a Subtract line 1 a Subtract line 7 from line 9 and 5 subtract line 1	(Pa	ırt II, colu	ımn (B) below	are \$500,000 or more, file Form 990 instead of Form 990-EZ	<u> </u>	▶\$ 47,746			
1 Contributions, giffs, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 19,650	P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balance	s (see the instruction				
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1 4 4 4 4 5 4 4 5 4 4 5 5 5 5 5 5 5 5			Check if t	the organization used Schedule O to respond to any question in this f	Partl	<u> </u>			
3 19,650 4 Investment income 5 5 5 5 5 5 5 5 5		1	Contributions	s, gifts, grants, and similar amounts received		. 1 1,460			
A Investment income A A A A A A A A A		2	Program ser	vice revenue including government fees and contracts		. 2			
Sa Gross amount from sale of assets other than inventory Sa b Less cost or other basis and sales expenses Sb Sc Gaming and fundraising events Gaming avents		3	Membership	dues and assessments	. 	3 19,650			
b Less cost or other basis and sales expenses c Gann 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) 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) c Less direct expenses from gaming and fundraising events d 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 b Less cost of goods sold c Gross sproff for (loss) from sales of inventogy (Schelathylie Tofrom line 7a) 7b 7c 8 Other revenue (describe in Schedule O) 9 Total revenue (describe in Schedule O) 10 Grants and smilar amounts paid (lest in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employs the patient of the compensation, and employs the patient contractors 13 Professional fees and other paymenta-te-independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 97 18 Excess or (deficit) for the year (Subtract line 17 from line 97 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year (Combine lines 18 through 20 21 Net assets or fund balances expense in instructions. Form 990-EZ (2015)		4	Investment ii	ncome		. 4			
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9 Total revenue. Add lines 1, 2, 3 do 5c, 6d, 7c, and 8				ra (decemba ya Cabadyila O)		8 2,17			
10 Grants and similar amounts paid (iss in Schedule(D) 2015 0 11 12 13 14 15 15 15 15 15 15 15		9	Total revenu	ue. Add lines 1, 2, 3 45 5c, 6d, 7c, and 8	▶	9 38,83			
11 Benefits paid to or for members 12 12 13 12 13 14 15 15 15 15 16 16 16 16		10	Grants and s	similar amounts paid (iss in Schedulelb 2018		. 10 11,46			
Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		11	Benefits paid	to or for members $(\cdot, \cdot, \cdot$		11			
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16 Other expenses (describe in Schedule O)	Se	13	Professional	fees and other payments to independent contractors		. 13			
16 Other expenses (describe in Schedule O)	per	14	Occupancy,	rent, utilities, and maintenance		- 14			
Total expenses. Add lines 10 through 16	ExF	15	Printing, pub	lications, postage, and shipping		15 23			
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	Other expen	ses (describe in Schedule O)		16 33,76			
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)		17	Total expen	ses. Add lines 10 through 16	<u> </u>	17 45,46			
For Paperwork Reduction Act Notice, see the separate instructions.		18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)		. 18 (6,63			
For Paperwork Reduction Act Notice, see the separate instructions.	ets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree wit	h				
For Paperwork Reduction Act Notice, see the separate instructions.	488	1	end-of-year	figure reported on prior year's return)		. 19 19,78			
For Paperwork Reduction Act Notice, see the separate instructions.	<u>e</u>	20	Other chang	es in net assets or fund balances (explain in Schedule O)		. 20			
	Ž	21	Net assets o	r fund balances at end of year Combine lines 18 through 20	<u></u>	21 13,15			
			vork Reducti	on Act Notice, see the separate instructions.		Form 990-EZ (201			

Form 990-F7 (2015)

_	90-EZ (2015) WICKENBURG ROTARY CLUB 95-33952	83		age 3
Pai	TV 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	· · ·	· · ·	\Box
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			Í
	detailed description of each activity in Schedule O	33		<u>X</u> _
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		<u>X</u> _
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)?	35a		<u>X</u> _
þ	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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			ĺ
	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	ļ		(
	during the year? If "Yes," complete applicable parts of Schedule N	36		<u>X</u> _
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		<u>X</u> _
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?	38a		<u>X</u> _
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
þ	Gross receipts, included on line 9, for public use of club facilities			1
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ļ
	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
С	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,	1	}	
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			1
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization			
е	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	<u> </u>	X
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► DAVID HIGGINS Telephone no ► 928-2	31-0	953	
	Located at ▶ P O BOX 1018, Wickenburg, AZ ZIP+4 ▶ 85358	$\overline{}$		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	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)			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u>X</u>
	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		>	, r
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1	
	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	ļ	X X
	Did the organization receive any payments for indoor tanning services during the year?	44c	<u> </u>	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	 	
	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	1		
	Form 990-EZ (see instructions)	45b	L	<u> X</u>

Form 990-EZ (2015) WICKENBURG ROTARY CLUB 95-3395283 Page 4							Page 4			
									Yes	No
46		organization engage, directly or indirectly, in	· -					\	1	1,,
Do		dates for public office? If "Yes," complete S		<u> </u>	· · · · · ·	· · · · · ·		46	L	<u> X</u>
Par		Section 501(c)(3) organizations		iono 47 40	b and E2	and som	alata tha ta	shloo for	linos	
		All section 501(c)(3) organizations 50 and 51	must answer quest	ions 47-49	b and 52,	and com	piete trie ta	ables loi	III IES	
			andula O to some		4 :- 41	hin Darl V	"			
		Check if the organization used Sci	nedule O to respond	i to any qu	estion in ti	nis Part v	1	· · · · ·	T.v	<u> </u>
47	D. J. 45		- h						Yes	No
47		organization engage in lobbying activities o	• • •		•			47		
40	-		470/5/41/41/41/41					48	┼	 -
48 49a		ganization a school as described in section		•				49a		┼─
		organization make any transfers to an exen	•	-						
50		If "Yes," was the related organization a section 527 organization?						ــــــــــــــــــــــــــــــــــــــ		
30										
_	employe	ees) who each received more than \$100,00	o of compensation from the	ne organizatio	n ir there is					
			(b) Average	(c) Rep		(d) Health contributions		(e) Estima	ted amou	unt of
		(a) Name and title of each employee	hours per week devoted to position	1	ensation	benefit plans,	and deferred nsation	other c	ompensa	ition
		 	devoted to position	(FOITIS VV-2	/1099-MISC)	Compe	iisauoii			
			 	 		-				
							ĺ			
			 	 						
			 							
				 						
								ı		
	T-1-1			J		<u> </u>				
74		mber of other employees paid over \$100,00								
51		te this table for the organization's five highe			ors who each	received m	ore than			
	\$100,00	00 of compensation from the organization	t there is none, enter "No	ne "						
	(a)	Name and business address of each independent contri	actor	(b)	Type of service	,	(0) Compensat	ion	
							 			
				 						
							 			
				 			 			
				 			 			
				<u> </u>			<u> </u>			
d		imber of other independent contractors eac			•. 				_	
52		organization complete Schedule A? Note.	• • • • • •					. 🗆 🗸	_ 177	Na
		ted Schedule A					· · · · · · · ·	► ∐ Ye	- 6.5	No
	-	of perjury, I declare that I have examined this retu					of my knowledg	e and belief,	it is	
true, c	correct, an	d complete Declaration of preparer (other than o	fficer) is based on all informa	tion of which pr	eparer has any	y knowledge	INA III	,		
Sia.	, 	Signature of officer	CYND-			Date	122/18	<u></u>		
	Υ / Y \									
ner	e	DAVID HIGGINS, PRESIDENT	<u> </u>							
		Type or print name and title	B		I n			OTIN		
		Pnnt/Type preparer's name	Preparer's signature	~ •	Date	1	Check I if	PTIN		
Paid		Stephen E Cole	/ Keysten E.		06-14-20	10	self-employed	P00636		
Prep			unting Services	Inc		Firm's	EIN ► 80 -	-0910	124	-
Use	Only	Firm's address P O Box 2411							_	
		Wickenburg AZ 8				Phone	no 928-	684-149	E-31	
May	ine IKS c	liscuss this return with the preparer shown	above / See instructions		<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · ·	<u> </u>	Form 9		No (2015)

SCHEDULE O (Form 990 or 990-EZ)

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.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number

WICKENBURG ROTARY CLUB		95-3395283
01. Description of other reve	nue (Part I, line 8)	
Description	Amount	
<u>Guest Meals</u>	144	
Meeting Revenue - Fines	1,298	
WEEKLY RAFFLE	731	
02. List of grants and simila	r amounts paid (Part I, line 10)	
Activity	INTERNATIONAL PROJECTS	
Amount	1,000	
Activity	COLLEGE SCHOLARSHIP	
Street	S VULTURE MINE ROAD	
City, State, Zip	Wickenburg, AZ 85358	
Relationship	NONE	
Amount	5,404	
Activity	SCHOOL ROGRAMS	·····
Grantee	WICKENBURG UNIFIED SCHOOL DIST 6	
Street	40 W YAVAPAI STREET	
City, State, Zip	Wickenburg, AZ 85358	
Relationship	NONE	
Amount	5,059	
03. Description of other expe	nses (Part I, line 16)	
Description	Amount	

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization		Page 2
WICKENBURG ROTARY CLUB	 	95-3395283
INTERACT CLUB	240	
ADVERTISING	102	
BANK CHARGES	50	
CHAMBER EVENT FEE	2,100	
CLUB_RAFFLE	528	
CLUB MEALS	13,757	
ROTARY DUES	1,831	
INTERNATIONAL DUES	2,229	
FEES	175	
SCHOOL ATHLETIC PROGRAMS	3,500	
COMMUNITY CHARTIES	3,481	
COMMUNITY PROGRAMS	3,520	
PRIZES AND AWARDS	330	
ROTARY FOUNDATION	193	
TRAINING	10	
LICENSES AND PERMITS	353	
CHRISTMAS MEALS	846	
POSTAGE AND BOX RENTAL	271	
SUPPLIES	248	
04. Description of other assets (Pa		
Category		
· · · · · · · · · · · · · · · · · · ·		1,345
DUES RECEIVABLE		
05. Description of total liabilitie		
Category		End of Year

Schedule O (Form 990 or 990-EZ) (2015)		Page 2
Name of the organization		Employer identification number
WICKENBURG ROTARY CLUB	· · · · · · · · · · · · · · · · · · ·	95-3395283
RESTRICTED FUNDS	3,916	2,628
PAUL HARRIS	0	500
		
	·	
	······································	
		
		<u>.</u>

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

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