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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

2016**Open to Public Inspection**

A For the 2016 calendar year, or tax year beginning 7/1/2016, and ending 6/30/2017

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
FISHERS ROTARY CLUB
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
11445 Lake Stonebridge Lane
 City or town State ZIP code
Fishers IN 46037
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
35-1846948

E Telephone number
(317) 558-6385

F Group Exemption Number ▶ 0573

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

I Website: ▶ fishersrotary.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 Rotary Club

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. ▶ \$ 192,704

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 ☒

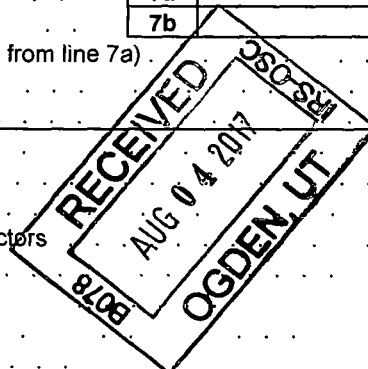
Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	37,366	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	16,682	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	165	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
6b	Gross income from fundraising events (not including \$10,000 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	126,044		
6c	Less: direct expenses from gaming and fundraising events	6c	58,175		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	67,869		
7a	Gross sales of inventory, less returns and allowances	7a	716		
7b	Less: cost of goods sold	7b	664		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	52		
8	Other revenue (describe in Schedule O)	8	11,731		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	133,865		
10	Grants and similar amounts paid (list in Schedule O)	10	53,114		
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			
14	Occupancy, rent, utilities, and maintenance	14	1,580		
15	Printing, publications, postage, and shipping	15	96		
16	Other expenses (describe in Schedule O)	16	31,196		
17	Total expenses. Add lines 10 through 16	17	85,986		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2016)

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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	101,576	22	149,697
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	4,502	24	2,834
25 Total assets	106,078	25	152,531
26 Total liabilities (describe in Schedule O)	60,914	26	114,779
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,164	27	37,752

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

☒**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? Fundraising for charities and service projects

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 Donations to local, national and international charities

(Grants \$) If this amount includes foreign grants, check here ☐ 28a 37,460

29 Scholarships to college bound students

(Grants \$) If this amount includes foreign grants, check here ☐ 29a 6,000

30 Kokomo Relief Fund

(Grants \$) If this amount includes foreign grants, check here ☐ 30a 3,306

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here ☐ 31a 6,348

32 Total program service expenses. (add lines 28a through 31a)

32 53,114

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
Mark McSweeney President	Hr/WK 15 00			
Demekya McAllen President Elect	Hr/WK 10.00			
Staci Woods Secretary	Hr/WK 10 00			
Michael Peterson Treasurer	Hr/WK 10.00			
Gregg Hiland Past President	Hr/WK 5 00			
James Cross Director	Hr/WK 5 00			
Elliott Somers Director	Hr/WK 5 00			
Eddie Rivers Director	Hr/WK 5 00			
Kathleen Wiemold Director	Hr/WK 5 00			
Susan Guindon Director	Hr/WK 5 00			
Mark Elder Director	Hr/WK 5 00			
Jim Wolf Director	Hr/WK 5 00			

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.		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).		X
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)?		X
35 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.		
35 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.		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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
37 b Did the organization file Form 1120-POL for this year?		X
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?		X
38 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		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a ; section 4912 40a ; section 4955 40a		
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.		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. 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization. 40d		
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 41 IN		
42 a The organization's books are in care of 42a Michael Peterson, Treasurer Telephone no. 42a (317) 558-6385 Located at 42a 11445 Lake Stonebridge Lane City Fishers ST IN ZIP + 4 42a 46037		
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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		X
c At any time during the calendar year, did the organization maintain an office outside the United States? 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 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 a 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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45 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

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

	Yes	No
46		X

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 ☐

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.

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b 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
Name None				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		
Name				
Title	Hr/WK	.00		

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."

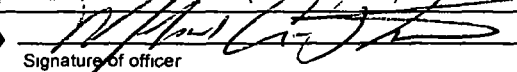
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP
Name		
City	ST	ZIP

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

☐ Yes ☒ No

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  Date 7-31-17
 Michael Peterson Treasurer
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN
 Firm's name Firm's EIN
 Firm's address Phone no

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

☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public
Inspection

Name of the organization

FISHERS ROTARY CLUB

Employer identification number

35-1846948

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☒ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

IN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 Parking-City of Fisher (event type)	(b) Event #2 Ren Faire (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	8,000	4,495	123,549
	2	Less: Contributions		10,000	10,000
	3	Gross income (line 1 minus line 2)	8,000	4,495	113,549
Direct Expenses	4	Cash prizes		0	0
	5	Noncash prizes		0	0
	6	Rent/facility costs		13,411	13,411
	7	Food and beverages	35	18,416	18,451
	8	Entertainment		4,300	4,300
	9	Other direct expenses	101	21,912	22,013
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(58,175)
	11	Net income summary. Subtract line 10 from line 3, column (d)			67,869

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			0
	2	Cash prizes			0
Direct Expenses	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			(0)
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			0

9 Enter the state(s) in which the organization conducts gaming activities IN

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain

- 11 Does the organization conduct gaming activities with nonmembers? ☒ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ 0 and the amount of gaming revenue retained by the third party ▶ \$ _____ 0
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____ 0

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ 0

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

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.

▶ 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

2016

**Open to Public
Inspection**

FISHERS ROTARY CLUB

Employer identification number

35-1846948

Form 990-EZ, Part III, Line 31: Food Insecurity Initiative Grants and allocations: 0, Program

service expenses: 6,348

Form 990-EZ, Part I, Line 8, Other Revenue: Meetings: 11,731

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: Rotary International

Foundation, Cash Grant: 17,460, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: HSE Student Scholarships, Cash

Grant: 6,000, Relationship:

Form 990-EZ, Part I, Line 10, Grants Paid: Activity: , Grantee: Food Security Initiative, Cash

Grant: 6,348, Relationship:

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 3,425

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 839

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,356

Form 990-EZ, Part I, Line 16, Other Expenses: Meetings: 8,364

Form 990-EZ, Part I, Line 16, Other Expenses: Membership-International & District dues and

subscriptions: 10,618

Form 990-EZ, Part I, Line 16, Other Expenses: Badges and member awards: 370

Form 990-EZ, Part I, Line 16, Other Expenses: Banner & stand: 29

Form 990-EZ, Part I, Line 16, Other Expenses: Chamber of Commerce dues: 150

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 349

Form 990-EZ, Part I, Line 16, Other Expenses: Mini banners: 34

Form 990-EZ, Part I, Line 16, Other Expenses: Internet/software renewals: 931

Form 990-EZ, Part I, Line 16, Other Expenses: Fellowship: 128

Form 990-EZ, Part I, Line 16, Other Expenses: Speaker gifts: 37

Form 990-EZ, Part I, Line 16, Other Expenses: Community service: 250

Form 990-EZ, Part I, Line 16, Other Expenses: Marketing/brochures: 255

Form 990-EZ, Part I, Line 16, Other Expenses: Promotional-25th anniversary: 1,823

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

Employer identification number

FISHERS ROTARY CLUB

35-1846948

Form 990-EZ, Part I, Line 16, Other Expenses: Interact Clubs 89

Form 990-EZ, Part I, Line 16, Other Expenses: Youth Exchange Programs 2,149

Form 990-EZ, Part I, Line 20, Net Assets: Transfer to Restricted Fund (Water is Life) -55,291

Form 990-EZ, Part II, Line 24, Other Assets: Canopy tents, less accumulated depreciation

Beginning of year 1,556, End of year: 744

Form 990-EZ, Part II, Line 24, Other Assets: AV equipment, less accumulated depreciation

Beginning of year 2,084, End of year: 1,540

Form 990-EZ, Part II, Line 24, Other Assets: Member accounts receivable. Beginning of year:

312, End of year 0

Form 990-EZ, Part II, Line 24, Other Assets: Damage/security deposits: Beginning of year 550,

End of year 550

Form 990-EZ, Part II, Line 26, Liabilities: Scholarships payable. Beginning of year 6,000,

End of year 4,000

Form 990-EZ, Part II, Line 26, Liabilities: Prepaid member dues: Beginning of year 8,400, End

of year 7,716

Form 990-EZ, Part II, Line 26, Liabilities: Accounts payable: Beginning of year 925, End of

year 1,703

Form 990-EZ, Part II, Line 26, Liabilities: Restricted funds-Water is Life: Beginning of year

45,589, End of year 100,880

Form 990-EZ, Part II, Line 26, Liabilities: Deferred FOT income: Beginning of year 0, End of

year 480