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Form **990-EZ**

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

OMB No 1545-1150  
**2016**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017**

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

**C** Name of organization  
FLORENCE ROTARY CLUB  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
POST OFFICE BOX 12255  
City or town, state or province, country, and ZIP or foreign postal code  
FLORENCE, SC 295042255

**D** Employer identification number  
57-6036415  
**E** Telephone number  
(843) 673-9700  
**F** 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.FlorenceSCRotary.org](http://www.FlorenceSCRotary.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 \$ 171,079

**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	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	96,246
	<b>3</b>	Membership dues and assessments	<b>3</b>	52,194
	<b>4</b>	Investment income	<b>4</b>	5,500
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	16,834
	<b>b</b>	Less cost or other basis and sales expenses	<b>5b</b>	16,442
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	392
	<b>6</b>	Gaming and fundraising events	<b>6d</b>	
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	<b>b</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)		
	<b>c</b>	Less direct expenses from gaming and fundraising events		
Expenses	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	
	<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b>	Less cost of goods sold	<b>7b</b>	
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	305
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	154,637
	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	65,599
	<b>11</b>	Benefits paid to or for members	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	9,850
Net Assets	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	215
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	87,915
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	163,579
	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-8,942
	<b>19</b>	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)	<b>19</b>	219,923
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	12,871
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20	<b>21</b>	223,852

Check if the organization used Schedule O to respond to any question in this Part II ☒

**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. ☐

Form **990-EZ** (2016)

**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
<b>33</b> 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 . . . . .	<b>33</b>	No
<b>34</b> 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) . . . . .	<b>34</b>	No
<b>35a</b> 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)? . . . . .	<b>35a</b>	No
<b>b</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 . . . . .	<b>35b</b>	
<b>c</b> 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 . . . . .	<b>35c</b>	No
<b>36</b> 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 . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	
<b>38a</b> 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? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</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 . . . . .	<b>40b</b>	No
<b>c</b> 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 ▶ 0		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
<b>e</b> 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 . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ SC		
<b>42a</b> The organization's books are in care of ▶ ANNE MARIE HANNA CPA Telephone no ▶ (843) 673-9700 Located at ▶ 1801-C WEST EVANS ST FLORENCE, SC ZIP + 4 ▶ 29501		
<b>b</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)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</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 . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</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) . . . . .	<b>45b</b>	

		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 . . . . .	▶	
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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

d	Total number of other independent contractors each receiving over \$100,000. . . . .	▶	
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52	Did the organization complete Schedule A? <b>NOTE.</b> 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	***** Signature of officer		2017-11-08 Date		
	DAVID WANSLEY TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Anne Marie Hanna CPA	Preparer's signature	Date 2017-11-08	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00377369
	Firm's name ▶ Anne Marie Hanna CPA LLC			Firm's EIN ▶ 58-2479335	
	Firm's address ▶ 1801-C W Evans Street Florence, SC 29501			Phone no. (843) 673-9700	

	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:**

**Software Version:**

**EIN:** 57-6036415

**Name:** FLORENCE ROTARY CLUB

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

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<b>28</b> MEMBERS MEET WEEKLY FOR LUNCH/FELLOWSHIP AND TO LEARN ABOUT COMMUNITY SERVICE SPECIFIC ALLOCATIONS ARE MADE TO VARIOUS TAX EXEMPT ORGANIZATIONS AND COMMUNITY PROJECTS WHICH MEET ROTARY'S GOAL OF "SERVICE ABOVE SELF "  (Grants \$ 54,967) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	147,635

## **TY 2016 Transfers Personal Benefits Contracts Declaration**

**Name:** FLORENCE ROTARY CLUB

**EIN:** 57-6036415

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
FLORENCE ROTARY CLUB**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****Employer identification number**

57-6036415

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 4 - Other Investment Income	Description INTEREST INCOME Amount 12 Description DIVIDEND INCOME Amount 5,488 Total Included on Form 990-EZ, line 4 5,500



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 8 - Other Revenue	Description MISCELLANEOUS INCOME Amount 305

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Payments to Affiliates	Affiliate Name ROTARY INTERNATIONAL Purpose of Payment INTERNATIONAL DUES Amount of Payment 10,632

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name FLORENCE COUNTY 4-H FOUNDATION   Grantee Address 2685 SOUTH IRBY STREET, SUITE K FLORENCE, SC 29505   Grantee Relationship NONE   Property Description CASH   Date of Gift 06/05/17   Amount Given 1,500

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name FLORENCE DARLINGTON TECHNICAL EDUCATION Grantee Name FLORENCE DARLINGTON TECHNICAL EDUCATION Grantee Address 2715 WEST LUCAS STREET FLORENCE, SC 29501 Grantee Relationship NONE Property Description CASH Date of Gift 06/05/17 Amount Given 1,500

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name   PEE DEE COALITION AGAINST DOMESTIC & SEXUAL Grant ee Name   PEE DEE COALITION AGAINST DOMESTIC & SEXUAL   Grantee Address   PO BOX 1351 FLORENC E, SC 29503   Grantee Relationship   NONE   Property Description   CASH   Date of Gift   06/05/1 7   Amount Given   1,500

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name PEE DEE AREA BIG BROTHER ASSOCIATION   Grantee Address PO BOX 12147 FLORENCE, SC 29504   Grantee Relationship NONE   Property Description CASH   Date of Gift 06/05/17   Amount Given 1,500

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name CIRCLE PARK BEHAVIORAL HEALTH   Grantee Address P O BOX 6196 FLORENCE, SC 29502   Grantee Relationship NONE   Property Description CASH   Date of Gift 06/05/17   Amount Given 1,500

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name MERCY MEDICINE FREE CLINIC   Grantee Address 500 S COIT ST FLORENCE, SC 29501   Grantee Relationship NONE   Property Description CASH   Date of Gift 06/05/17   Amount Given 1,500



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name   PEE DEE TOURISM COMMISSION DBA FLORENCE Grantee Name   PEE DEE TOURISM COMMISSION DBA FLORENCE Grantee Address   3290 W RADIO DRIVE FLORENCE, SC 29501 Grantee Relationship   NONE Property Description   CASH Date of Gift   06/05/17 Amount Given   1,500

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification    Grantee Name   CART FUND   Grantee Address   PO BOX 1916 SUMTER, S C 29151   Grantee Relationship   NONE   Property Description   CASH   Amount Given   2,090

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name   ROTARY FOUNDATION - POLIO PLUS CAMPAIGN   Grantee Address   14280 COLLECTIONS CENTER DR CHICAGO, IL 60693   Grantee Relationship   NONE   Property Description   CASH   Amount Given   3,965

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name ROTARY FOUNDATION   Grantee Address 14280 COLLECT IONS CENTER DR CHICAGO, IL 60693   Grantee Relationship NONE   Property Description CASH Amount Given 17,375

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid	Activity Classification   Grantee Name ALZHEIMER'S ASSOCIATION   Grantee Address 225 N MICHIGAN AVE, FL 17 CHICAGO, IL 60601   Grantee Relationship NONW   Property Description C ASH   Date of Gift 09/26/16   Amount Given 21,037   Total included on Form 990-EZ, line 10 54,967

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description MEAL COSTS Amount 47,034 Description SOCIAL & MULTI-CLUB EVENTS Amount 10,289 Description CLUB PROJECTS Amount 11,324 Description DISTRICT MEETINGS Amount 1,149 Description DISTRICT DUES Amount 5,058 Description SERVICE AWARDS/GIFTS Amount 383 Description BANK CHARGES/MERCHANT FEES Amount 1,327 Description REGALIA / BANNERS Amount 60 Description MISCELLANEOUS EXPENSE Amount 331 Description OFFICE SUPPLIES/ SOFTWARE Amount 919 Description RAFFLE WININGS TO MEMBERS Amount 846 Description WEBSITE/SOFTWARE Amount 520 Description ROTARY INTERNATIONAL CONVENTION Amount 6,739 Description INVESTMENT FEES Amount 1,936 Total to Form 990-EZ, line 16 87,915

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part I, Line 20 - Other Changes in Net Assets	Description UNREALIZED GAIN/LOSS Amount 12,871

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990- EZ, Part II, Line 24 - Other Assets	Description MEMBERS DUES RECEIVABLE Beg of Year Amount 6,556 End of Year Amount 7,48 9 Description PREPAID EXPENSE Beg of Year Amount 0 End of Year Amount 150