



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-1150

2016**Open to Public
Inspection**

► 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.

A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17**B Check if applicable**

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**Rotary Club of Fort Lauderdale
Downtown****D Employer identification number****59-0250276**

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

1350 East Sunrise Boulevard RM 112

Room/suite

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

Fort Lauderdale FL 33304**E Telephone number****954-424-0731****F Group Exemption****Number ► 0573****G Accounting Method** Cash Accrual Other (specify) ► _____**I Website:** ► www.rotaryfortlauderdale.org**H Check ► if the organization is not****required to attach Schedule B****(Form 990, 990-EZ, or 990-PF)****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**► \$ **177,845****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

1	8,323
2	15,865
3	153,079
4	
5a	5a
b	5b
c	
6	
a	6a
b	of contributions
c	
d	
7a	7a
b	7b
c	
8	
9	578
10	177,845
11	17,686
12	
13	23,875
14	900
15	354
16	99,841
17	142,656
18	35,189
19	471
20	
21	35,660

Scanning 2017 Revenue

Expenses

Net Assets

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.

Form **990-EZ** (2016)

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	36,068	22	69,154
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	36,068	25	69,154
26 Total liabilities (describe in Schedule O)	35,597	26	33,494
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	471	27	35,660

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?

See Schedule O

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)

28 To advance international understanding, peace and goodwill throughout the world with an emphasis on local charity donations and work projects.

Attendance at weekly luncheon meeting is a required feature of membership.

(Grants \$) If this amount includes foreign grants, check here ► 28a 137,081

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)

► 32 137,081

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
Mike Sanchez Past President	2.00	0	0	0
Tom Powers President	2.00	0	0	0
Jonathan Keith President Elect	2.00	0	0	0
David Kramer Secretary	2.00	0	0	0
Pat McNamara Treasurer	2.00	0	0	0
Dan Austin Director	2.00	0	0	0
Monica Brochu Director	2.00	0	0	0
Steve Botkin Director	2.00	0	0	0
Victoria Briggs Director	2.00	0	0	0
Bill Branan Director	2.00	0	0	0
Lee Anne LeBlanc Director	2.00	0	0	0
Jeff Levenson Director	2.00	0	0	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

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

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

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

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

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

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

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

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter 39a

a Initiation fees and capital contributions included on line 9 39b

b Gross receipts, included on line 9, for public use of club facilities 40a

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b

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 40c

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 40d

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

41 List the states with which a copy of this return is filed ► **FL**42a The organization's books are in care of ► **Kimberly Scott**Telephone no ► **954-424-0731**

1350 East Sunrise Boulevard

Located at ► **Fort Lauderdale**

FL ZIP + 4 ►

33304**Yes** **No**42b

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 ► _____

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 United States?

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 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 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 c Did the organization receive any payments for indoor tanning services during the year? 44c 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 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

Form 990-EZ (2016)

Rotary Club of Fort Lauderdale

59-0250276

Page 4

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		
49a		
49b		

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?

b 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 ► 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	► Signature of officer Tom Powers	Date 11-1-17
	Type or print name and title President	

Paid Preparer Use Only	Print/Type preparer's name Maureen S. Fengler	Preparer's signature <i>Maureen S. Fengler</i>	Date 10/20/17	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01270054
	Firm's name ► Sullivan & Fengler		Firm's EIN ► 65-0002115		
	Firm's address ► 3031 NE 22nd Street Fort Lauderdale, FL 33305-1825			Phone no	954-561-2826

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

► Yes No

Form 990-EZ (2016)

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.

OMB No. 1545-0047

2016**Open to Public
Inspection**

Name of the organization

**Rotary Club of Fort Lauderdale
Downtown**Employer identification number
59-0250276**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
District credit	\$ 578
Total	\$ 578

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
International Rotary		\$ 10,770
Rotary District		\$ 6,916

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Office	\$ 2,356
Web site	\$ 672
Telephone	\$ 360
District assembly	\$ 975
Rotary Int convention	\$ 4,954
Rotary Leadership Institute	\$ 665
Planning meeting	\$ 81
Credit card/bank fees	\$ 2,208
Club socials	\$ 799
Flowers/gifts/plaques	\$ 1,573
Meetings/dinners	\$ 77,622
Membership development	\$ 1,211

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

Page 2

Name of the organization

Rotary Club of Fort Lauderdale

Employer identification number

59-0250276

P.E.T.S	\$	586
License/taxes	\$	136
Donations	\$	5,000
Interact Club Support	\$	250
Fish fry	\$	393
Total	\$	99,841

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Deferred Revenue	\$ 25,022	\$ 32,947
Due to 1090	\$ 10,400	\$ 60
Due to PHF	\$ 25	\$ 125
Due to members	\$ 150	\$ 242
Prepaid Lunch	\$ 0	\$ 120

Form 990-EZ, Part III - Primary Exempt Purpose

To advance international understanding, peace and goodwill throughout the world with an emphasis on local charity donations and work projects.