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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)

OMB No 1545-1150

2016**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

▶ 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**

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**D** Employer identification number**59-0250276****E** Telephone number**954-424-0731****F** Group ExemptionNumber ▶ **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		1	8,323
2	Program service revenue including government fees and contracts	2	15,865
3	Membership dues and assessments	3	153,079
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c		5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	578
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	177,845
10	Grants and similar amounts paid (list in Schedule O)	10	17,686
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	23,875
14	Occupancy, rent, utilities, and maintenance	14	900
15	Printing, publications, postage, and shipping	15	354
16	Other expenses (describe in Schedule O)	16	99,841
17	Total expenses. Add lines 10 through 16	17	142,656
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,189
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	471
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	35,660

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 <input type="checkbox"/>	28a	137,081
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 ☐

	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
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)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
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 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
40c 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		
40e 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		X
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		
42b 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		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
42c 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		X
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44c Did the organization receive any payments for indoor tanning services during the year?		X
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)		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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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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 ▶

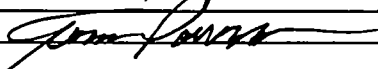
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

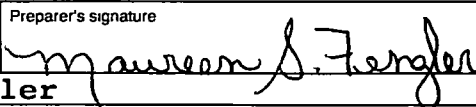
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- 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 	Date <u>11-1-17</u>
	Tom Powers Type or print name and title	President

Paid Preparer Use Only	Print/Type preparer's name Maureen S. Fengler	Preparer's signature 	Date <u>10/20/17</u>	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

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	0	22
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	0	24
25 Total assets	0	25 0
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27 0

Part II 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?

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		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	▶	32

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

[illegible]

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.

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

Name of the organization

Employer identification number

Rotary Club of Fort Lauderdale

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.