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 07/01 , 2016, and ending 06/30 , 2017

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pend.

C
DeLand Rotary Club Inc
P O Box 704
DeLand, FL 32721-0704

D Employer identification no. 59-6135390

E Telephone number (386)785-0466

F Group Exemption Number ▶

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: ▶ delandrotary.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, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶$ 173,475.

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	1	Contributions, gifts, grants, and similar amounts received		1	69,748.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	21,390.
	4	Investment income		4	106.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain 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)	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 exceed $15,000)	6b	82,231.	
	c	Less. direct expenses from gaming and fundraising events	6c	43,594.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	38,637.
	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	
	9	**Total revenue** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	129,881.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	53,781.
	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	4,625.
	14	Occupancy, rent, utilities, and maintenance		14	3,354.
	15	Printing, publications, postage, and shipping		15	3,735.
	16	Other expenses (describe in Schedule O)		16	72,166.
	17	**Total expenses** Add lines 10 through 16 ▶		17	137,661.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-7,780.
	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	79,915.
	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	72,135.

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 X

		(A) Beginning of the year		(B) End of year
22	Cash, savings, and investments	64,546.	22	51,835.
23	Land and Buildings		23	
24	Other assets (describe in Schedule O)	17,219.	24	22,400.
25	**Total assets**	81,765.	25	74,235.
26	**Total liabilities** (describe in Schedule O)	1,850.	26	2,100.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	79,915.	27	72,135.

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? Fundraising-Exempt Organizatio

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, or other relevant information for each program title.

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

28 DIRECT CASH CONTRIBUTIONS TO QUALIFIED NON-PROFIT ORGANIZATIONS INCLUDING ENTITIES UNDER SECTION 501(C)4 OF THE INTERNAL REVENUE CODE

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 53,781.

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 (attach schedule) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 53,781.

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 (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Steven R. Burk Vice Pres.	1	0.	0.	0.
Elyse T Phillips Treasurer	12	0.	0.	0.
Eric Nompleggi President	12	0.	0.	0.
Kevin Reid Secretary	4	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 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		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 line 2, 6a, and 7a, among others)?	35a		X
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		X
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		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	36		X
37 a	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		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 unpaid at the start of the period covered by this return?	38a		X
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 ▶ _____ ; 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 900-EZ? If "Yes," complete Schedule L, Part I	40b		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 ▶ _____			
d	Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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 ▶ Florida

42 a The organization's books are in care of ▶ Elyse T Phillips, Treasur Tel no ▶ 386-785-0466
Located at ▶ 120 E New York Av, Ste F, DeLand, FL ZIP + 4 ▶ 32724

			Yes	No
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)?	42b		X
	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 of the U.S ?	42c		X
	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

			Yes	No
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		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 recieve 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		
45a	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 Form 990-EZ (see instr)	45b		

		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 . . 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 . . ☐

		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 47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization? 49a		
b	If "Yes," was the related organization(s) a section 527 organization? 49b		

50 Complete this table for the 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 from the organization (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 . . . ▶

51 Complete this table for the 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 address of each independent contractor	(b) Type of service	(c) compensation
None		

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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . ▶ ☐ Yes ☐ No

Sign Here

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.

Signature of officer Date 12/19/17

Eric Nompleggi (President)
Type or print name and title.

Print preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Elyse Phillips	Elyse T. Phillips	12/18/17		P00889922

Paid Preparer Use Only

Firm's name ▶	Elyse T. Phillips CPA PA	Firm's EIN ▶ 20-0846034
Firm's address ▶	Post Office Box 91 DeLand, FL 32721	Phone no. ▶ (386) 785-0466

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

Revenue	(a) Event #1 Golf Tournament (event type)	(b) Event #2 Bowl / Literacy (event type)	(c) Other Events Misc Events (total number)	(d) Total Events (Add Col. (a) through Col (c))
1 Gross receipts	21,002.	9,463.	51,766.	82,231.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	21,002.	9,463.	51,766.	82,231.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	16,357.	11,601.	15,636.	43,594.
10 Direct expense summary Add lines 4 through 9 in column (d) ▶				43,594.
11 Net income summary Subtract line 10 from line 3, column (d) ▶				38,637.

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

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add Col (a) through Col (c))
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activites 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 _____

Schedule O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	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/forms990.	2016 Open to Public Inspection

Name of the organization	Employer identification number
DeLand Rotary Club Inc	59-6135390

Part I, Line 10 - Expenses - Grants and similar amounts paid

DeLand Naval Air Stn	10,000.	
Creating Jobs Ctr	1,000.	
DeLand Fire Dept	3,500.	
DeLand High School	2,000.	
Mainstreet DeLand	610.	
The Neighborhood Ctr	3,100.	
Girls on the Run	1,000.	
FL Hosp DeLand Fndn	1,000.	
Greater Un Life Ctr	5,000.	
FL Alliance for Art	600.	
RYLA	790.	
Pierson Taylor High	1,500.	
McInnis Elem Sch	250.	
Young Life-WV	3,000.	
Childrens Cancer Fdn	5,400.	
Catalyst Global Youth	3,500.	
Me Strong Inc	3,000.	
The Rotary Fdn	281.	
YMCA of Volusia-Flag	3,000.	
Museum of Art-DeLand	500.	
Vol. Stock Show Synd	500.	
Sands Theatre Ctr	1,000.	
Mental Health Amer.	750.	
Grace House Preg Ctr	2,500.	
Totals:	53,781.	0.

Name of the organization	Employer identification number
DeLand Rotary Club Inc	59-6135390

Part I, Line 16 - Other Expenses

Description	Total
Meeting Meals	36,209.
Intl & District Dues	13,431.
Banquet & Awards	6,019.
Entertainment & Events	5,879.
Website Expenses	785.
Memorials/Storage/Fees	460.
Conferences & Seminars	5,821.
Student Programs	3,562.
Totals:	72,166.

Part II, Line 24 - Other Assets

Accounts Receivable	17,653.
Laptop Computer	1,134.
Other Asset	3,613.
	22,400.

Part II, Line 26 - Other Liabilities

PHF/Polio Plus Pledges	2,100.
	2,100.