

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort 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 1545-0047

2019

► Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.2006
2019

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable	C Name of organization Rotary International Fort Lauderdale Rotary Club	D Employer identification number 59-0250276
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 1350 East Sunrise Boulevard RM 112	Room/suite 04
<input type="checkbox"/> Name change	City or town, state or province, country, and ZIP or foreign postal code Fort Lauderdale FL 33304	E Telephone number 954-424-0731
<input type="checkbox"/> Initial return		F Group Exemption Number ► 0573
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: www.rotaryfortlauderdale.org		
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 122,895		

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 RECEIVED

Revenue		1	520
1	Contributions, gifts, grants, and similar amounts received	2	10,099
2	Program service revenue including government fees and contracts	3	111,477
3	Membership dues and assessments	4	
4	Investment income	5a	
5a	Gross amount from sale of assets other than inventory	5b	
b	Less cost or other basis and sales expenses	5c	
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	6a	
6	Gaming and fundraising events	6b	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6c	
b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6d	
c	Less direct expenses from gaming and fundraising events	7a	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7b	
7a	Gross sales of inventory, less returns and allowances	7c	
b	Less cost of goods sold	8	799
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	9	122,895
8	Other revenue (describe in Schedule O)	10	20,169
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	11	
10	Grants and similar amounts paid (list in Schedule O)	12	
11	Benefits paid to or for members	13	28,000
12	Salaries, other compensation, and employee benefits	14	900
13	Professional fees and other payments to independent contractors	15	77
14	Occupancy, rent, utilities, and maintenance	16	72,989
15	Printing, publications, postage, and shipping	17	122,135
16	Other expenses (describe in Schedule O)	18	760
17	Total expenses. Add lines 10 through 16	19	63,799
18	Excess or (deficit) for the year (subtract line 17 from line 9)	20	
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)	21	64,559
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 (2019)

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

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

(A) Beginning of year	(B) End of year	
93,251	22	93,338
0	23	
0	24	38
93,251	25	93,376
29,452	26	28,817
63,799	27	64,559

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 **121,135**

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 **121,135****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
Rick Riccardi Director	2.00	0	0	0
Jack Fink Director	2.00	0	0	0
Terry Robinson Secretary	2.00	0	0	0
David Kramer Past President	2.00	0	0	0
Pat McNamara President	2.00	0	0	0
Shelley Leinicke Director	2.00	0	0	0
Marty Fishman Director	2.00	0	0	0
Laxmi Lalwani Director	2.00	0	0	0
Melissa Lane Director	2.00	0	0	0
Gus Schmidt Director	2.00	0	0	0
Joe Young Director	2.00	0	0	0
Jaye Abbate Treasurer	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	33	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	38a	<input checked="" type="checkbox"/>
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?	38b	<input type="checkbox"/>
b If "Yes," complete Schedule L, Part II, and enter the total amount involved	39a	<input type="checkbox"/>
39 Section 501(c)(7) organizations Enter	39b	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9	40a	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities	40b	<input checked="" type="checkbox"/>
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40c	<input type="checkbox"/>
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	40d	<input type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	40f	<input type="checkbox"/>
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	40g	<input type="checkbox"/>
41 List the states with which a copy of this return is filed ► FL	42a	<input type="checkbox"/>
42a The organization's books are in care of ► Kimberly Scott Telephone no ► 954-424-0731	42b	<input type="checkbox"/>
1350 East Sunrise Boulevard	42c	<input checked="" type="checkbox"/>
Located at ► Fort Lauderdale FL ZIP + 4 ► 33304	43	<input type="checkbox"/>
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)	44a	<input checked="" type="checkbox"/>
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 ► _____	44b	<input checked="" type="checkbox"/>
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	44c	<input checked="" type="checkbox"/>
b Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44d	<input type="checkbox"/>
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	45a	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	45b	<input checked="" type="checkbox"/>
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	45c	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45d	<input type="checkbox"/>
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	45e	<input checked="" type="checkbox"/>

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

1

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

9a Did the organization make any transfers to an exempt non-charita

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 **Pat McNamara** Date **11/1/2020**
Type or print name and title **President**

Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed
	Maureen S. Fengler		Maureen S. Fengler	10/28/20	PTIN
	Firm's name ▶ Sullivan & Fengler		Firm's EIN ▶ 650002115		
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

Form 990-EZ (2019)

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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019Open to Public
Inspection

Name of the organization	Rotary International Fort Lauderdale Rotary Club	Employer identification number
		59-0250276

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
District credit	\$ 699
Other	\$ 100
Total	\$ 799

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

Name and Address	Purpose	Amount
International Rotary	Dues	\$ 12,837
Rotary District	Dues	\$ 7,332

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

Description	Amount
Expenses	
Office	\$ 2,910
Web site	\$ 409
Telephone	\$ 360
Rotary Int Convention	\$ 3,113
Rotary Leadership Institute	\$ 300
Installation dinner	\$ 1,000
Credit card/bank fees	\$ 2,690
Flowers/gifts/plaques	\$ 189
Meetings/dinners	\$ 51,741
Membership development	\$ 1,027
P.E.T.S	\$ 620

Schedule O (Form 990 or 990-EZ) (2019)

Page 2

Name of the organization

Rotary International

Employer identification number

59-0250276

License/taxes	\$	136
Fish Fry	\$	299
Club socials	\$	637
Donations	\$	767
New Member recognition	\$	375
Holiday Party	\$	5,666
Programs	\$	750
Total	\$	72,989

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Due to 1090	\$ 0	\$ 38
Total	\$ 0	\$ 38

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

Description	Beg. of Year	End of Year
Deferred Revenue	\$ 28,529	\$ 28,659
Due to PHF	\$ 650	\$ 100
Due to members	\$ 58	\$ 58
Due to 1090 Found	\$ 215	\$ 0

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.