

## 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



# SCANNED DEC 0 4 2012

Form **990** 

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements 2011

Open to Public Inspection

A	For the	2011 cale	endar year, or tax year begin	ning	JULY 1	, 2011, and end	ling JUI	VE 30	, 20 12			
В	Check if	applicable: C Name of organization ROTARY CLUB OF GAINESVILLE FLORIDA							D Employer identification number			
	Address	change	Doing Business As ROTAR	CLUB O	F GAINESVILLE				59-6139364			
	Name c	hange	Number and street (or P.O. box	x if mail is n	ot delivered to street addr	ess) Room	/sunte	E Telepho	ne number			
	Initial re	•	PO BOX 357755				352-338-0607					
$\overline{\Box}$	Termina		City or town, state or country,									
$\exists$		ed return	GAINESVILLE, FL 32635-7					G Gross re	ecents \$	216,196		
H		ion pending			JESSE IRBY	• • • • •	M(a) is the		for affiliates? Ye			
ш	Африса	uon penung	SAME AS ABOVE	omoci	LUSE IND I					_		
_												
+	- 12 STATE - 2 S											
7	J Website: ► H(c) Group exemption number ►  K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1918 M State of legal domic											
			<del></del>	SOCIATION [	_ Otner ►	L Year of for	nation: 1918	M State	or legal domicile:	FL		
P	art I	Summ										
	1	•	escribe the organization's r		•							
ø	1		PART OF ROTARY INTERNA		CONTRIBUTES TIME	, AND RAISES	AND DONATE	S FUNDS	IN SUPPORT	OF		
ĕ		LOCAL A	AND INTERNATIONAL CHAR	ITIES.								
Ĕ	1											
Activities & Governance	2	Check th	nis box 🕨 🗌 if the organizat	tion disco	ontinued its operation	ns or dispose	d of more thar	1 25% of	its net assets.			
<u>ح</u>	3	Number	of voting members of the g	governing	body (Part VI, line 1	a)		_3		16		
8	4	Number	of independent voting men	nbers of	the governing body (	(Part VI, line 1	b)	4		16		
Ę	5	Total nur	mber of individuals employ	ed in cale	endar year 2011 (Par	t V, line 2a)		5		1		
ਓ	6	Total nur	mber of volunteers (estimat	te if nece	ssary)			6		285		
∢	7a	Total unr	related business revenue fr	om Part	VIII, column (C), line	12		7a		-0-		
	Ь		lated business taxable inco					7b		-0-		
	<u> </u>						Prior Ye		Current \	ear		
_	8	Contribu	tions and grants (Part VIII,	21,599		20,669						
훒	9		service revenue (Part VIII,		-0-		-0-					
Revenue	10	_	ent income (Part VIII, colum		743		144					
æ	11		venue (Part VIII, column (A)	202,185		195,384						
	i		enue—add lines 8 through			<b>1</b> '	ļ					
	12							224,527		216,196		
	13		nd similar amounts paid (P			8/ · · ·	1	36,311		36,684		
	14		paid to or for members (Pa			166 C			-00-			
93	15		other compensation, employ			V/100 5-10)		10,369		10,334		
Expenses	16a		onal fundraising fees (Part	-0-		-0-						
ă.	Ь		ndraising expenses (Part IX,			لمسيد				·············		
ш	17		penses (Part IX, column (A		155,545		157,365					
	18	Total exp	penses. Add lines 13–17 (m		202,225		204,383					
	19	Revenue	less expenses. Subtract li	ne 18 fro	militie 12			22,302		11,813		
5 8							Beginning of Co	rrent Year	End of Y	ear		
sets or	20	Total ass	sets (Part X, line 16)					180,206		244,170		
Net AB	21	Total liab	oilities (Part X, line 26)					35,357		108,893		
\$2	22	Net asse	ets or fund balances. Subtra	act line 2	1 from line 20			144,849		135,277		
P	art II	Signa	ture Block									
Ur	ider pena	altres of perm	ury, I declare that I have examined	this return.	including accompanying	schedules and sta	atements, and to t	he best of r	mv knowledge an	d belief, it is		
			lete. Declaration of preparer (other							_		
			· Des		12		- 1	11-	-4-1E	<del>2 -</del>		
Sig	ın	Sign	nature of office		7/1		Da	te				
He		1 +	= E Com Tom	21	15/	TREE	TSCIRER	9 .				
		Type	e or print name and title	~~~	JEF-		, and a		<del></del>			
_		17	/pe preparer's name	Pren	arer's signature	1	Date	1 .	PTIN			
Pa			L- L: -L: -: -: -: -: -: -: -: -: -: -: -: -:			1	<del>_</del>	Check	<b>□</b> #			
	epare			l	<del></del>	i	· · ·	self-emp	Dioyeu			
Us	e On				<del></del>			n's EIN ▶				
-	Mr = 11		address •			-4:\	Pho	ne no	77	<del></del> _		
ма	ıν me li	MS DISCUS	s this return with the prepa	irer show	n adove? (see instru	CUONS)			Ye	s 🗍 No		

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** (2011)

Cat. No. 11282Y

Page 2
. <u> </u>
urages high However,
Yes 🛮 No
Yes 🛮 No
s measured by the amount of
-0- )
-0- )
-0- ) MISSIONS

) (Revenue \$

Other program services (Describe in Schedule O.)

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			١,
_	complete Schedule A	1		<b>V</b>
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>✓</b>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. 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	4	:	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.	10		•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		- ✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<b>√</b>
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<b>√</b>
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		<b>√</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>▼</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<b>▼</b>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	18		1
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_

Form 99				Page 4
Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	V	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	37	1	

	0 (2011)				Page
Part					_
	Check if Schedule O contains a response to any question in this Part V	· · · · · ·		1	
1a	Enter the number spected in Box 2 of Form 1006 Enter 0. if not applicable	1a   -0-		Yes	No
ь	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a -0- 1b -0-	1		
C	Did the organization comply with backup withholding rules for reportable payments	L			
_	reportable gaming (gambling) winnings to prize winners?		1c	ļ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	!		<del> </del>	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year		3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	-	-		
	over, a financial account in a foreign country (such as a bank account, securities account,	or other financial			,
	account)?		4a		✓
Þ	If "Yes," enter the name of the foreign country: ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Finance	ial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	-	5b	<del>                                     </del>	7
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<b>                                     </b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,0				
	organization solicit any contributions that were not tax deductible?		6a	✓	
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			
	gifts were not tax deductible?		6b	1	
7	Organizations that may receive deductible contributions under section 170(c).			}	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	_		
•	and services provided to the payor?		7a		_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property required to file Form 8282?	or which it was	7.		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal I	<del></del>	7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	•	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a	)(3) supporting		-	1
	organizations. Did the supporting organization, or a donor advised fund maintained to	by a sponsoring	_		_
	organization, have excess business holdings at any time during the year? $\cdot$		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b	-	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	l		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	Section 501(c)(12) organizations. Enter:	(	'	'	
а	Gross income from members or shareholders	11a		İ	
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
b	Note. See the instructions for additional information the organization must report on Schedul Enter the amount of reserves the organization is required to maintain by the states in which	e U.		] '	
D	the organization is licensed to issue qualified health plans	13ь			
_	Enter the amount of reserves on hand	120			

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			. 🗆
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year   1a		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	<b>/</b>
6 7a	Did the organization have members or stockholders?	6 7a	<b>√</b>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
а	The governing body?	8a	✓	ļ
ь	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	1- \	1
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Je Co	200.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	أيتمت	~	,
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<b>/</b>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	-	1
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b		<b>/</b>
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			•
Secti	on C. Disclosure	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	c)(3)s	only)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► 3605 NW 30TH BOULEVARD, GAINESVILLE, FL TEL. 352-338-0607	of the		

_			
-om	990	(2011)	

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
	Independent Contractors	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	any related	d orga	aniz	atio	no	ompe	nsa	ited any curren	rt officer, directo	r, or trustee.
(C)										
(A)	(B) Position					(D)	(E)	(F)		
Name and Title	Average					than on the second		Reportable	Reportable	Estimated
	hours per					or/trus			compensation from	
	week (describe	양	2	Q	8	육표	77	from the	related organizations	other compensation
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)	from the
	related organizations	다 드 다 드	on On		룡	88		(W-2/1099-MISC)		organization and related
	in Schedule	trus	15		8	뤛				organizations
	O)	96	ets			) ng	]	j	J	
			ů		<u> </u>	e e				
(4) DON DAVIS						ļ			i	
(1) DON DAVIS		,			İ		İ			
DIRECTOR		<b>✓</b>			-	_	⊢			
(2) DAVID GRACY								İ		
DIRECTOR		<b>~</b>			<u> </u>	ļ	-			
(3) ED NEWMANS										
DIRECTOR		1			<u> </u>	<u> </u>	┞			
(4) TAMMY PRINCE						ĺ				
DIRECTOR		✓			L.		_			
(5) SUSAN B. SPAIN					1		1			
DIRECTOR		✓					<u> </u>			
(6) MARY CHANCE						-	1			
DIRECTOR		✓								
(7) JOHN A. HUGHES	ļ					<b>\</b>	ļ	,	ļ	
DIRECTOR		✓								
(8) RICK MULLIGAN	]	,				)	ļ	]	]	
DIRECTOR		✓								
(9) JON C. THOMAS II	]							Ì		
DIRECTOR		1					L			
(10) GREG YOUNG										
DIRECTOR	<u> </u>	✓				İ				
(11) BRENT WILLIAMS							Г			
DIRECTOR		1								
(12) WESLEY EUBANK										· -
DIRECTOR		1				ł	l	1		
(13) DON ROBERTSON										
PRESIDENT	]				✓	<u> </u>		ļ		<u> </u>
(14) JESSE IRBY							Π			
PRESIDENT FLECT	1	ļ		l	1	1	l			

Pan	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	yee:		nd h C)	iighe	st C	ompensated E	mployees (	contin	ued)		
	(A) (B)				1eck		e than o		(D)	(E)		(F) Estimated		
	Name and trile	Average hours per week					is both or/trust		Reportable compensation from	Reportab compensation related		amo	mated ount of ther	
		(describe	or di	Instit	Officer	χ θy	ang H	Former	the	organizatio (W-2/1099-N		сотр	uner ensatior m the	1
		related organizations	ector	Institutional	9	Key employee	est co oyee	ĕ	(W-2/1099-MISC)	(11-2) 1035-11	1130,	orga	nization related	
		in Schedule O)	Individual trustee or director	al trustee		уве	Highest compensated employee				ļ		izations	
		",	*	100			sated							
	RACE LAMBERT HORVATH ETARY				1							•		
	UDDY GOODMAN									-	Ì			
TREA	SURER			H	<b>✓</b>	-			<u> </u>					
<u> </u>														
(18)														
(19)														•
(20)						<u> </u>								
(21)						-				*				
(22)													.=	
(23)														
(24)					_	_		_						
(24)														
(25)														
1b	Sub-total			•			•	<b>&gt;</b>						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	•		•	<b>&gt;</b>						
2	Total number of individuals (including but							=) w	ho received me	ore than \$1	00,00	0 of		
	reportable compensation from the organi												- 1	
3	Did the organization list any former of							emp	loyee, or high	est compe	nsate	d	Yes	
4	employee on line 1a? If "Yes," complete a For any individual listed on line 1a, is the								nd other comm			3		✓
•	organization and related organizations												- 1	
	individual			٠.			•					4		✓_
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or ind	lividua 	3) 5		/
Section	on B. Independent Contractors								•		•			<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.	•		•								-		x
	(A)	<del></del>							(B)			(C)		
	Name and business add	ress						_	Description of se	ervices	<u>.</u>	Compens	ation	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				
	TOUR THE GRANT WITH THE PROPERTY OF THE PROPER			yaı			_			<u> </u>		E	. 000	2011

Part	VIII	Statement of Revenue				
		•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ıts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 20,669				
Am A	С	Fundraising events 1c	]			
a it	d	Related organizations 1d	]			
in,	е	Government grants (contributions) 1e	] [			
tior er S	f	All other contributions, gifts, grants,				
호		and similar amounts not included above 1f	]			
d at	9	Noncash contributions included in lines 1a-1f: \$				
	h	Total. Add lines 1a–1f	20,669			
Program Service Revenue		Business Code	1			
evel	2a					
Č	Ь					
Ş	С		ļ			· <del>-</del> -
S	d					
ram i	е		ļ			
õ	f	All other program service revenue .				
	9	Total. Add lines 2a–2f				
	3	and other similar amounts)	ا مه	144		
		•	144	144		
	4	Income from investment of tax-exempt bond proceeds				
!	5	Royalties	<del> </del>		· · · · · · · · · · · · · · · · · · ·	
	6a	Gross rents	1			ll
	b	Less: rental expenses	1 }			
'	C	Rental income or (loss)	1			
	ď	Net rental income or (loss)	<del> </del>			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory	1			
	ь	Less: cost or other basis			·	
		and sales expenses .				
	С	Gain or (loss)	1			'
	d	Net gain or (loss) ▶				
_	1					
Revenue	8a	Gross income from fundraising				
ě	}	events (not including \$	İ			
		of contributions reported on line 1c).				
Other	1	See Part IV, line 18 a	<u> </u>			
ਠੋ	b	Less: direct expenses b	ļ			
	C	Net income or (loss) from fundraising events .				
	ya	Gross income from gaming activities. See Part IV, line 19 a				
			-	•		
		Less: direct expenses b  Net income or (loss) from gaming activities	-			
		Gross sales of inventory, less				
	100	returns and allowances a				
	ь	Less: cost of goods sold b	4			
		Net income or (loss) from sales of inventory	†			
	<u> </u>	Miscellaneous Revenue Business Code				
	11a	MEMBER MEAL CHARGES	195,384	195,384		•
	Ь		-	-		
	С					
	d	All other revenue				
	е	Total. Add lines 11a–11d	195,384			
	12	Total revenue. See instructions	216,196			

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	· Check if Schedule O contains a respon	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	36,684	36,684		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	·			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			·	
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,600	-0-	9,600	-0-
9	Other employee benefits				
10	Payroll taxes	734	-0-	734	40
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			·	
f	Investment management fees				
g	Other	<del></del>			<del></del>
12	Advertising and promotion				
13	Office expenses	6,705	-0-	6,705	-0-
14	Information technology	3,123		5,100	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,227	-0-	2,227	-0-
20	Interest			,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	156	-0-	156	-0-
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				,
а	MEMBER MEAL EXPENSE (WEEKLY MTGS)	130,946	-0-	130,946	-0-
b	UNCOLLECTIBLE DEBT	1,485	-0-	1,485	-0-
C		-			
d					
е	All other expenses MISC CLUB EXPENSE	15,846	-0-	15,846	-0-
25	Total functional expenses. Add lines 1 through 24e	204,383	36,684	167,699	-0-
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if tollowing SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1.	Cash—non-interest-bearing	79,626	1	132,268
	2	Savings and temporary cash investments	31,368	2	57,930
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	69,212	4	53,972
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			-
ţ		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	_
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a	-		
	b	Less: accumulated depreciation 10b		10c	<del></del>
	11	Investments—publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	<u>-</u>
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	100 200	15	244 470
	16	Total assets. Add lines 1 through 15 (must equal line 34)	180,206	16	244,170
	18	Accounts payable and accrued expenses	35,357	18	108,894
8	19	Deferred revenue	33,337	19	100,034
	20	Tax-exempt bond liabilities		20	······································
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
	22	Payables to current and former officers, directors, trustees, key			
Liabilities	22	employees, highest compensated employees, and disqualified persons.		1	
Ē		Complete Part II of Schedule L	on mrs - notes on -n	22	
<u>"</u>	23	Secured mortgages and notes payable to unrelated third parties		23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	35,357	26	108,893
60		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
Net Assets or Fund Balances		lines 27 through 29, and lines 33 and 34.	~		
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and			
ō	20	complete lines 30 through 34.		20	
ets	30	Capital stock or trust principal, or current funds		30	<del> </del>
188	31	Paid-in or capital surplus, or land, building, or equipment fund	122,534	31	123,463
<b>at</b>	32 33	Retained earnings, endowment, accumulated income, or other funds .  Total net assets or fund balances	144,849		135,277
ž	34	Total liabilities and net assets/fund balances	180,206	-	244,170
	<u> </u>	Total habilities and het assets/fullu udiances	100,200	- <del></del>	244,170

Form 9	90 (2011)		Pa	ge 12					
Par	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI		•						
1	Total revenue (must equal Part VIII, column (A), line 12)		21	6,196					
2									
3	Revenue less expenses. Subtract line 2 from line 1	11,813							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		14	4,849					
5	Other changes in net assets or fund balances (explain in Schedule O)	21,385							
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,								
	column (B))		5,277						
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response to any question in this Part XII								
			Yes	No					
1	Accounting method used to prepare the Form 990:  Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?								
b									
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			,					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis								
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		/					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		_					

Form **990** (2011)

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

	္ပ
4	qne
	to
<b>W</b>	en
	Ö

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

• • •	n to Public spection
0	Open t
()	Insp

(h) Purpose of grant or assistance **Employer Identification number** to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ∑ Yes 59-6139364 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance . . . . . (f) Method of valuation (book, FMV, appraisal, other) -. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . (e) Amount of non-cash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Part II can be duplicated if additional space is needed Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (D) EIN ROTARY CLUB OF GAINESVILLE FLORIDA (12) (4) 1 (a) Name and address of organization (8) Name of the organization (9) Part I Part II ල 0 E 5 Ξ (2) 6)

Schedule I (Form 990) (2011)

Cat No 50055P

<b> </b>		1	1				İ				ļ	į	!	ļ	
the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  eeded.  of (c) Amount of (d) Amount of non-cash assistance FMV, appraisal, other)  s cash grant								itional information.							
ation answered fes to reside Method of valuation (book, FMV, appraisal, other)								ine 2, and any other add							
ipiete if the organiz (d) Amount of non-cash assistance								n required in Part I,							
(c) Amount of cash grant								VIDE THE INTORMATION							
								ete this part to pro-							
(a) Type of grant or assistance  (b) Number (control of grant or assistance)								Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information GRANTES ARE LOCAL 501(C)(3) ORGANIZATIONS KNOWN TO THE BOARD APPROVES ALL GRANTS							
Lau III	-	7	8	4	တ	9	7	Part IV GRANTEES		6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

**ROTARY CLUB OF GAINESVILLE FLORIDA** 

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Open to Public Inspection

► Attach to Form 990 or 990-EZ. Name of the organization

Employer identification number 59-6139364

PART VI, LN 11A ~ 990 IS PRESENTED AT REGULAR BOARD MEETING. BOARD MEETS MONTHLY. BOARD RECEIVES MONTHLY						
FINANCIAL REPORTS.						
PART VI, LN 19 – GOVERNING DOCUMENTS MADE AVAILABLE UPON REQUEST TO CLUB PRESIDENT OR A MEMBER OF THE BOARD.						
PART XI, LN 5 – \$21,385 ACCUMULATED UNCOLLECTIBLE DEBT WAS CHARGED TO RETAINED EARNINGS.						