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Form .990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

A		OO44		bout Form 990 and its instructio				IIISpec				
			endar year, or tax year begir		2014, and end	ing Jui	ne 30	, 20 15				
В		applicable		RY CLUB OF GAINESVILLE FLO	RIDA		D Employer identification number					
\vdash	Address	change		Y CLUB OF GAINESVILLE				59-6139364				
\sqcup	Name ch	hange	Number and street (or P O bo	ox if mail is not delivered to street addre	ss) Room/s	suite	E Telephor	ne number				
	Initial ret	turn	P. O. BOX 357755		352-338-0607							
	Final retu	rn/terminated	City or town, state or province									
	Amende	d return		G Gross re	ceipts \$	213,000						
	Applicat	on pending	5 H(a) Is this a o	B	subordinates? Yes							
		, ,	SAME AS ABOVE	d officer SUSAN SPAIN, PRESID		-	-	s included? Tes				
	Tax-exe	mpt status		01(c) (4) ◄ (insert no) ☐ 4947(a	a)(1) or 527			list (see instruction				
J	Website		<u> </u>	51(c)(4) ((institute) 1 454/(c	3(1) 61 327		exemption					
K		organization	Corporation Trust A	ssociation ☐ Other ►	L Year of form							
_	art I	Summ		SSOCIATION Other >	L rear or long	nation 1918	IVI State	of legal domicile	FL			
	1		_	micron or most significant set	initrani. LOCA	AL COMMUNIT	CV CEDVIC	E ODG ANIZAT	101			
m	'		-	mission or most significant act								
Governance				ATIONAL. VOLUNTEERS TIME A	IND RAISES A	ND DONATES	FUNDS IN	SUPPORT OF				
E	_		ND INTERNATIONAL CHAR									
Š	2			tion discontinued its operation	s or disposed	of more than	<u>1 25% of</u> i	its net assets				
	3			governing body (Part VI, line 1a		CEIVED			18			
•ජ ග	4	Number	of independent voting me	mbers of the governing body (i	Part VI , line 1t	o)	<u> </u>		18			
₽	5	Total nur	nber of individuals employ	yed in calendar year 2014 (Part	V)如 2a)(n)	V 11 @ 2045	9 5		1			
Activities	6	Total nur	nber of volunteers (estima	te if necessary)	181 140	V 16 2015	A		275			
¥	7a	Total unr	elated business revenue f	rom Part VIII, column (C), line 1	2		\(\frac{\cup_{\sigma}}{\cup_{\sum}}\)		-0-			
	b	Net unre	lated business taxable inc	ome from Form 990-T, line 34	·OG	DEN US	7b		-0-			
			***			Prior Y	er	Current Y	ear			
₫	8	Contribu	tions and grants (Part VIII,	line 1h)			16,119		18,587			
Revenue	9		service revenue (Part VIII,	•			-0-	,	-0-			
Š	10			(4) 1: 0 4 17 0			81	-	81			
ď	11), lines 5, 6d, 8c, 9c, 10c, and		ļ						
	12			11 (must equal Part VIII, column			191,961		194,332			
	13			Part IX, column (A), lines 1-3).			208,161		213,000			
	14			art IX, column (A), line 4)			43,887	-	45,579			
	15						-0-		-0-			
Ses	1			byee benefits (Part IX, column (A)	, lines 5–10)		10,852					
; ;	16a			IX, column (A), line 11e)			-0-		-0-			
Expenses	_b		draising expenses (Part IX									
-	17			A), lines 11a-11d, 11f-24e) .			152,068		152,298			
)	18	-	· ·	nust equal Part IX, column (A),	line 25)		206,807		209,957			
	19	Revenue	less expenses Subtract I	ine 18 from line 12			1,354		3,043			
ts or nces						Beginning of Cu	rrent Year	End of Ye	ar			
Net Assets Fund Balan	20		ets (Part X, line 16)				155,605		126,384			
2 A B	21	Total liab	oilities (Part X, lıne 26)				38,139		28,867			
žŽ	22	Net asse	ts or fund balances. Subtr	act line 21 from line 20			117,466		97,517			
Pa	art II	Signat	ture Block		-							
Un	der pena	lties of perju	iry, I declare that I have examined	this return, including accompanying s	chedules and star	tements, and to t	he best of m	ny knowledge and	belief, it is			
tru	e, correct	t, and compl	lets Declaration of preparer to the	er than officer) a based on all information	n of which prepar	rer has any knowl	ledge					
		15.	House	med ///								
Sig	yn 💮	SUOD	ature of officer			Da	ite ,					
He	re	Z	F. GOOTMA	W. To TEST	LINEX	2	1/-	10-15				
		Туре	or print name and title					<u>, </u>				
D-		Print/Ty	pe preparer's name	Preparer's signature	11	Date	T 63 F	T PTIN				
Pa		_					Check self-emp	 1				
	epare		ama N									
Us	e Onl						n's EIN ▶	-				
Ma	v the IS		ddress >	arer shown above? (see instruc	etions)	[Pho	ne no		. 🗆			
_						<u></u>	- · · ·		No No			
ror	raperw	vork Hedu	ction Act Notice, see the se	eparate instructions.	Cat	No 11282Y	-	ZO Form	990 (2014)			

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Pai	t I	

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i Cilli 38	Page Z
Part	
	Check if Schedule O contains a response or note to any line in this Part III
` 1	Briefly describe the organization's mission:
	ROTARY IS A WORLDWIDE ORGANIZATION OF BUSINESS AND PROFESSIONAL LEADERS THAT PROVIDES HUMANITARIAN
	SERVICE AND ENCOURAGES HIGH ETHICAL STANDARDS IN ALL VOCATIONS. LOCAL ROTARY CLUBS DEVELOP AUTONOMOUS
	LOCAL AND INTERNATIONAL SERVICE PROGRAMS. HOWEVER, ALL ROTARIANS ARE UNITED IN A GLOBAL CAMPAIGN TO ERADICATE POLIO.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
	(0.1
4a	(Code:) (Expenses \$ including grants of \$ 25,383) (Revenue \$)
	LOCAL YOUTH PROJECTS INCLUDING COLLEGE SCHOLARSHIPS, READING PROGRAMS, AND HEALTH CONFERENCES,
	SCOUTING AND SCIENCE PROGRAMS
	·····
	······································
4b	(Code:) (Expenses \$including grants of \$13,268) (Revenue \$)
	COMMUNITY SERVICE PROJECTS INCLUDING SCHOOL TEACHER RECOGNITION AND SUPPORT, SCHOOL VOLUNTEER
	PROGAMS, HOUSING REHABILITATION PROGRAMS, AND FISHER HOUSE SUPPORT
	•
4c	(Code:) (Expenses \$including grants of \$6,928) (Revenue \$)
	INTERNATIONAL SERVICE PROGRAMS INCLUDING STUDENT EXCHANGES, LITERACY PROGRAMS, AND HEALTH CARE MISSIONS
	•
4d	Other program services (Describe in Schedule O.)
74	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 45,579
	· · · · · · · · · · · · · · · · · · ·

Form 99	0 (2014)		F	Page 3
Part	V Checklist of Required Schedules			
	In the constitution of the control o		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		7
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
6	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		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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, VIII, IX, or X as applicable	. 1	. ;	7,
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		1
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		1
d	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		7
	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 and XII	12a		1
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 and XII is optional .	12b		✓
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	<u> </u>	1
b	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		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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		1
18	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	18		1
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	19		1

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20b

Form 99	30 (2014)		ı	age 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
٠ 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	_	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	24a		1
b c	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
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		√ √
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		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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		√ √
С	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	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	İ	1
30	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			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	✓
250	or IV, and Part V, line 1	34		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		✓
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		
27	Did the organization conduct more than 504 of its notivities through an entity that is not a related organization		1	

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

37

38

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a -0-	\Box	103	
b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	1	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · ·	<u> </u>	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
ь	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 <i>e-file</i> (see instructions)	-20		-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	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			ļ
	account)?	4a		1
b	If "Voc." enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			Ì
	(FBAR)			Ì
5a		5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	1	
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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		[
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]	1	
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:		Ì	
а	Gross income from members or shareholders]		l
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		ŀ
	against amounts due or received from them)	1		
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		1	
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	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.]	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans	1		
С	Enter the amount of reserves on hand	<u> </u>	<u> </u>	L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	₩
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes							
	Check if Schedule O contains a response or note to any line in this Part VI	· · · · ·			,0,, <u>s</u>			
Secti	on A. Governing Body and Management							
4-	Enter the month of the second	_		Yes	No			
ıa	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or	1a 18	4					
	if the governing body delegated broad authority to an executive committee or similar		1					
	committee, explain in Schedule O				ŀ			
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 18						
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	elationship with	1					
	any other officer, director, trustee, or key employee?		2		✓			
3	Did the organization delegate control over management duties customarily performed by or u		3					
	supervision of officers, directors, or trustees, or key employees to a management company or other person? 1. Did the organization make any superfector changes to the governor decorate area to a give a few of the directors.							
	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become guerra divisor the unique of a configuration of the prior form 990 was filed?							
6	 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 							
7a	Did the organization have members, stockholders, or other persons who had the power to e	elect or appoint	6	✓				
	one or more members of the governing body?		7a	1				
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 und the year by the following	dertaken during						
•	The governing body?							
a b	Each committee with authority to act on behalf of the governing body?		8a 8b	1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno	t be reached at	OD		-			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
Secti	on B. Policies (This Section B requests information about policies not required by the	Internal Rever	ue C	ode.)				
				Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?		10a		✓			
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	!							
b								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a		1			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to conflicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the p	olicy? If "Yes,"						
	describe in Schedule O how this was done		12c					
13	Did the organization have a written whistleblower policy?		13		√			
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review at		14		✓			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				ł			
а	The organization's CEO, Executive Director, or top management official		15a		1			
b	Other officers or key employees of the organization		15b		✓			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar the results at the contribute assets.	ar arrangement						
	with a taxable entity during the year?		16a		/			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to							
	organization's exempt status with respect to such arrangements?		16b		-			
Section	on C. Disclosure		, .00		1			
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, ar	nd 990-T (Section	า 501(c)(3)s	only)			
	available for public inspection. Indicate how you made these available Check all that apply.							
19	Own website Another's website Upon request Other (explain in Sch			I				
13	Describe in Schedule O whether (and if so, how) the organization made its governing documer financial statements available to the public during the tax year.	ns, conflict of inf	erest	oolicy	, and			
20	State the name, address, and telephone number of the person who possesses the organization	n's books and re	corde	•				
	BUDDY GOODMAN, TREASURER 3605 NW 30TH BOULEVARD GAINESSVILLE, FL TEL: 352.338.0		JUI 43	-				

Form 990 (2014)	90 (2014)	990	orm=
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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	r anv relate	d ora:	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r. or trustee.
(C)								[,,
(A)	(B)		Position					(D)	(E)	(F)
Name and Title	Average	(do not check more than one						Reportable	Reportable	Estimated
	hours per							compensation	compensation from	
	week (list any hours for							from the	related organizations	other compensation
	related	Individual trustee or director	SE T	Officer	Key employee	무 등 등	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	t da	g		힐	yee cc	*	(W-2/1099-MISC)		organization
	line)	ารู	altr) Vec	ğ				and related organizations
		e e	Institutional trustee			Highest compensated employee				•
			l °			<u>ē</u>				
(4) 0.00.00 00.00										
(1) SUSAN SPAIN	ļ	l		١,						
PRESIDENT		<u> </u>	<u> </u>	✓	-			<u> </u>		
(2) IVAN OELRICH		l		١,						
PRESIDENT ELECT	-	-	_	✓	-		├	<u> </u>		
(3) JASON SHANK				١,	ĺ					
SECRETARY				✓	_	-	 			<u> </u>
(4) BUDDY GOODMAN		l		١,						
TREASURER			<u> </u>	✓	<u> </u>		<u> </u>			
(5) JOHN BRUNNER		,								
DIRECTOR		✓	<u> </u>				_			
(6) WESLEY EUBANK		,								
DIRECTOR	-	/	├-		-			<u> </u>		
(7) BRENT WILLIAMS		,								
DIRECTOR		✓	⊢				⊢			
(8) GRACE HORVATH		,								
PAST PRESIDENT		✓	-			ļ	<u> </u>			
(9) KAY MITCHELL										
DIRECTOR		1	-	-	-		_			
(10) REBECCA NAGY		1						İ		
DIRECTOR		-	-	<u> </u>	-		_			
(11) JOHN STEVENS		,			ĺ			<u> </u>		
DIRECTOR		✓	├	_			-	<u> </u>		
(12) JENNI VAN HART		,				ŀ				
DIRECTOR		✓				-	_			
(13) GUILLEMO DIAZ	 	,								
DIRECTOR	ļ	✓	<u> </u>	\vdash	<u> </u>					
(14) CHRIS CONNER	ļ	,								
DIRECTOR	1	✓		l	1		l	1		<u></u>

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
					C)			ļ <u>-</u>	<u> </u>				
· (A)	(B)				ition			(D)	(E)			(F)	
Name and title	Average	•				than one of the state of the st		Reportable	Reportable	,		mated	
	hours per					or/trust		compensation	compensation	from		ount of	
	week (list any hours for	악	sul	9	8	em Jir	Б	from the	related organization	is		ther ensatic	on
	related	Individual trustee or director	3	Officer	Key employee	ploy	Forme	organization	(W-2/1099-MI		fro	m the	
	organizations below dotted	CT E	iona		恴	/ee 60	~	(W-2/1099-MISC)			-	nizatior related	
	line)	trus	al tr		yee	mpe				l		zation	
		6	Institutional trustee			Highest compensated employee				i			
			9			ted							
(15) STEVE MCKINNEY													
DIRECTOR		✓		L_									
(16) JOHN GREGORY	ļ	١,		[
DIRECTOR	ļ	✓	ļ		_					\rightarrow			
(17) CHAD KING		,											
DIRECTOR	ļ .	<u> </u>			_					$-\!\!\!\!+\!\!\!\!\!-$			
(18) KATHY PIERCE		1											
DIRECTOR		-	-						-				
(19)	 												
(20)			-	\vdash						+			
<u> </u>	 									j			
(21)			-							-	-		
	1												
(22)													•
(23)													
	, ,												
(24)	ļ												
			ļ							$-\!$			
(25)	ļ												
1b Sub-total	<u> </u>			L			Ļ_			\rightarrow			-
	 VII Contin	· ·		•		•	>						
	=		•	•						$-\vdash$			
							<u> </u>	<u> </u>	45 04.0	0.000 -			
2 Total number of individuals (including bureportable compensation from the organ		i to tr	iose	IIST	ea a	above	e) W	no received m	ore than \$10	υ,υυυ ο	ıŢ		
reportable compensation from the organ	IZATION			-								Yes	No
3 Did the organization list any former of	fficer. direc	tor. c	r tr	uste	ee.	kev e	emp	olovee, or high	est compen	sated	· · · · · ·	163	110
employee on line 1a? If "Yes," complete											3		1
4 For any individual listed on line 1a, is the	sum of re	oortal	ole d	com	nper	nsatio	n a	nd other comp	ensation fro	m the			<u> </u>
organization and related organizations													
ındıvıdual											4		1
5 Did any person listed on line 1a receive of	or accrue co	mpe	nsat	ion	fror	m any	un un	related organiz	ation or indi	vidual			1
for services rendered to the organization	? If "Yes," c	ompl	ete	Sch	iedu	ıle J f	or s	uch person			5		✓
Section B. Independent Contractors													
1 Complete this table for your five highest													
compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within th	ne organ	nizatio	n's t	ax
year.							r						
(A) Name and business add	Iress							(B) Description of si	ervices	Cr	(C) Impens	ation	
				-			-						
							_						
			_				 						
							-						
2 Total number of independent contractor	ors (includir	ng bu	it n	ot I	imıt	ed to	th	ose listed abo	ove) who				
received more than \$100,000 of compen-	sation from	the o	rgar	nizat	tion	>							

Part	VIII	Statement of Revenue		_		<u> </u>
		Check if Schedule O contains a response or note to			<u> </u>	
•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns 1a	i			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b 18,587	[i		
	С	Fundraising events 1c]	Ì		
	d	Related organizations 1d	}			
	e	Government grants (contributions) 1e				
er is	f	All other contributions, gifts, grants, and similar amounts not included above				
를 를	_	L-*- L	Į			
no:	g	Noncash contributions included in lines 1a-1f \$		ļ		
	h	Total. Add lines 1a–1f	18,587			
Program Service Revenue	2a					=
3evi	b					
93	c					
ervi	d					
E S	e					
gra	f	All other program service revenue .		· · · · · · · · · · · · · · · · · · ·		
Pro	g	Total. Add lines 2a-2f				·
	3	Investment income (including dividends, interest,				
		and other similar amounts) ▶	81	81		
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	C	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	assets other than inventory	}			
	ь	Less cost or other basis	ļ			
	"	and sales expenses .				
	С	Gain or (loss)	ļ			
	d	Net gain or (loss)	Í		~	
] -	The sum of (1995)				
ine	8a	Gross income from fundraising				
ver		events (not including \$				
Other Revenu		of contributions reported on line 1c)				
ē		See Part IV, line 18 a				
횽	b	Less direct expenses b				
_		Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
:	b	Less direct expenses b Net income or (loss) from gaming activities	!		-	
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less				
	IUa	returns and allowances a				ļ
	ь	Less: cost of goods sold b				
	C	Net income or (loss) from sales of inventory •		-		-
	 _	Miscellaneous Revenue Business Code		<u>.</u>		
	11a	MEMBER MEAL CHARGES	194,332	194,332		
	Ь	MEMBER MEAE ONARGES	104,002	107,002		
	c					
	d	All other revenue				
	e	Total. Add lines 11a–11d ▶	194,332			
	12	Total revenue. See instructions ▶	213,000			

	0 (2014)				Page 10
Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respons	se or note to any lin	e in this Part IX .	<u> </u>	
	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 domestic organizations and domestic governments. See Part IV, line 21	45,579	45,579		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	12,080	-0-	12,080	
9	Other employee benefits				
10	Payroll taxes	924	-0-	924	
11	Fees for services (non-employees)			,	
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .				
12	Advertising and promotion				
13	Office expenses	4,507	-0-	4,507	
14	Information technology				
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 .	2,372	-0-	2,372	
20	Interest				
21	Payments to affiliates				, .
22	Depreciation, depletion, and amortization .				
23	Insurance	156	-0-	156	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	1	-		
	(A) amount, list line 24e expenses on Schedule O.)		1		
а	BANK CHARGES	248	-0-	248	
b	MEMBER MEAL EXPENSE (WEEKLY MTGS)	126,275		126,275	
c		.20,270		120,210	
d					
e	All other expenses MISC CLUB EXPENSE	17,816	-0-	17,816	
25	Total functional expenses. Add lines 1 through 24e	209,957	45,579	164,378	
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 following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

_		Check if Schedule O contains a response or note to any line in this Par	t X		🗀
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	69,649	1	34,185
	2	Savings and temporary cash investments	58,127	2	58,208
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,829	4	30,997
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ět	7	Notes and loans receivable, net		7	
Assets	7 8	The state of the s		8	
	9			9	
	10a	Prepaid expenses and deterred charges		9	2,994
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b	-	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	-
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	155,605	16	126,384
	17	Accounts payable and accrued expenses		17	
i	18	Grants payable	38,139	18	28,867
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	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	38,139	26	28,867
Ş		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
JCe		1			
lar	27	Unrestricted net assets		27	
Ö	28	Temporarily restricted net assets		28 29	
ŭ	29	Permanently restricted net assets	·	29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
O S	30	Capital stock or trust principal, or current funds		30	-
Net Assets	31			31	
ASS	32	Retained earnings, endowment, accumulated income, or other funds.	446 444	32	04 474
et	33	Total net assets or fund balances	116,111 155,605		94,474
Z	34	Total liabilities and net assets/fund balances	193,744		126,384 155,251
			193,744		199,291

Page 1	4

01111 33	10 (2014)		_		Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			21	3,000
2	Total expenses (must equal Part IX, column (A), line 25)	2			20	9,957
3	Revenue less expenses Subtract line 2 from line 1	3				3,043
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			155,605		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(32	2,264 <u>)</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			12	6,384
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	<u> </u>			
			_		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," ex	olain	in			
	Schedule O.			- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled o	or	- 1		
	reviewed on a separate basis, consolidated basis, or both:			1		:
	Separate basis Consolidated basis Both consolidated and separate basis		_		-	
b	Were the organization's financial statements audited by an independent accountant?	. •		2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on	a	1		,
	separate basis, consolidated basis, or both:		į			
	Separate basis Consolidated basis Both consolidated and separate basis		. 1		ļ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account					
	·		<u> </u>	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	piain	in			
3a	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?		.	3а		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rgo th	ne T			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			3b		
				Forn	990	(2014)
						•

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

Information about Schedule I (Form 990) and its Instructions is at www.irs.gov/form990.

OMB No 1545-0047

Schedule I (Form 990) (2015) ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance Employer identification number ✓ Yes 59-6139364 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P 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 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? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. (b) EIN ROTARY CLUB OF GAINESVILLE FLORIDA (1) 1 (a) Name and address of organization or government Part II 8 ල € 3 9 E <u>@</u> 9 9 2

Schedule I (Form 990) (2015)

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) GRANTEES ARE LOCAL 501(C)(3) ORGANIZATIONS KNOWN TO THE BOARD, AND THE BOARD APPROVES ALL GRANTS. (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV Part III ო 2 N 9

Schedule I (Form 990) (2015)

SCHEDULE O (Form 990 or 990-EZ)

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.

20**15**

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization	Employer identification number
ROTARY CLUB OF GAINESVILLE FLORIDA	59-6139364
PART IV, LN11A - 990 IS PRESENTED AT REGULAR BOARD MEETING. BOARD MEETS MO	NTHLY. BOARD RECEIVES MONTHLY
FINANCIAL REPORTS.	
PART VI, LN 19 - GOVERNING DOCUMENTS MADE AVAILABLE UPON REQUEST TO CLUB I	RESIDENT OR A MEMBER OF THE BOARD.
PART XI, LN 9 - \$32,264 WRITE OFF ACCUMULATED UNCOLLECTIBLE DEBT.	
	•••••
·····	
	······································