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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2014**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

**B** Check if applicable:  
☐ Address change  
☒ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**ROTARY CLUB OF ST. AUGUSTINE, INC.**

**D** Employer identification number  
**59-6152293**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P. O. BOX 3927**

City or town, state or province, country, and ZIP or foreign postal code  
**ST. AUGUSTINE, FL 32085**

**E** Telephone number  
**904-471-3445**

**F** Group Exemption Number ▶ **0573**

**G** Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **WWW.STAUGUSTINEROTARY.COM**

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( **4** ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **177,923.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

		1	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
Revenue	1 Contributions, gifts, grants, and similar amounts received									4,309.													
	2 Program service revenue including government fees and contracts									113,660.													
	3 Membership dues and assessments									38,317.													
	4 Investment income									610.													
	5a Gross amount from sale of assets other than inventory	5a																					
	b Less: cost or other basis and sales expenses	5b																					
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																						
	6 Gaming and fundraising events																						
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a																					
	b Gross income from fundraising events (not including \$ <u>4,309.</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		21,027.																			
c Less: direct expenses from gaming and fundraising events	6c		16,155.																				
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d						4,872.																
7a Gross sales of inventory, less returns and allowances	7a																						
b Less: cost of goods sold	7b																						
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c																						
8 Other revenue (describe in Schedule O)	8																						
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9									161,768.													
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10								59,291.													
	11 Benefits paid to or for members	11																					
	12 Salaries, other compensation, and employee benefits	12																					
	13 Professional fees and other payments to independent contractors	13								6,710.													
	14 Occupancy, rent, utilities, and maintenance	14																					
	15 Printing, publications, postage, and shipping	15																					
	16 Other expenses (describe in Schedule O)	16									84,541.												
	17 Total expenses. Add lines 10 through 16	17									150,542.												
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18								11,226.													
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19								105,530.													
	20 Other changes in net assets or fund balances (explain in Schedule O)	20								-698.													
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21								116,058.													

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2014)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒ X

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	95,349.	22	107,493.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	10,562.	24	10,134.
25 Total assets	105,911.	25	117,627.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	381.	26	1,569.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	105,530.	27	116,058.

**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

☒ X

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

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

28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 46,293.
29 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a 86,120.
30 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a 12,998.
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 145,411.

**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
CHRIS CALLEGARI				
PAST PRESIDENT	1.00	0.	0.	0.
LOUISE H ANDERSON				
PRESIDENT	3.00	0.	0.	0.
KATHERINE BATENHORST				
PRESIDENT-ELECT	2.00	0.	0.	0.
KYLE KOVACS				
SECRETARY	2.00	0.	0.	0.
JODI KOTRADY-HATIN				
TREASURER	2.00	0.	0.	0.
REBECCA CRUM				
DIRECTOR	1.00	0.	0.	0.
PEGGY GACHET				
DIRECTOR	1.00	0.	0.	0.
GARY MAGUIRE				
DIRECTOR	1.00	0.	0.	0.
JAMES STEGE				
DIRECTOR	1.00	0.	0.	0.
GUY TOMASINO				
DIRECTOR	1.00	0.	0.	0.
EARL WARD				
DIRECTOR	1.00	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 Sch. O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> 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		<input checked="" type="checkbox"/>
<b>34</b> 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)	<input checked="" type="checkbox"/>	
<b>35a</b> 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)?		<input checked="" type="checkbox"/>
<b>b</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	<input checked="" type="checkbox"/>	
<b>c</b> 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	<input checked="" type="checkbox"/>	
<b>36</b> 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		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
<b>38a</b> 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?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
<b>b</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		<input checked="" type="checkbox"/>
<b>c</b> 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 <span style="float: right;">▶ 0.</span>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
<b>e</b> 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		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <u>NONE</u>		
<b>42a</b> The organization's books are in care of ▶ <u>LOUISE H. ANDERSON, CPA</u> Telephone no ▶ <u>904-471-3445</u> Located at ▶ <u>1301 PLANTATION ISLAND DRIVE STE 205A, ST. AUGUST</u> ZIP + 4 ▶ <u>32080</u>		
<b>b</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)?		<input checked="" type="checkbox"/>
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).		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b> N/A</span>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<b>b</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		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>b</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)		

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

	Yes	No
47		
48		
49a		
49b		

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
N/A				

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

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

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

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer

Date

KATHERINE BATENHORST, PRESIDENT

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

LOUISE H. ANDERSON, C.P.A.

*Louise H. Anderson CPA*

10/2/15

P00076150

Firm's name ▶ CARR, RIGGS & INGRAM, LLC

Firm's EIN ▶ 72-1396621

Firm's address ▶ 1301 PLANTATION ISLAND DR STE 205A ST. AUGUSTINE, FL 32080

Phone no. 904.471.3445

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- **Complete if the organization is described below.** ► **Attach to Form 990 or Form 990-EZ.**  
► **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization

ROTARY CLUB OF ST. AUGUSTINE, INC.

Employer identification number

59-6152293

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  
☐ Yes ☐ No
- 4a Was a correction made?  
☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)			
<b>d</b> Other exempt purpose expenditures			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)			
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			

☐ Yes ☐ No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2014

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		<b>X</b>
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		<b>X</b>
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		<b>X</b>

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	27,477.
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.



Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2014

### Open to Public Inspection

Name of the organization

ROTARY CLUB OF ST. AUGUSTINE, INC.

Employer identification number

59-6152293

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants

- ☐ Solicitation of government grants

- ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

[illegible]

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 SPRING CASUAL DINNER (event type)	(b) Event #2 (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
<b>Revenue</b>				
1 Gross receipts	24,596.		740.	25,336.
2 Less Contributions	4,309.			4,309.
3 Gross income (line 1 minus line 2)	20,287.		740.	21,027.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes	4,309.			4,309.
6 Rent/facility costs	1,800.		3,600.	5,400.
7 Food and beverages	1,168.		3,144.	4,312.
8 Entertainment				
9 Other direct expenses	1,995.		139.	2,134.
10 Direct expense summary Add lines 4 through 9 in column (d)				16,155.
11 Net income summary Subtract line 10 from line 3, column (d)				4,872.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				
8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ CARR, RIGGS & INGRAM, LLCAddress ▶ 1301 PLANTATION ISLAND DRIVE, SUITE 205A - ST. AUGUSTINE, FL 32080

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

<b>Part IV</b>		<b>Supplemental Information</b> (continued)
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

ROTARY CLUB OF ST. AUGUSTINE, INC.

Employer identification number  
59-6152293

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

DIVIDENDS

610.

**FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:**

**AFFILIATE NAME:** ROTARY INTERNATIONAL

**AFFILIATE ADDRESS:** 14255 COLLECTIONS CENTER DR. CHICAGO, IL 60693

**PURPOSE OF PAYMENT:** DUES

**AMOUNT OF PAYMENT:**

5,137.

**AFFILIATE NAME:** ROTARY DISTRICT 6970

**AFFILIATE ADDRESS:** PO BOX 47195 JACKSONVILLE, FL 32247

**PURPOSE OF PAYMENT:** DUES

**AMOUNT OF PAYMENT:**

7,861.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10**

12,998.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION:** PAUL HARRIS FOUNDATION

**GRANTEE NAME:** ROTARY FOUNDATION

**GRANTEE ADDRESS:** ONE ROTARY CENTER 1560 SHERMAN AVENUE EVANSTON, IL 60201

**PROPERTY DESCRIPTION:** CASH

**AMOUNT GIVEN:**

10,610.

**ACTIVITY CLASSIFICATION:** COMMUNITY SERVICE

**GRANTEE NAME:** BOY'S AND GIRL'S CLUB OF NORTHEAST FLORIDA, INC.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

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(Form 990 or 990-EZ)

Department of the Treasury  
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59-6152293

GRANTEE ADDRESS: 555 W. 25TH STREET JACKSONVILLE, FL 32206

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 8,000.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: ST. AUGUSTINE SOCIETY, INC.

GRANTEE ADDRESS: 70 WASHINGTON ST. ST. AUGUSTINE, FL 32084

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 8,000.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: THE VETERAN'S COUNCIL OF ST. JOHNS COUNTY, INC.

GRANTEE ADDRESS: P.O. BOX 2117 ST. AUGUSTINE, FL 32085

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 600.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: GOOD SAMARITAN HEALTH CENTERS, INC.

GRANTEE ADDRESS: 268 HERBERT ST ST. AUGUSTINE, FL 32084

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 5,000.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: ST. JOHNS COUNTY CENTER FOR THE ARTS, INC.

GRANTEE ADDRESS: 3505 VARELLA AVE. ST. AUGUSTINE, FL 32084

PROPERTY DESCRIPTION: CASH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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OMB No 1545-0047

**2014**

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Employer identification number  
59-6152293

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: ST. AUGUSTINE BALLET, INC.

GRANTEE ADDRESS: 1711 LAKESIDE AVE #10 ST. AUGUSTINE, FL 32084

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 1,500.

ACTIVITY CLASSIFICATION: COMMUNITY SERVICE

GRANTEE NAME: OTHER MISC GRANTS & AWARDS

PROPERTY DESCRIPTION: CASH

AMOUNT GIVEN: 12,083.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 46,293.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSES	3,156.
TRAVEL	3,138.
LUNCHEON EXPENSES	73,305.
BOARD EXPENSES	3,133.
MISCELLANEOUS	789.
BANK SERVICE CHARGES	65.
WEBSITE	955.
TOTAL TO FORM 990-EZ, LINE 16	84,541.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

UNREALIZED GAIN/LOSS

-698.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	10,562.	10,134.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	381.	0.
DUE TO ROTARY CLUB OF ST. AUGUSTINE ENDOWMENT		
FUND, INC.	0.	1,569.
TOTAL TO FORM 990-EZ, LINE 26	381.	1,569.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE MISSION IS TO PROVIDE  
SERVICE TO OTHERS TO HELP PROMOTE SOCIAL WELFARE TO THE LOCAL  
COMMUNITY, TO PROMOTE HIGH ETHICAL STANDARDS, AND TO ADVANCE  
UNDERSTANDING, GOODWILL AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS,  
PROFESSIONAL AND COMMUNITY LEADERS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY SERVICES - PROVIDE FINANCIAL SUPPORT TO VARIOUS  
LOCAL NON-PROFIT ORGANIZATIONS, PARTICIPATE IN FOREIGN  
YOUTH EXCHANGE PROGRAMS, AND PROVIDE DICTIONARIES TO  
ELEMENTARY SCHOOL CHILDREN.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

CLUB FUNCTIONS - CONSISTS OF ACTIVITIES THAT ENCOURAGE AND

FOSTER ROTARY GUIDING PRINCIPALS AND IDEALS THAT ENHANCE

LEADERSHIP AND SERVICE IN THE COMMUNITY THROUGH WEEKLY

LUNCHEONS, ETC.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

DISTRICT & INTERNATIONAL DUES - PROVIDE FINANCIAL SUPPORT

TO THE ROTARY FOUNDATION TO ADDRESS VARIOUS GLOBAL

EDUCATIONAL AND HUMANITARIAN NEEDS, INCLUDING PROJECTS TO

ERADICATE POLIO, PROVIDE CLEAN WATER, AND SUPPORT EDUCATION.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be Rotary Club of St. Augustine, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1301 Plantation Island Dr, Ste 205A  
St. Augustine, FL 32080

Mailing address, if different is:  
P O Box 3927  
St. Augustine, FL 32085

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to encourage and foster the ideal of service as a basis of worthy enterprise, and to encourage and foster the ideals of Rotary International.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed directors are elected annually by the members of the Rotary Club of St. Augustine, Inc.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title Louise H. Anderson, President  
Address 1301 Plantation Island Dr.  
Ste 205A  
St. Augustine, FL 32080

Name and Title Katherine Batenhorst, Pres Elect  
Address P.O. Box 4514  
St. Augustine, FL 32085

Name and Title Kyle Kovacs, Sec  
Address 4250 Alisa Ln H-34  
St. Augustine, FL 32080

Name and Title Jodi Kotrady-Hatin, Treas  
Address \_\_\_\_\_

Name and Title Chris Callegari, VP  
Address 953 Oxford Dr.  
St. Augustine, FL  
32084

Name and Title Earl Ward, Director  
Address 10 Lee Drive  
St. Augustine, FL 32080

FILED  
15 MAR 19 AM 8:06  
SEAL  
TALLAHASSEE FLORIDA

Name and Title Guy Tomasino, Director

Address

PO Box 3111  
55 Augustine FL  
32085

Name and Title: Peggy Gachet, Director

Address

304 View Point Rd  
St. Augustine, FL  
32080

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P O Box NOT acceptable) of the registered agent is.

Name

Louise H. Anderson

Address.

1301 Plantation Island Dr Ste 205A  
St. Augustine FL 32080

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name.

Louise H. Anderson

Address:

1301 Plantation Island Dr, Ste 205A  
St. Augustine, FL 32080

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Louise H. Anderson

Required Signature of Registered Agent

3/13/15  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Louise H. Anderson

Required Signature of Incorporator

3/13/15

Date  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

15 MAR 19 AM 8:06

Name and Title: Bobby Crum, Director

Address

301 Spanish Oak Ct  
St Augustine, FL 32080

Name and Title: Rebecca Crum, Director

Address:

425 Ocean Grove Cir.  
St. Augustine, FL 32080

Name and Title Gary Maguire, Director

Address

1645 St. Marks Road Blvd.  
St. Augustine, FL 32095

Name and Title Jim Stege, Director

Address:

488 Island View Circle  
St A 32095

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

\_\_\_\_\_  
Required Signature of Registered Agent

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

\_\_\_\_\_  
Required Signature of Incorporator

\_\_\_\_\_  
Date