

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
ROTARY CLUB OF KEY LARGO INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 252

City or town, state or province, country, and ZIP or foreign postal code
KEY LARGO, FL 33037

D Employer identification number
65-0298310

E Telephone number
(305) 394-0614

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: KEYLARGOROTARY.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 74,775**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Revenue	
1	Contributions, gifts, grants, and similar amounts received 6,868
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 31,805
4	Investment income 10
5a	Gross amount from sale of assets other than inventory 5a
5b	Less cost or other basis and sales expenses 5b 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 5,459
6c	Less direct expenses from gaming and fundraising events 6c 3,750
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 1,709
7a	Gross sales of inventory, less returns and allowances 7a
7b	Less cost of goods sold 7b 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c
8	Other revenue (describe in Schedule O) 8 30,633
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 71,025
Expenses	
10	Grants and similar amounts paid (list in Schedule O) 10
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 47
14	Occupancy, rent, utilities, and maintenance 14
15	Printing, publications, postage, and shipping 15 10
16	Other expenses (describe in Schedule O) 16 57,963
17	Total expenses. Add lines 10 through 16 17 58,020
18	Excess or (deficit) for the year (Subtract line 17 from line 9) 18 13,005
Net Assets	
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 8,632
20	Other changes in net assets or fund balances (explain in Schedule O) 20
21	Net assets or fund balances at end of year Combine lines 18 through 20 21 21,637

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

	(A) Beginning of year	22	(B) End of year
22 Cash, savings, and investments	8,267	22	21,763
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	405	24	189
25 Total assets	8,672	25	21,952
26 Total liabilities (describe in Schedule O).	40	26	315
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	8,632	27	21,637

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?
TO PROMOTE CIVIC SERVICE

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

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 Additional Data Table			
(Grants \$)	If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			29a
(Grants \$)	If this amount includes foreign grants, check here	<input type="checkbox"/>	
30			30a
(Grants \$)	If this amount includes foreign grants, check here	<input type="checkbox"/>	
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	55,214

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
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of AMY PIERSON Telephone no (305) 394-0614 Located at PO BOX 252 KEY LARGO, FL ZIP + 4 33037

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b If "Yes," was the related organization a section 527 organization?	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
NONE				

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
NONE		

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

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations 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.

***** Signature of officer	2020-01-30 Date
Laura Lietaert President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SANDRA K HAAB	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00011379
	Firm's name ▶ KEYS ACCOUNTING & TAX SERVICE INC			Firm's EIN ▶ 65-0045773	
	Firm's address ▶ 99411 OVERSEAS HWY 4 KEY LARGO, FL 33037			Phone no (305) 451-3464	

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 65-0298310

Name: ROTARY CLUB OF KEY LARGO INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 1 COMMUNITY OUTREACH PROVIDED HUMANITARIAN SERVICES, MAN POWER AND SUPPORT WITHIN THE LOCAL COMMUNITY 2 JOINED FORCES WITH THE INTERACT CLUBS AT KEY LARGO SCHOOL AND CORAL SHORES HIGH SCHOOL TO RAISE AWARENESS FOR WORLD POLIO DAY 3 INVOLVED WITH THE ANNUAL TAKE STOCK IN CHILDREN BACK COUNTRY CHALLENGE 4 TEAMED UP WITH CORAL SHORES INTERACT TO PASS OUT MEALS FOR HOPE AT KEY LARGO SCHOOL 5 VOLUNTEERS PROVIDED SUPPORT AND GUIDANCE TO LOCAL HIGH SCHOOL STUDENTS ON COMMUNITY SERVICE PROJECTS SPONSORED MENTORS OF HIGH SCHOOL SERVICE CLUB IN CONJUNCTION WITH HIGH SCHOOL INTERACT CLUB 6 CONDUCTED ANNUAL FOOD DRIVE IN WHICH VOLUNTEERS COLLECTED AND DELIVERED FOOD AND DONATIONS TO BENEFIT THE LOCAL FOOD BANKS</p> <p>(Grants \$ 55,214)</p> <p>If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

Form 990EZ, 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
AMY PIERSON Treasurer	4 00	0		
Jennifer McComb President	4 00	0		
Laura Lietaert Vice President	4 00	0		
Dan Cornell Secretary	4 00	0		
Jim Bolini Director	4 00	0		
Isis Wright Director	4 00	0		
Donnie Fanelli Director	4 00	0		
Henry Menendez Director	4 00	0		
Jennifer Miller Director	4 00	0		
JIM HORAN Director	4 00	0		
John Stewart Director	4 00	0		
Bob Thomas Director	4 00	0		
Dennis Caltagirone Director	4 00	0		

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
ROTARY CLUB OF KEY LARGO INC

Employer identification number

65-0298310

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	SATELLITE CLUB INCOME \$25227

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	REIMBURSEMENTS \$3872

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 3	INSTALLATION DINNER \$985

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 4	ROTARY MAGAZINE \$549

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$712

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1007	Conferences, Conventions, and Meetings \$940

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$311

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	LUNCHEON & MEETING COSTS \$33743

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	SATELLITE CLUB EXPENSES \$9892

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	DUES & SUBSCRIPTIONS \$6011

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	INSTALLATION DINNER FOOD & BEV \$2858

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	PAUL HARRIS FOUNDATION \$1589

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	MERCHANT FEES \$783

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MEMBERSHIP EXPENSE \$481

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	RAFFLE EXPENSE \$400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	WEBSITE \$182

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	LICENSES & PERMITS \$61

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$189

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1	A/R MEMBER DUES - Beginning \$405 A/R MEMBER DUES - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$40 Accounts Payable and Accrued Expenses - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1003	Deferred Revenue - Beginning \$0 Deferred Revenue - Ending \$315