

EXTENDED TO MAY 15, 2019

## Short Form

OMB No. 1545-1150

Form **990-EZ**

## Return of Organization Exempt From Income Tax

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

**2017**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

<b>A</b> For the 2017 calendar year, or tax year beginning <b>JUL 1, 2017</b> and ending <b>JUN 30, 2018</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization ROTARY INTERNATIONAL ROTARY CLUB OF GAINESVILLE SUNRISE, INC Number and street (or P.O. box, if mail is not delivered to street address) Room/suite PO BOX 140422 City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE, FL 32614
<b>D</b> Employer identification number 20-5633898	
<b>E</b> Telephone number 352-372-6300	
<b>F</b> Group Exemption Number ▶ 0573	
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
<b>I</b> Website: ▶ WWW.CLUBRUNNER.CA	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> 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 ▶ \$ 77,443.	

<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (see the instructions for Part I)																																																																					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>																																																																					
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td><td></td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td><td>48,172.</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td><td>18,870.</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td><td></td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td><td></td></tr> <tr><td>b</td><td>Less: cost or other basis and sales expenses</td><td>5b</td><td></td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td><td></td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td><td></td></tr> <tr><td>b</td><td>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)</td><td>6b</td><td>9,011.</td></tr> <tr><td>c</td><td>Less: direct expenses from gaming and fundraising events</td><td>6c</td><td>3,001.</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td><td>6,010.</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td><td></td></tr> <tr><td>b</td><td>Less: cost of goods sold</td><td>7b</td><td></td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td><td></td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O) SEE SCHEDULE O</td><td>8</td><td>1,390.</td></tr> <tr><td>9</td><td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>9</td><td>74,442.</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1		2	Program service revenue including government fees and contracts	2	48,172.	3	Membership dues and assessments	3	18,870.	4	Investment income	4		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)	5c		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 \$ 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	9,011.	c	Less: direct expenses from gaming and fundraising events	6c	3,001.	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,010.	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) SEE SCHEDULE O	8	1,390.	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	74,442.
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<b>Net Assets</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>18</td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td><td>4,733.</td></tr> <tr><td>19</td><td>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)</td><td>19</td><td>28,282.</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td><td>0.</td></tr> <tr><td>21</td><td><b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20</td><td>21</td><td>33,015.</td></tr> </table>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,733.	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	28,282.	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	33,015.																																																				
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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2017)

**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	26,996.	27,163.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>SEE SCHEDULE O</u>	1,286.	5,852.
25 Total assets	28,282.	33,015.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,282.	33,015.

**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]

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 <u>SUPPORT THE ROTARY FOUNDATIONS CHARITABLE AND EDUCATIONAL FUNCTIONS</u>	
(Grants \$ <u>8,809.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 18,011.
29 <u>PROVIDE A FELLOWSHIP FOR COMMUNITY MEMBERS</u>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 45,857.
30 <u>PROVIDE SCHOLARSHIPS TO HELP YOUTH LEADERS DEFRAY THE COST OF EDUCATION</u>	
(Grants \$ <u>3,985.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 3,985.
31 Other program services (describe in Schedule O) <u>SEE SCHEDULE O</u>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 67,853.

**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 ☒ [X]

(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
PAM GREYER				
SECRETARY	1.00	0.	0.	0.
MIKE SPRANGER				
PRESIDENT	1.00	0.	0.	0.
RICK MEDINA				
SERGEANT AT ARMS	1.00	0.	0.	0.
BRYAN HARRINGTON				
MEMBERSHIP	1.00	0.	0.	0.
BRYAN NAZWORTH				
DIRECTOR	1.00	0.	0.	0.
KATIE FLOYD				
VICE PRESIDENT	1.00	0.	0.	0.
DAVID MOXLEY				
DIRECTOR	1.00	0.	0.	0.
DAVID FERRO				
PAST PRESIDENT	1.00	0.	0.	0.
DOROTHY ZIMMERMAN				
PRESIDENT ELECT	1.00	0.	0.	0.
DARLEEN MORGAN				
TREASURER	5.00	0.	0.	0.
MICHAEL GIFILEN				
DIRECTOR	1.00	0.	0.	0.
WAYNE SMITH				
ROTARY FOUNDATION	1.00	0.	0.	0.

ROTARY INTERNATIONAL

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ROTARY CLUB OF GAINESVILLE SUNRISE, INC

20-5633898

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**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
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a 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)?		X
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	N/A	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A		
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	40b	X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed	NONE	
42 a The organization's books are in care of	DARLEEN MORGAN	
Located at	2814 SW 34TH STREET, GAINESVILLE, FL	
Telephone no.	352-367-5107	
ZIP + 4	32607	
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)?	42b	X
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).		
c At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
If "Yes," enter the name of the foreign country:		
43 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	43	N/A
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
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)	45b	

Form 990-EZ (2017)

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

**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 ☐ Yes ☐ No  
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
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." N/A

(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** 11/4/19  
Signature of officer Date  
DARLEEN MORGAN, TREASURER  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LORIE KEEGAN CPA	LORIE KEEGAN CPA	01/08/19		P01287643
	Firm's name ▶ CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ 72-1396621			
	Firm's address ▶ 4010 N.W. 25 PLACE GAINESVILLE, FL 32606		Phone no. 352.372.6300		

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

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	AV EQUIPMENT	07/01/11	SL	5.00		16	1,555.				1,555.	1,555.		0.	1,555.
	* TOTAL 990-EZ PG 1 DEPR						1,555.				1,555.	1,555.		0.	1,555.

728111 04-01-17

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

ROTARY INTERNATIONAL  
ROTARY CLUB OF GAINESVILLE SUNRISE, INC

Employer identification number  
20-5633898

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:

AMOUNT:

BREAKFAST TRIVIA

1,390.

FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

ACTIVITY CLASSIFICATION: CHARITY

GRANTEE NAME: ROTARY INTERNATIONAL

GRANTEE ADDRESS: 4210 KELL BLVD STE 212 WICHITA FALLS, FL 76309

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

5,225.

ACTIVITY CLASSIFICATION: EDUCATIONAL

GRANTEE NAME: NEWBERRY HIGH SCHOOL

GRANTEE ADDRESS: 400 SW 258TH ST NEWBERRY, FL 32669

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 01/11/18

AMOUNT GIVEN:

3,985.

ACTIVITY CLASSIFICATION: CHARITY

GRANTEE NAME: RONALD MCDONALD HOUSE GAINESVILLE

GRANTEE ADDRESS: 1600 SW 14TH ST GAINESVILLE, FL 32608

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 10/23/17

AMOUNT GIVEN:

256.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization	ROTARY INTERNATIONAL ROTARY CLUB OF GAINESVILLE SUNRISE, INC	Employer identification number 20-5633898
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ACTIVITY CLASSIFICATION: CHARITY

GRANTEE NAME: ST FRANCIS HOUSE

GRANTEE ADDRESS: 413 S MAIN STREET GAINESVILLE, FL 32601

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 815.

ACTIVITY CLASSIFICATION: CHARITY

GRANTEE NAME: NORTH FLORIDA COUNCIL BOY SCOUTS

GRANTEE ADDRESS: 521 EDGEWOOD AVE S JACKSONVILLE, FL 32205

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 05/09/18

AMOUNT GIVEN: 2,000.

ACTIVITY CLASSIFICATION: CHARITY

GRANTEE NAME: ALACHUA CONSERVATION TRUST

GRANTEE ADDRESS: 7204 SE CO RD 234 GAINESVILLE, FL 32641

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 04/25/18

AMOUNT GIVEN: 250.

ACTIVITY CLASSIFICATION: CHARITY

GRANTEE NAME: OTHER

GRANTEE ADDRESS: 4010 NW 25TH PLACE GAINESVILLE, FL 32606

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/31/17

AMOUNT GIVEN: 253.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 12,784.

Name of the organization	ROTARY INTERNATIONAL ROTARY CLUB OF GAINESVILLE SUNRISE, INC	Employer identification number 20-5633898
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## FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE EXPENSES	1,374.
TRAINING SESSIONS	875.
DUES	8,337.
MEETING EXPENSES	45,175.
EVENT EXPENSES	682.
SUPPLIES	471.
TOTAL TO FORM 990-EZ, LINE 16	56,914.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1,286.	5,852.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - SERVICE CLUB TO SUPPORT  
BENEFICIAL COMMUNITY PROJECTS

## FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

THE ORGANIZATION PROVIDES DONATIONS AND ASSISTANCE TO MANY OF THE  
GAINESVILLE AREA CHARITIES

## 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.



ROTARY CLUB OF GAINESVILLE SUNRISE, INC

20-5633898

<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b>	List each one even if not compensated. (see the instructions for Part IV.)
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[illegible]

Form **4562****Depreciation and Amortization**  
(Including Information on Listed Property) 990-EZ

OMB No. 1545-0172

**2017**Attachment  
Sequence No. 179Department of the Treasury  
Internal Revenue Service (99)▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ROTARY INTERNATIONAL

ROTARY CLUB OF GAINESVILLE SUNRISE, INC FORM 990-EZ PAGE 1

20-5633898

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,030,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property.)** (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

ROTARY INTERNATIONAL

Form 4562 (2017)

ROTARY CLUB OF GAINESVILLE SUNRISE, INC

20-5633898 Page 2

**Part V** **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L -			
		%			S/L -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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**42** Amortization of costs that begins during your 2017 tax year:


**43** Amortization of costs that began before your 2017 tax year **43**

**44** Total. Add amounts in column (f). See the instructions for where to report **44**