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**Short Form**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2008 calendar year, or tax year beginning 08/01, 2008, and ending 07/31, 2009

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pend.

Please use IRS label or print or type. See Specific Instructions.

**GAINESVILLE AREA ROWING, INC.**  
PO BOX 2434  
GAINESVILLE, FL 32602

**D Employer identification no.**

59-3541801

**E Telephone number**

(352) 219-8236

**F Group Exemption**

Number . . . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ gainesvillearearowing.com

**J Organization type** (check only one) -  501(c)(3) (insert no)  4947(a)(1) or  527

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

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000

A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 198,631.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions)

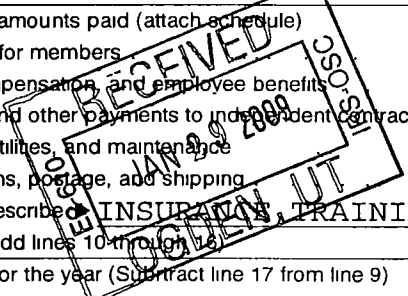
1	Contributions, gifts, grants, and similar amounts received	1	8,034.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	82,740.
4	Investment income	4	4.
5a	Gross amount from sale of assets other than inventory	5a	75.
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	75.
6	Special events and activities (complete app parts of Sch G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	98,365.
b	Less: direct expenses other than fundraising expenses	6b	94,438.
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	3,927.
7a	Gross sales of inventory, less returns and allowances	7a	8,616.
b	Less cost of goods sold	7b	8,249.
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	367.
8	Other revenue (describe <u>OTHER INCOME</u> )	8	797.
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	95,944.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	2,091.
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	47,783.
14	Occupancy, rent, utilities, and maintenance	14	13,667.
15	Printing, publications, postage, and shipping	15	254.
16	Other expenses (describe <u>INSURANCE, TRAINING, DEPR, INTEREST</u> )	16	25,322.
17	<b>Total expenses</b> (add lines 10 through 16)	17	89,117.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,827.
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	75,975.
20	Other changes in net assets or fund balances (attach explanation)	20	-1.
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	82,801.

**Part II Balance Sheets**--If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	8,139.	11,511.
23	Land and buildings		
24	Other assets (describe ▶ _____)	76,300.	71,290.
25	<b>Total assets</b>	84,439.	82,801.
26	<b>Total liabilities</b> (describe ▶ _____)	8,464.	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	75,975.	82,801.

13P

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**Part V Other Information** (Note the statement requirements in instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction 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	
b	Did the organization file Form 1120-POL for this year?		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 unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
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		X
41	List the states with which a copy of this return is filed	NOT REQUIRED	
42 a	The books are in care of	STEVE FETTE Tel no 352-265-7962	
	Located at	GAINESVILLE, FL ZIP + 4 32653	
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)?	Yes	No
	If "Yes", enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		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 and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
		43	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

	Yes	No
<b>46</b> 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	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000 ▶ 0				

**51** Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000 ▶ 0		

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.

**Please Sign Here**

Signature of officer *Lawrence W. Wilson* Date *1/23/10*  
 Type or print name and title *Lawrence W. Wilson, Treasurer*

**Paid Preparer's Use Only**

Preparer's signature *Merry Lynne Wilson* Date *12/30/09* Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) *P00313938*  
 Firm's name (or yours if self-employed) *Merry Lynne Wilson, C.P.A.* EIN ▶ *59-2897433*  
 address, and ZIP + 4 *2630-B N.W. 41st Street* Phone no ▶ *(352) 336-1594*  
*Gainesville, FL 32606*

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **GAINESVILLE AREA ROWING, INC.**  
Employer identification number: **59-3541801**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (See the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A Federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more public supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).**  
Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I
  - b  Type II
  - c  Type III--Functionally Integrated
  - d  Type III--Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (describe on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) Organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	38,389.	53,005.	72,026.	84,551.	90,774	338,745.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	45,487.	33,734.	15,996.	3,481.	107,778	206,476.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	83,876.	86,739.	88,022.	88,032.	198,552	545,221.
7a Amounts included on lines 1,2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of line 13 for the year or \$5,000						
c Total on lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						545,221.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	83,876.	86,739.	88,022.	88,032.	198,552	545,221.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			4.	10.	4.	18.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Total of lines 10a and 10b			4.	10.	4.	18.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			2,700.			2,700.
13 Total Support (Add lines 9, 10c, 11 & 12)						547,939.

14 **First Five Years:** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99.5 %
16 Public Support Percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.34 %

**Section D. Computation of Investment Income Percentage**

17 Public Support Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	< 1% %
18 Public Support Percentage from 2007 Schedule A, Part IV-A, line 27h	18	< 1% %

19a **33 1/3 % support tests - 2008:** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3 % support tests - 2007:** If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private Foundation:** If the organization did not check the box on line 14, 19a, or 19b, check this box and see instructions

**Part II Fundraising Events.** (Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000)

Revenue	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
	LEARN TO ROW (event type)	GATORHEAD REGATTA (event type)	Misc Events (total number)	(Add Col (a) through Col (c) )
1 Gross receipts . . . . .	1,500.	11,951.	84,914.	98,365.
2 Less: Charitable contributions . . . . .				
3 Gross revenue (line 1 minus line 2)	1,500.	11,951.	84,914.	98,365.
Direct Expenses				
4 Cash prizes . . . . .				
5 Non-cash prizes . . . . .				
6 Rent/facility costs				
7 Other direct expenses . . . . .	1,268.	6,219.	86,951.	94,438.
8 Direct expense summary Add lines 4 through 7 in column (d)				( 94,438. )
9 Net income summary Combine lines 3 and 8 in column (d)				3,927.

**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.)

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add Col (a) through Col (c) )
1 Gross revenue . . . . .				
Direct Expenses				
2 Cash prizes				
3 Non-cash 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 Combine lines 3 and 8 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

Page 1 - Line 5, Sales of Securities and Non-inventory Items

<u>Description</u>	<u>Sales Price</u>	<u>Cost</u>	<u>Expenses/ Imprvmnts</u>	<u>Deprec</u>
OARS SOLD	75.			
Date Acquired:				
How Acquired:				
Date Sold:				
Sold to:				

Page 1 - Line 20, Other changes in net assets

ROUNDING

-1.

-1.

# Depreciation and Amortization (Including Information on Listed Property)

**2008**

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.    ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**GAINESVILLE AREA ROWING, INC.**

**990 - Page 1**

**59-3541801**

**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 the instructions for a higher limit for certain businesses . . . . .	1	\$250,000
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	\$800,000
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	<b>(a) Description of property</b>	<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than -0-) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS)	16	17,609.

**Part III MACRS Depreciation (Do not include listed property) (See the instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .	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 ▶ <input type="checkbox"/>		

**Section B--Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (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 2006 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

**Part IV Summary (see the 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 instructions . . . . .	22	17,609.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, 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

Table with columns (a) Type of property, (b) Date placed in service, (c) Busn / investment use percentage, (d) Cost or other basis, (e) Basis for depr (busn /investment use only), (f) Recovery period, (g) Method/ Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

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

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36.

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 are not more than 5% owners or related persons (see the instructions)

Table with columns Yes No. Includes rows 37-41.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time-- Only submit original (no copies needed)

Section 501(c)(3) corporations required to file Form 990-T requesting an automatic 6-month extension--check this box and complete Part I only

All other corporations (including Form 990-C filers and 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file form 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of form 8868 Form more details on electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization <b>GAINESVILLE AREA ROWING, INC.</b>	Employer identification number <b>59-3541801</b>
	Number, street, and room or suite no If a P O box, see instructions <b>PO BOX 2434</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>GAINESVILLE, FL 32602</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

● The books are in care of ▶ Steve Fette

Telephone No ▶ \_\_\_\_\_ Fax No ▶ \_\_\_\_\_

● If the organization does not have an office or place of business in the United States, check this box

● If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month for a section 501(c)(3) corporation required to file Form 990-T) extension of time until 03/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20\_\_ or
- ▶  tax year beginning 08/01, 2008, and ending 07/31, 2009

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	<b>3b</b>	\$
<b>c Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions