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# Short Form Return of Organization Exempt From Income Tax

## 2013

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).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **GASTONIA EAST ROTARY CLUB**

**D** Employer identification number: **23-7096884**

Number and street (or P.O. box, if mail is not delivered to street address): **P.O. BOX 3586**

Room/suite: \_\_\_\_\_

**E** Telephone number: **704-913-6472**

City or town, state or province, country, and ZIP or foreign postal code: **GASTONIA, NC 28053**

**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: ▶ **N/A**

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

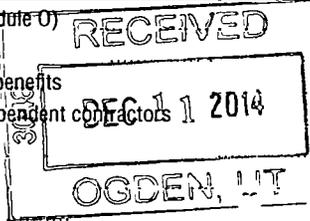
**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**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. ▶ \$ **106,451.**

**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

	Description		Amount
<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	21,815.
	3 Membership dues and assessments	3	65,621.
	4 Investment income	4	865.
	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	3,000.
	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	15,150.
c Less: direct expenses from gaming and fundraising events	6c	1,000.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	17,150.	
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		
<b>9 Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>105,451.</b>	
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O)	10	37,496.
	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	500.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	118.
	16 Other expenses (describe in Schedule O)	16	49,150.
	<b>17 Total expenses.</b> Add lines 10 through 16	17	<b>87,264.</b>
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,187.
	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	46,095.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	2,909.
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>67,191.</b>



LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

**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		(B) End of year
22 Cash, savings, and investments	14,827.	22	19,103.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	31,268.	24	48,088.
25 Total assets	46,095.	25	67,191.
26 Total liabilities (describe in Schedule O)	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,095.	27	67,191.

**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? **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 and section 4947(a)(1) trusts; optional for others.)

28 <b>SEE SCHEDULE O</b>		28a	80,308.
(Grants \$ 25,012.) If this amount includes foreign grants, check here <input type="checkbox"/>			
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)		31a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	80,308.

**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
JOHN PEA PRESIDENT	2.50	0.	0.	0.
KARL MCKINNON PRESIDENT-ELECT	2.50	0.	0.	0.
BILL MOORE SECRETARY	2.50	0.	0.	0.
SONYA MCGRAW TREASURER	2.50	0.	0.	0.
KELLY MORRIS DIRECTOR	0.50	0.	0.	0.
LEW CARTER DIRECTOR	0.50	0.	0.	0.
ED JACKSON DIRECTOR	0.50	0.	0.	0.
VERONICA FEDUNIEC DIRECTOR	0.50	0.	0.	0.
EDIE HANCOCK DIRECTOR	0.50	0.	0.	0.
JOHN WATTS DIRECTOR	0.50	0.	0.	0.
MICHAEL DICKSON DIRECTOR	0.50	0.	0.	0.
DAVID FOGARTY IMMEDIATE PAST PRES	2.50	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 [X]

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]
35a 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]
37a 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? [X]
38a 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? [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
40a 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) and 501(c)(4) 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 [X]
c Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) 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 [X]
41 List the states with which a copy of this return is filed [NONE]
42a The organization's books are in care of [KENT HUGGINS] Telephone no. [704-913-6472]
Located at [P.O. BOX 3586, GASTONIA, NC] ZIP + 4 [28053]
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)? [X]
If "Yes," enter the name of the foreign country: [ ]
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 [43] N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ [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 [X]
c Did the organization receive any payments for indoor tanning services during the year? [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 [ ]
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? [X]
45b 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 VII 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." **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 and 4947(a)(1) nonexempt charitable trusts 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** Date  
 Signature of officer: *Kenneth R. Huggins*  
 Type or print name and title: **KENNETH R. HUGGINS EXECUTIVE SECRETARY** 12/2/14

**Paid Preparer Use Only**

Print/Type preparer's name <b>TRENT WILSON</b>	Preparer's signature <i>Trent Wilson</i>	Date <b>12/1/14</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00104338</b>
Firm's name ▶ <b>CHERRY BEKAERT LLP</b>			Firm's EIN ▶ <b>56-0574444</b>	
Firm's address ▶ <b>332 BURTONWOOD DRIVE GASTONIA, NC 28054</b>			Phone no. <b>704-865-2396</b>	

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



**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GASTON COUNTY SCHOO (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	15,150.		15,150.	
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	15,150.			15,150.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through 9 in column (d)				
	11	Net income summary Subtract line 10 from line 3, column (d)				15,150.

**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))
		1	Gross revenue		
Direct Expenses	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 operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate 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 operate 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 operated in.
 

<b>13a</b>		%
<b>13b</b>		%

  - a The organization's facility
  - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 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 complete this part to provide any additional information (see instructions).

**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

**2013**

Open to Public  
Inspection

Name of the organization

**GASTONIA EAST ROTARY CLUB**

Employer identification number  
**23-7096884**

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

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

**INVESTMENT INCOME**

**865.**

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

**AFFILIATE NAME: DISTRICT ROTARY**

**AFFILIATE ADDRESS: 7501 CELTIC COURT CHARLOTTE, NC 28277**

**PURPOSE OF PAYMENT: DUES**

**AMOUNT OF PAYMENT:**

**4,928.**

**AFFILIATE NAME: ROTARY INTERNATIONAL**

**AFFILIATE ADDRESS: 1560 SHERMAN AVENUE EVANSON, IL 60201**

**PURPOSE OF PAYMENT: DUES**

**AMOUNT OF PAYMENT:**

**7,556.**

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

**12,484.**

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

**ACTIVITY CLASSIFICATION: CIVIC**

**GRANTEE NAME: ROTARY FOUNDATION**

**GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSON, IL 60201**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**AMOUNT GIVEN:**

**100.**

**ACTIVITY CLASSIFICATION: EDUCATIONAL**

**SCHEDULE O**  
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Department of the Treasury  
Internal Revenue Service

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**GRANTEE NAME: GASTON LITERACY COUNCIL**

**GRANTEE ADDRESS: 116 S MARIETTA ST. GASTONIA, NC 28052**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**AMOUNT GIVEN: 400.**

**ACTIVITY CLASSIFICATION: EDUCATIONAL**

**GRANTEE NAME: GASTON COLLEGE**

**GRANTEE ADDRESS: 201 HWY 321 SOUTH DALLAS, NC 28034**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**AMOUNT GIVEN: 3,000.**

**ACTIVITY CLASSIFICATION: EDUCATIONAL**

**GRANTEE NAME: DISTRICT YOUTH CAMP**

**GRANTEE ADDRESS: GASTONIA, NC 28053**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**AMOUNT GIVEN: 990.**

**ACTIVITY CLASSIFICATION: EDUCATIONAL**

**GRANTEE NAME: COMMUNITY FOUNDATION**

**GRANTEE ADDRESS: 1201 E. GARRISON BLVD. GASTONIA, NC 28054**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**AMOUNT GIVEN: 750.**

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

Department of the Treasury  
Internal Revenue Service

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

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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)

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Employer identification number

**23-7096884**

**ACTIVITY CLASSIFICATION: EDUCATIONAL**

**GRANTEE NAME: GASTON COUNTY SCHOOLS**

**GRANTEE ADDRESS: 943 OSCEOLA STREET GASTONIA, NC 28053**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**AMOUNT GIVEN:**

**18,872.**

**ACTIVITY CLASSIFICATION: EDUCATIONAL**

**GRANTEE NAME: WEST GASTONIA BOYS AND GIRLS CLUB**

**GRANTEE ADDRESS: 310 S BOYD STREET GASTONIA, NC 28052**

**GRANTEE RELATIONSHIP: NONE**

**PROPERTY DESCRIPTION: CASH**

**AMOUNT GIVEN:**

**900.**

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

**25,012.**

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

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

**MISCELLANEOUS EXPENSES**

**282.**

**BADGES & ENGRAVING**

**727.**

**INSURANCE**

**500.**

**SUPPLIES**

**2,996.**

**CONFERENCES & MEETINGS**

**44,242.**

**INVESTMENT FEES**

**403.**

**TOTAL TO FORM 990-EZ, LINE 16**

**49,150.**

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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

CHANGES IN NET ASSETS OR FUND BALANCES:

AMOUNT:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN NET ASSETS OF

FOUNDATION

2,909.

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

DESCRIPTION

BEG. OF YEAR

END OF YEAR

INVESTMENT HELD BY COMMUNITY FUND

31,268.

48,088.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENCOURAGE AND FOSTER  
THE IDEAL OF SERVICE TO OTHERS.

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

GASTONIA EAST ROTARY PROVIDES SERVICE TO OTHERS, PROMOTES  
HIGH ETHICAL STANDARDS, ADVANCES WORLD UNDERSTANDING,  
GOODWILL, AND PEACE THROUGH ITS FELLOWSHIP OF BUSINESS,  
PROFESSIONAL, AND COMMUNITY LEADERS.

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.



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- 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.*

**Electronic filing (e-file)**. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	<b>GASTONIA EAST ROTARY CLUB</b>	<b>23-7096884</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	<b>P.O. BOX 3586</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>GASTONIA, NC 28053</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KENT HUGGINS**

- The books are in the care of ▶ **P.O. BOX 3586 - GASTONIA, NC 28053**

Telephone No. ▶ **704-913-6472**

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 is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	<b>3c</b>	\$	0.

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