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Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2017

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-EZ and its instructions is at [www.irs.gov/form990ez](http://www.irs.gov/form990ez).

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C 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

D Employer identification number

20-5633898

E Telephone number

(352) 372-6300

F Group Exemption Number

0573

G Accounting Method

☒ Cash

☐ Accrual

Other (specify)

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

I Website: WWW.CLUBRUNNER.CA

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

\$ 77,443

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		
Revenue	1	Contributions, gifts, grants, and similar amounts received
	2	Program service revenue including government fees and contracts 48,172
	3	Membership dues and assessments 18,870
	4	Investment income
	5a	Gross amount from sale of assets other than inventory
	5b	Less cost or other basis and sales expenses
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
	6	Gaming and fundraising events
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
	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) 9,011
Expenses	6c	Less direct expenses from gaming and fundraising events 3,001
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6,010
	7a	Gross sales of inventory, less returns and allowances
	7b	Less cost of goods sold
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
	8	Other revenue (describe in Schedule O) 1,390
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 74,442
	10	Grants and similar amounts paid (list in Schedule O) 12,784
	11	Benefits paid to or for members
	12	Salaries, other compensation, and employee benefits
Net Assets	13	Professional fees and other payments to independent contractors
	14	Occupancy, rent, utilities, and maintenance
	15	Printing, publications, postage, and shipping 11
	16	Other expenses (describe in Schedule O) 56,914
	17	Total expenses. Add lines 10 through 16 69,709
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 28,282
	20	Other changes in net assets or fund balances (explain in Schedule O) 0
	21	Net assets or fund balances at end of year Combine lines 18 through 20 33,015

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

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 ☒

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	26,996	<b>22</b> 27,163
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	1,286	<b>24</b> 5,852
<b>25</b> Total assets . . . . .	28,282	<b>25</b> 33,015
<b>26</b> Total liabilities (describe in Schedule O). . . . .	0	<b>26</b> 0
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	28,282	<b>27</b> 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 ☒

What is the organization's primary exempt purpose?

SERVICE CLUB TO SUPPORT BENEFICIAL COMMUNITY PROJECTS

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 )
<b>28</b> See Additional Data Table		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	
<b>29</b> See Additional Data Table	<b>29a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>30</b> See Additional Data Table	<b>30a</b>	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>		
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>	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. ☒

(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	1 00	0	0	0
SECRETARY				
MIKE SPRANGER	1 00	0	0	0
PRESIDENT				
RICK MEDINA	1 00	0	0	0
SERGEANT AT ARMS				
BRYAN HARRINGTON	1 00	0	0	0
MEMBERSHIP				
BRYAN NAZWORTH	1 00	0	0	0
DIRECTOR				
KATIE FLOYD	1 00	0	0	0
VICE PRESIDENT				
DAVID MOXLEY	1 00	0	0	0
DIRECTOR				
DAVID FERRO	1 00	0	0	0
PAST PRESIDENT				
DOROTHY ZIMMERMAN	1 00	0	0	0
PRESIDENT ELECT				
DARLEEN MORGAN	5 00	0	0	0
TREASURER				
MICHAEL GIFIEN	1 00	0	0	0
DIRECTOR				
WAYNE SMITH	1 00	0	0	0
ROTARY FOUNDATION				

**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 . . . . . ☒

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>	No
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>	No
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>	No
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>	
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>	No
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>	No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0	<b>37a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>	
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>	No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>	
<b>39</b> Section 501(c)(7) organizations Enter . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>	
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶ . . . . .		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>	No
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	<b>40e</b>	No
<b>41</b> List the states with which a copy of this return is filed ▶ . . . . .		
<b>42a</b> The organization's books are in care of ▶ DARLEEN MORGAN Telephone no ▶ (352) 367-5107 Located at ▶ 2814 SW 34TH STREET GAINESVILLE, FL ZIP + 4 ▶ 32607		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>42b</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U S ? . . . . .	<b>42c</b>	No
If "Yes," enter the name of the foreign country ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44a</b>	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>45a</b>	No
<b>45b</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) . . . . .	<b>45b</b>	

		<b>Yes</b>	<b>No</b>
<b>46</b>	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 . . . . .	<b>46</b>	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 . . . . . ☐

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

**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

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

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

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

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

**52** Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A . . . . . ► ☐ **Yes** ☐ **No**

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

<b>Sign Here</b>	***** Signature of officer		2019-01-14 Date		
	DARLEEN MORGAN, TREASURER Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LORIE KEEGAN, CPA	Preparer's signature	Date 2019-01-08	Check <input type="checkbox"/> if self-employed	PTIN P01287643
	Firm's name ► CARR RIGGS & INGRAM LLC			Firm's EIN ► 72-1396621	
	Firm's address ► 4010 NW 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**

Additional Data

Software ID:  
Software Version:  
EIN: 20-5633898  
Name: ROTARY INTERNATIONAL  
ROTARY CLUB OF GAINESVILLE SUNRISE 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.)	
<b>28</b> SUPPORT THE ROTARY FOUNDATIONS CHARITABLE AND EDUCATIONAL FUNCTIONS (Grants \$ 8,809) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	<b>28a</b>	18,011

## 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.)	
<b>29 PROVIDE A FELLOWSHIP FOR COMMUNITY MEMBERS</b> (Grants \$ 0)                      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>29a</b>	45,857

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.)	
<div>30 PROVIDE SCHOLARSHIPS TO HELP YOUTH LEADERS DEFRAY THE COST OF EDUCATION</div> <div>(Grants \$ 3,985)</div> <div>If this amount includes foreign grants, check here <input type="checkbox"/></div>	30a	3,985

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.)
THE ORGANIZATION PROVIDES DONATIONS AND ASSISTANCE TO MANY OF THE GAINESVILLE AREA CHARITIES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	0



## **TY 2017 Transfers Personal Benefits Contracts Declaration**

**Name:** ROTARY INTERNATIONAL

ROTARY CLUB OF GAINESVILLE SUNRISE INC

**EIN:** 20-5633898

**Declaration:** 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.

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
ROTARY INTERNATIONAL  
ROTARY CLUB OF GAINESVILLE SUNRISE INC**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

**2017****Open to Public  
Inspection****Employer identification number**

20-5633898

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION BREAKFAST TRIVIA AMOUNT 1,390

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 A MOUNT GIVEN 3,985

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION CHARITY GRANTEE NAME ST FRANCIS HOUSE GRANTEE ADDRESS 413 S MAIN STREET GAINESVILLE, FL 32601 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 815

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 1,374 DESCRIPTION TRAINING SESSIONS AMOUNT 875 DESCRIPTION DUES AMOUNT 8,337 DESCRIPTION MEETING EXPENSES AMOUNT 45,175 DESCRIPTION EVENT EXPENSES AMOUNT 682 DESCRIPTION SUPPLIES AMOUNT 471 TOTAL TO FORM 990-EZ, LINE 16 56,914

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 1,286 END OF YEAR AMOUNT 5,852