

Form 990EZ

Department of the  
Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

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

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

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.

2018

Open to  
Public  
Inspection**A For the 2018 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019****B Check if applicable**

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

<b>C Name of organization</b>	ROTARY INTERNATIONAL ROTARY CLUB OF GAINESVILLE SUNRISE INC	<b>D Employer identification number</b>
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>E Telephone number</b>	20-5633898	
(352) 372-6300		
<b>F Group Exemption Number</b>	► 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](http://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 ► \$ 87,059****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 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1	
	2 Program service revenue including government fees and contracts . . . . .	2	56,046
	3 Membership dues and assessments . . . . .	3	19,010
	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	10,529
	c Less direct expenses from gaming and fundraising events . . . . .	6c	3,047
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	7,482
	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	1,474
	9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	84,012
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10	25,701
	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	
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	96
	16 Other expenses (describe in Schedule O) . . . . .	16	63,506
	17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	89,303
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	-5,291
	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	33,015
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0
	21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . .	21	27,724

**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 . . . . .	27,163	22 26,729
23 Land and buildings . . . . .		23
24 Other assets (describe in Schedule O) . . . . .	5,852	24 995
25 Total assets . . . . .	33,015	25 27,724
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)	33,015	27 27,724

**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 )

**28**

See Additional Data Table

(Grants \$ )

If this amount includes foreign grants, check here  

28a

**29** See Additional Data Table

29a

(Grants \$ )

If this amount includes foreign grants, check here  **30** See Additional Data Table

30a

(Grants \$ )

If this amount includes foreign grants, check here  **31** Other program services (describe in Schedule O) . . . . .

(Grants \$ )

If this amount includes foreign grants, check here  

31a

**32** Total program service expenses (add lines 28a through 31a) . . . . .

32

87,702

**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
KC COLE	1 00	0	0	0
SECRETARY				
DOROTHY ZIMMERMAN	1 00	0	0	0
PRESIDENT				
RICK MEDINA	1 00	0	0	0
SERGEANT AT ARMS				
BRYAN HARRINGTON	1 00	0	0	0
MEMBERSHIP				
RICHARD WILLIAMS	1 00	0	0	0
DIRECTOR				
KATIE FLOYD	1 00	0	0	0
PRESIDENT ELECT				
DAVID MOXLEY	1 00	0	0	0
DIRECTOR				
RORY CAUSSEAU	1 00	0	0	0
VICE PRESIDENT				
DARLEEN MORGAN	5 00	0	0	0
TREASURER				
RUPA LLOYD	1 00	0	0	0
DIRECTOR				
JOHN VERKLER	1 00	0	0	0
ROTARY FOUNDATION				
DREW BOYD	1 00	0	0	0
YOUTH SERVICE				

**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

	<b>Yes</b>	<b>No</b>
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	33	No
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)	34	No
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)?	35a	No
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	35b	
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	35c	No
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	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
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?	38a	No
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	38b	
39 Section 501(c)(7) organizations Enter	39a	
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	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	40b	No
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	No
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	40b	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	40b	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	40e	No
41 List the states with which a copy of this return is filed ► _____		
42a 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 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)? 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)	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ► _____	42c	No
43 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 ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	

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		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 . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a	
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b If "Yes," was the related organization a section 527 organization? . . . . .

49b	
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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	2019-10-29 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 2019-10-29	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 \$ 21,887)      If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	<b>28a</b> 32,966

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

Description <b>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.</b>	Expenses <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b>
<b>29</b> PROVIDE A FELLOWSHIP FOR COMMUNITY MEMBERS  (Grants \$ 0)	<b>29a</b>  If this amount includes foreign grants, check here . . . ➤ <input data-bbox="3807 768 3916 870" type="checkbox"/>

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

<p><b>Expenses</b> <b>(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</b></p> <p><b>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.</b></p>	
<p><b>30</b> PROVIDE SCHOLARSHIPS TO HELP YOUTH LEADERS DEFRAY THE COST OF EDUCATION (Grants \$ 4,200)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>	<p><b>30a</b> 4,200</p>

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

<p><b>Expenses</b> 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.</p>	<p><b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>
<p>THE ORGANIZATION PROVIDES DONATIONS AND ASSISTANCE TO MANY OF THE GAINESVILLE AREA CHARITIES (Grants \$ 0)</p> <p>If this amount includes foreign grants, check here . . . ➤ <input type="checkbox"/></p>	

# TY 2018 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

**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.

**2018****Open to Public  
Inspection**

Name of the organization

ROTARY INTERNATIONAL  
ROTARY CLUB OF GAINESVILLE SUNRISE INC

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 1,474

# 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 421 0 KELL BLVD STE 212 WICHITA FALLS, FL 76309 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 10, 045

# 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 AMOUNT GIVEN 3,000

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID  415	ACTIVITY CLASSIFICATION CHARITY GRANTEE NAME RONALD MCDONALD HOUSE GAINESVILLE GRANTEE ADDRESS 1600 SW 14TH ST GAINESVILLE, FL 32608 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN

# 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 AMOUNT GIVEN 1,097

# 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 PARTNERSHIP FOR STRONG FAMILIES GRANTEE A ADDRESS 5950 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607 AMOUNT GIVEN 500

# 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 KANAPAHA BOTANICAL GARDENS GRANTEE ADDRESS S 4700 SW 58TH DR GAINESVILLE, FL 32608 AMOUNT GIVEN 824

# 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 METCALF ELEMENTARY SCHOOL GRANTEE ADDRESS 1250 NE 18TH AVE GAINESVILLE, FL 32609 AMOUNT GIVEN 7,170

# 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 ROTARY YOUTH EXCHANGE GRANTEE ADDRESS 4329 JOHNS CEMETERY RD MIDDLEBURG, FL 32608 AMOUNT GIVEN 1,200

# 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 REICHERT HOUSE INC GRANTEE ADDRESS 1 704 SE 2ND AVE GAINESVILLE, FL 32602 AMOUNT GIVEN 450

# 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 CLIMB FOR CANCER FOUNDATION GRANTEE ADDRESS 5745 SW 75TH ST GAINESVILLE, FL 32608 AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 25,701

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSES AMOUNT 1,272 DESCRIPTION TRAINING SESSIONS AMOUNT 1,035 DESCRIPTION DUES AMOUNT 10,430 DESCRIPTION MEETING EXPENSES AMOUNT 47,231 DESCRIPTION EVENT EXPENSES AMOUNT 3,305 DESCRIPTION SUPPLIES AMOUNT 233 TOTAL TO FORM 990-EZ, LINE 16 63,506

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 5,852 END OF YEAR AMOUNT 995