

**FOR TAX YEAR 2016**

ROTARY CLUB OF GAINESVILLE TEXAS

Tax Office LLC  
1218 E California St  
Gainesville, TX 76240  
(940) 668-8837

# Tax Office LLC

1218 E California St  
Gainesville, TX 76240  
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Phone: (940)668-8837 | Fax: (940)668-8850

Customer Name	Customer Information	
Rotary Club Of Gainesville Texas PO Box 937 Gainesville, TX 76241-0937	Invoice #:	
	Date:	June 25, 2018
	Phone:	(940)736-1682
	E-mail:	

Your 2016 tax return was prepared by Eddie Ashbrook.

Description	Fee
<b>Federal And Supplemental Forms</b>	
Form 990EZ	Organization Exempt from Income Tax EZ Page 1
Form 990EZ pg 2	Organization Exempt from Income Tax EZ Page 2
Form 990EZ pg 3	Organization Exempt from Income Tax EZ Page 3
Form 990EZ pg 4	Organization Exempt from Income Tax EZ Page 4
Schedule G	Fundraising and Gaming Activities Page 1
Schedule G pg 2	Fundraising and Gaming Activities Page 2
Schedule O	Supplemental Information Page 1
Schedule O pg 2	Supplemental Information Page 2
Schedule O pg 2	Supplemental Information Page 2
Schedule O pg 2	Supplemental Information Page 2
Form 8868	Application for Extension
Form 8879EO	E-file Signature Auth for an Exempt Org
EF Ack	EF Ack
FED DEPR Schedule	Federal Depreciation Schedule
Next Year Depr	Next Year Depreciation Schedule
Overflow	Itemized Listing Attachment

<b>Total Forms</b>	<b>16</b>	<b>Forms Subtotal</b>	<b>250.00</b>
<b>Payments</b>			
Client Paid Check No 3858	11-28-2017		-250.00
		<b>Total Balance Due</b>	<b>0.00</b>

Payment due upon receipt. Thank you for your business!

**Acknowledgement and General Information for  
Entities That File Returns Electronically**

**2016**

Name(s) as shown on return

ROTARY CLUB OF GAINESVILLE TEXAS

Employer Identification Number

\*\*-\*\*\*6559

Entity address

PO BOX 937

GAINESVILLE, TX 76241-0937

**Thank you for participating in IRS e-file.**

1. ☒ 2016 990EZ income tax return for Federal was filed electronically.  
The electronic filing services were provided by Tax Office LLC.
2. ☒ 990EZ income tax return was accepted on 11-29-2017 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.  
The submission ID assigned to this return is 7551722017333it3na2o.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE  
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Short 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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-1150

2016

Open to Public  
Inspection

A For the 2016 calendar year, or tax year beginning 07-01, 2016, and ending 06-30, 2017

B Check if applicable:

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

C Name of organization

ROTARY CLUB OF GAINESVILLE TEXAS

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

Room/suite

PO BOX 937

City or town, state or province, country, and ZIP or foreign postal code

GAINESVILLE, TX 76241-0937

D Employer identification number

75-6036559

E Telephone number

(940) 736-1682

F Group Exemption

Number ▶

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: ▶

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) (insert no.) ☐ 4947(a)(1) or ☐ 527K 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 ▶ \$ 37,719

## 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	1	300
	2	Program service revenue including government fees and contracts	2	8,374
	3	Membership dues and assessments	3	5,500
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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	
Expenses	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	23,545
	c	Less: direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	23,545
	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	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	37,719
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
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	245
14		Occupancy, rent, utilities, and maintenance	14	2,650
15		Printing, publications, postage, and shipping	15	596
16		Other expenses (describe in Schedule O)	16	17,535
17		Total expenses. Add lines 10 through 16	17	27,526
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,193	
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	22,356	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	32,549	

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2016)



**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		<input checked="" type="checkbox"/>
<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)		<input checked="" type="checkbox"/>
<b>35 a</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)?		<input checked="" type="checkbox"/>
<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>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		<input checked="" type="checkbox"/>
<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		<input checked="" type="checkbox"/>
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<input checked="" type="checkbox"/>
<b>38 a</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?		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40 a</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		<input checked="" type="checkbox"/>
<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		
<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		
<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		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed		
<b>42 a</b> The organization's books are in care of <b>SHERRIE NELSON</b> Telephone no. <b>940-736-1682</b> Located at <b>PO BOX 937, GAINESVILLE, TX</b> ZIP + 4 <b>76241-0937</b>		
<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)? 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).		<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country:		<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<input type="checkbox"/>
<b>44 a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
<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		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
<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>45 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>b</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)		<input checked="" type="checkbox"/>

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 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		
-----	--	--

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>	<b>DAVID FULTON</b> Signature of officer	Date
	<b>DAVID FULTON, PRESIDENT</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Eddie Ashbrook</b>	Preparer's signature	Date <b>06-25-2018</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00409953</b>
	Firm's name <b>Tax Office LLC</b>	Firm's EIN			
	Firm's address <b>1218 E California St Gainesville TX 76240</b>	Phone no. <b>940-668-8837</b>			

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

**ROTARY CLUB OF GAINESVILLE TEXAS**

Employer identification number

**75-6036559**

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a** ☐ Mail solicitations

**b** ☐ Internet and email solicitations

**c** ☐ Phone solicitations

**d** ☐ In-person solicitations

**e** ☐ Solicitation of non-government grants

**f** ☐ Solicitation of government grants

**g** ☒ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> . . . . . ▶						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Texas**



**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
		<b>FLAG PROGRAM</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	23,545			23,545
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .	23,545			23,545
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) . . . . . ▶				23,545	

**Part III Gaming.** Complete if the organization answered "Yes" on 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 . . . . .				
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 conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct 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: \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2016**

**Open to Public  
Inspection**

**ROTARY CLUB OF GAINESVILLE TEXAS**

Employer identification number

**75-6036559**

**01. List of grants and similar amounts paid (Part I, line 10)**

ACTIVITY	OTHER
GRANTEE	ROTARY INTERNATIONAL
STREET	1560 SHERMAN AVE
CITY, STATE, ZIP	EVANSTON, IL 60201-3698
RELATIONSHIP	NONE
AMOUNT	1,100
ACTIVITY	NTMC FOUNDATION
GRANTEE	ROTARY INTERNATIONAL
STREET	1560 SHERMAN AVE
CITY, STATE, ZIP	EVANSTON, IL 60201-3698
RELATIONSHIP	NONE
AMOUNT	250
ACTIVITY	GISD FOUNDATION
GRANTEE	GAINESVILLE ISD
STREET	800 S MORRIS
CITY, STATE, ZIP	GAINESVILLE, TX 76240
AMOUNT	400
ACTIVITY	FOTARY PROJECTS
GRANTEE	ROTARY PROJECTS
STREET	1560 SHERMAN AVE
CITY, STATE, ZIP	EVANSTON, IL 60201

Name of the organization

Employer identification number

**ROTARY CLUB OF GAINESVILLE TEXAS****75-6036559**

RELATIONSHIP NONE

ACTIVITY DONATIONS

GRANTEE UNITED WAY

STREET 1800 N LAMAR

CITY, STATE, ZIP DALLAS, TX 75202

RELATIONSHIP NONE

ACTIVITY ABIGAIL ARMS BLDG FUND

RELATIONSHIP NONE

AMOUNT 250

ACTIVITY POLIO PLUS

GRANTEE ROTARY INTERNATIONAL

STREET 1560 SHERMAN AVE

CITY, STATE, ZIP EVANSTON, IL 60201-3698

RELATIONSHIP NONE

ACTIVITY COMMUNITY DONATIONS

GRANTEE MISC COMMUNITY DONATIONS

STREET PO BOX 937

CITY, STATE, ZIP GAINESVILLE, TX 76240

RELATIONSHIP NONE

ACTIVITY COMMUNITY DONATIONS

GRANTEE BOYS AND GIRLS CLUB

STREET 315 W HIRD

Name of the organization

Employer identification number

**ROTARY CLUB OF GAINESVILLE TEXAS****75-6036559**

CITY, STATE, ZIP GAINESVILLE, TX 76240

RELATIONSHIP NONE

AMOUNT 2,500

ACTIVITY COMMUNITY DONATIONS

GRANTEE VISTO PROGRAM

STREET 1401 SOUTHLAND

CITY, STATE, ZIP GAINESVILLE, TX 76240

RELATIONSHIP NONE

ACTIVITY COMMUNITY DONATIONS

GRANTEE GAINESVILLE ISD FOUNDATION

STREET 800 S MORRIS

CITY, STATE, ZIP GAINESVILLE, TX 76240

RELATIONSHIP NONE

ACTIVITY SCHOLARSHIPS

GRANTEE GAINESVILLE ISD

STREET 800 S MORRIS

CITY, STATE, ZIP GAINESVILLE, TX 76240

RELATIONSHIP NONE

AMOUNT 2,000

**02. Description of other expenses (Part I, line 16)**

DESCRIPTION AMOUNT

PO RENT 160

Name of the organization

Employer identification number

**ROTARY CLUB OF GAINESVILLE TEXAS****75-6036559**

FLAG PROGRAM COSTS 395

DUES 5,041

MISCELLANEOUS EXPENSES 600

CLUB MEETINGS 11,296

DEPRECIATION 43

**03. Description of other assets (Part II, line 24)**

CATEGORY	BEGINNING OF YEAR	END OF YEAR
EQUIPMENT	43	0
OTHER ASSETS	127	0

**04. Description of total liabilities (Part II, line 26)**

CATEGORY	BEGINNING OF YEAR	END OF YEAR
CURRENT LIABILITIES	85	0

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**▶ **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).**

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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), click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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, see instructions**

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>ROTARY CLUB OF GAINESVILLE TEXAS</b>	Employer identification number (EIN) or <b>75-6036559</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 937</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>GAINESVILLE, TX 76241-0937</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

• The books are in the care of ▶ **B E ASHBROOK, EA, 118 E CALIFORNIA ST, GAINESVILLE, TX 76240**Telephone No. ▶ **940-736-1682**

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 6-month extension of time until **05-15**, 20 **18**, 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 **07-01**, 20 **16**, and ending **06-30**, 20 **17**.

**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>	\$
<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>	\$
<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>	\$

**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.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2017)

IRS e-file Signature Authorization  
for an Exempt Organization

For calendar year 2016, or fiscal year beginning 07-01-2016, and ending 06-30-2017

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

2016

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

ROTARY CLUB OF GAINESVILLE TEXAS

Employer identification number

75-6036559

Name and title of officer

DAVID FULTON, PRESIDENT

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	37,719
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

755172 41541  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 06-25-2018

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2016)

990

## Overflow Statement

2016  
Page 1

Name(s) as shown on return

FEIN

ROTARY CLUB OF GAINESVILLE TEXAS

75-6036559

## DUES

Description	Amount
DISTRICT DUES	\$ 1,440
LOCAL DUES	60
INTERNATIONAL DUES	3,541
Total:	\$ 5,041

## CLUB MEALS

Description	Amount
MEAL COSTS	\$ 11,296
Total:	\$ 11,296

## PROGRAM SERVICE REVENUE

Description	Amount
MEALS WEEKLY	\$ 5,674
PREPAID MEAL PLANS	2,700
Total:	\$ 8,374

## SPECIAL EVENTS AND ACTIVITIES

Description	Amount
GAINESVILLE FLAG PROGRAM	\$ 11,370
LAKE KIOWA FLAG PROGRAM	12,175
Total:	\$ 23,545