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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

► *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning Jul 1 , 2008, and ending Jun 30 , 2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instruc- tions.

C Name of organization
Rotary Club of Tarpon Springs, Inc.

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
Post Office Box 234

City or town, state or country, and ZIP + 4
Tarpon Springs FL 34688-0234

D Employer identification number
59-6209596

E Telephone number
(727) 934-3561

F Group Exemption Number ►

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

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.tarponrotary.org

J Organization type (check only one) — ☒ 501(c) (4) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

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

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 149,511.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	92,313.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	448.
	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 ln 5b from ln 5a) (att sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ 28,229. of contributions reported on line 1)	6a 56,750.		
	b	Less direct expenses other than fundraising expenses	6b 56,750.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0.
	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 ►)		8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ►		9	92,761.
EXPENSES	10	Grants and similar amounts paid (attach schedule) See L-10 Stmt		10	32,852.
	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	7,480.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ► See Other Expenses Statement)		16	27,450.
	17	**Total expenses** (add lines 10 through 16) ►		17	67,782.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	24,979.
	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	28,735.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	53,714.

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

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	30,955.	22	55,151.
23 Land and buildings	0.	23	0.
24 Other assets (describe ► See L-24 Stmt)	3,039.	24	27,595.
25 **Total assets**	33,994.	25	82,746.
26 **Total liabilities** (describe ► See L-26 Stmt)	5,259.	26	29,032.
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	28,735.	27	53,714.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Form **990-EZ** (2008)

TEEA0812 01/14/09

7009 2250 0003 1956 6591

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? To achieve The Object of Rotary

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

28	COMMUNITY SERVICE: See attached statement (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	28a	6,438.
29	VOCATIONAL SERVICE: See attached statement (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	29a	5,850.
30	INTERNATIONAL SERVICE: See Attached statement (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	30a	8,512.
31	Other program services (attach schedule) 0 (Grants $ 0.) If this amount includes foreign grants, check here ► ☐	31a	6,504.
32	**Total program service expenses** (add lines 28a through 31a) ►	32	27,304.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Bob Zakrewski PO Box 59 Homosassa Springs FL 34447	President 12.00	0.	0.	0.
Frank DiDonato 720 Woodmont Drive Tarpon Springs, FL 34689	Past President 5.00	0.	0.	0.
Jerry Coleman 1915 Lexington Place Tarpon Springs, FL 34689	President-Elect 3.00	0.	0.	0.
Dave Tobey 1469 Ventnor Ave Tarpon Springs, FL 34689	Vice President 3.00	0.	0.	0.
Maria Mattia 688 Hidden Lake Drive Tarpon Springs, FL 34689	Secretary 5.00	0.	0.	0.
Chris Hauck 3460 Countryside Blvd., #36 Clearwater, FL 33761	Treasurer 5.00	0.	0.	0.
Ed Hoffman, Jr. 29 West Orange St. Tarpon Springs, FL 34689	Sergeant-at-Arms 3.00	0.	0.	0.
Joan King 734 Chesapeake Drive Tarpon Springs, FL 34689	Director 2007-2009 3.00	0.	0.	0.
Dennis LaPointe 3230 Centerwood Drive Tarpon Springs, FL 34689	Director 2007-2009 3.00	0.	0.	0.
Terry Smither 1325 Hillside Drive Tarpon Springs, FL 34689	Diretor 2007-2009 3.00	0.	0.	0.
Thom Wilkey 10529 Lake Williams Drive Odessa, FL 33556	Director 2007-2009 3.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
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 unpaid at the start of the period covered by this return?		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d	Enter amount of tax on line 40c reimbursed by the organization ► _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X

41 List the states with which a copy of this return is filed ► _____

42a The books are in care of ► Linda Groseclose Telephone no ► (727) 512-4712

Located at ► Post Office Box 234 Tarpon Springs FL ZIP + 4 ► 34688-0234

		Yes	No
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 ► _____		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S ? If 'Yes,' enter the name of the foreign country ► _____		X

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 _____

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

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

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If 'Yes,' was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100,000 ►				

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over $100,000 ►		

Sign Here

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

► Signature of officer — Date: 1/13/10

► Type or print name and title: Jean Rhodes — President Elect

Paid Preparer's Use Only

Preparer's signature ►	Lynda G. Vinson, CPA	Date: 01/11/10	Check if self-employed ► ☐
			Preparer's Identifying Number (See instructions) 262-90-1973
Firm's name (or yours if self-employed), address, and ZIP + 4 ►	LYNDA G. VINSON CPA 110 S LEVIS AVE TARPON SPRINGS FL 34689-4359		EIN 59-2576390 Phone no ► (727) 937-0772

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

BAA

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► **Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

Rotary Club of Tarpon Springs, Inc.

Employer identification number

59-6209596

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

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

- ☐ Mail solicitations
- ☐ Email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ►						

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

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

		(a) Event #1 TRIATHLON (event type)	(b) Event #2 MEETINGS (event type)	(c) Other Events SEVEN (total number)	(d) Total Events (Add col. (a) through col (c))
REVENUE	1 Gross receipts	25,811.	36,933.	22,235.	84,979.
	2 Less Charitable contributions	12,016.	4,143.	12,070.	28,229.
	3 Gross revenue (line 1 minus line 2)	13,795.	32,790.	10,165.	56,750.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	13,795.	32,790.	10,165.	56,750.
	8 Direct expense summary. Add lines 4- through 7 in column (d)			►	56,750.
	9 Net income summary Combine lines 3 and 8 in column (d)			►	0.

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))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			►	
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			►	

		YES	NO
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If 'No,' Explain.		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If 'Yes,' Explain		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			YES	NO
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide 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 contact with a third party from whom the organization receives gaming revenue?			15a	
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				
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?			17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $				

Supporting Statement of:

Form 990-EZ/Line 1

Description	Amount
CONTRIBUTIONS, GIFTS, AND GRANTS	
Member Dues for Organization's Support	16,925.
Special Events Contributions	28,229.
Rotary Youth Trust	47,159.
Total	92,313.

Supporting Statement of:

Form 990-EZ/Line 4

Description	Amount
INVESTMENT INCOME	
Dividends	446.
Interest	2.
Total	448.

Supporting Statement of:

Sch. G, page 2/Event 1 Other Direct Exp.

Description	Amount
TRIATHLON: OTHER DIRECT COSTS	
Advertising	385.
Announcer	250.
Food	360.
Lifeguards	150.
Permits	650.
Printing	784.
Race Coordination	4,600.
Sales Tax	1,292.
Supplies	271.
Traffic Police	2,100.
T-Shirts	1,822.
USAT Fees	1,131.
Total	13,795.

Supporting Statement of:

Sch. G, page 2/Event 2 Other Direct Exp.

Description	Amount
MEETINGS: OTHER DIRECT EXPENSES	
Awards	591.
Bulletin Printing	203.
Meal Expenses	29,756.
Storage	977.
Supplies	1,193.
Website	70.
Total	32,790.

Supporting Statement of:

Sch. G, page 2/Other Gross Receipts

Description	Amount
OTHER EVENTS: GROSS RECEIPTS	
Pancake Supper	3,815.
Yard Sale	100.
Spring Concert	604.
Golf Tournament	11,358.
Wine Tasting	3,358.
Greek Biker Beer Glendi	2,303.
Fall Concert	697.
Total	22,235.

Supporting Statement of:

Sch. G, page 2/Other Direct Expenses

Description	Amount
OTHER EVENTS: OTHER DIRECT EXPENSES	
PANCAKE SUPPER	
Advertising	268.
Food	500.
Supplies	153.
GOLF TOURNAMENT	
Advertising	714.
Food	2,420.
Green Fees	2,667.
Sales Tax	285.
Supplies	519.
WINE TASTING	
Credit Card Fees	15.
Food & Wine Costs	1,200.
Gift Baskets	89.
Sales Tax	126.
GREEK BIKER BEER GLENDI	
Alcohol Permit	25.
Beer	554.
Rent	500.
Sales Tax	130.
Total	10,165.

Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Purpose of Payment **College Scholarships for At-Risk Students**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
5 Doorways 4 Year College Scholarships	Business [X] Person [ ] Pinellas County Education Foundation 12090 Starkey Road Largo FL 33773	None	25,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Lindsey Giancola**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] Florida Atlantic University 111 East Las Olas Blvd Ft. Lauderdale FL 33301	None	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Clarice Taylor**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] Bethune Cookman College 640 Dr Mary McLeod Bethune Blvd Daytona Beach FL 32114	None	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **College Scholarship - Ashley Fix**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] St. Andrews Presbyterian College 1700 Dogwood Mile Laurinburg NC 28352	None	352.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Elena Dimova**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] St. Petersburg College 600 Klosterman Road Tarpon Springs FL 34689	None	1,000.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Demetri Stamas**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] University of Florida 201 Criser Hall Gainesville FL 32611	None	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **College Scholarship - Jessica Primiani**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] Florida State University 600 West College Avenue Tallahassee FL 32611	None	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Sejada Kastrati**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] University of South Florida 4202 East Fowler Avenue Tampa FL 33620	None	1,000.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Alixandra Bigley**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] University of Miami 1244 Stanford Drive Miami FL 33146	None	1,000.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Part I, Line 10 Continued
Grants and Similar Amounts Paid

Purpose of Payment **College Scholarship - Melissa Paolozzi**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] College Undecided at this time. College Undecided at this time. College Undecided FL 00000	None	500.

If property other than cash was given, the following additional information needs to be provided.
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Alonzo Williams**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] College Undecided at this time. College Undecided at this time. College Undecided. FL 00000	None	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment **College Scholarship - Hanna Dodson**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Scholarship	Business [X] Person [ ] College Undecided at this time. College Undecided at this time. College Undecided. FL 00000	None	500.

If property other than cash was given, the following additional information needs to be provided:
Description of Property
Date of Gift

Book Value	How Book Value Determined
FMV	How FMV Determined

Supporting Statement of:

Form 990-EZ/Line 16, Amount-2

Description	Amount
PROGRAM SERVICE EXPENDITURES	
[The following program service expenditures are in addition to the $32,852 of scholarship awards reported on Line 10]	
Community Service, Line 28, Part 3	6,438.
Vocational Service, Line 29, Part 3	5,850.
International Service, Line 30, Part 3	8,512.
Club Service, Line 31, Part 3	6,504.
Total	27,304.

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return	Employer Identification No
Rotary Club of Tarpon Springs, Inc.	59-6209596

Line 24 - Other Assets:	Beginning of Year	End of Year
Accounts Receivable	939.	1,176.
Event Receivable: Golf Tournament Auction	0.	50.
Youth Trust Fund Grant Receivable	1,000.	25,000.
Prepaid Expenses	1,100.	621.
Refunded Scholarship Receivable	0.	648.
PR Grant Receivable	0.	100.
Totals to Form 990-EZ, Part II, line 24	3,039.	27,595.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Deferred Revenue	2,680.	
Event Liability: Banquet Awards	79.	
Event Liability: Golf Tournament Advertising		128.
Event Liability: Visa		354.
Program Liability: Scholarships		3,550.
Program Liability: Community Service	2,500.	
Program Liability: Doorways Scholarships		25,000.
Totals to Form 990-EZ, Part II, line 26	5,259.	29,032.

Additional Information

PART 3: THE OBJECT OF ROTARY

The Object of Rotary is to encourage and foster the ideal of service as a basis of worthy enterprise and, in particular, to encourage and foster:

First.	The development of acquaintance as an opportunity for service,
Second.	High ethical standards in business and professions; the recognition of the worthiness of all useful occupations; and the dignifying of each Rotarian's personal, business, and community life;
Third.	The application of the ideal of service in each Rotarian's personal, business, and community life;
Fourth.	The advancement of international understanding, goodwill, and peace through a worldwide fellowship of business & professional persons united in the ideal of service.

Additional Information

PART 3: COMMUNITY SERVICE PROGRAM ACCOMPLISHMENTS

The third Avenue of Service is the heartbeat of this Rotary Club. Community Service is a many-pronged effort to improve the quality of life within Tarpon Springs by providing monetary contributions, volunteer time, and leadership to programs that strengthen our community. Included in Community Service are:

DOORWAYS SCHOLARSHIPS: The club sponsors Doorways Scholarships, which are Florida 4-Year Prepaid College Tuitions, through the Pinellas County Education Foundation. The scholarships are awarded to bright children who are considered to be at risk of dropping out of school. In order to retain their scholarship, the students are required to maintain at least a "C" grade average, remain drug free, and have good attendance. Each of our scholars is also mentored by a club member. Mentoring is a long term commitment by the club to the child, as mentors meet with their student each week, from the time the scholarship is awarded, usually 3rd grade, usually third grade, through graduation. The cost of the Doorways Scholarships is reported on Line 10 of Form 990-EZ.

COMMINITY OUTREACH: The club helps support several community outreach organizations with both monetary and volunteer help.

YOUTH ORGANIZATIONS: The club provides monetary support and volunteer assistance to various organized youth charities that operate in Tarpon Springs.

SCHOLARSHIPS: In addition to the Doorways Scholarships, the club also awards college scholarships to graduating seniors. Recipients are selected based on both need and ability by a committee that includes school administrators, teachers, and club members. Scholarships may not be awarded to children of Rotarians. The cost of these scholarships is reported on Line 10 of Form 990-EZ.

Supporting Statement of:

Form 990-EZ/Line 28, Expenses

Description	Amount
COMMUNITY SERVICE	
FAMILY SERVICE	
Donation: The Shepherd's Center	740.
Donation: Tarpon Fire Christmas Baskets	400.
Supplies: Tarpon Springs Christmas Parade	74.
YOUTH SERVICE	
Donation: Boys & Girls Club	2,500.
Donation: Cops & Kids	400.
Donation: Tarpon High Syndicated Sound	400.
Donation: Tarpon High Jazz Band	500.
Donation: Tarpon Springs Little League	1,250.
Meals: Boys & Girls Club	99.
Supplies: Interact	75.
Total	6,438.

Additional Information

PART 3: VOCATIONAL SERVICE PROGRAM ACCOMPLISHMENTS

The second Avenue of Service fosters and supports the application of the ideal of service in the pursuit of all vocations via the promotion of high ethical standards in all occupations, the recognition of the worthiness to society of all useful occupations, and the contribution of one's vocational talents to the problems and needs of society. Rotarians volunteer as guest speakers at school career days and permit students who are interested in similar lines of work to shadow them at their jobs. The club actively supports vocational training at the high school through Future Florida Agriculturalists [FFA], Seminar For Tomorrow's Leaders [S4TL], and The Jacobson Culinary Arts program.

Supporting Statement of:

Form 990-EZ/Line 29

Description	Amount
VOCATIONAL SERVICE	
Donations: Future FL Agriculturalists	400.
Donations: S4TL	450.
Donations: Jacobson Culinary Arts School	5,000.
Total	5,850.

Additional Information

PART 3: INTERNATIONAL SERVICE PROGRAM ACCOMPLISHMENTS

The fourth Avenue of Service is International Service. A foundation of peace is built on many small efforts to advance understanding and goodwill among people of different nations and to improve the quality of life. The Rotary Club of Tarpon Springs participates in International Service through our support of The Rotary Foundation and through club sponsored international service projects. We support PolioPlus, with is a global effort to eradicate polio; we participate in the Group Study Exchange Program, and Humanitarian Projects through our support and volunteer work with The Rotary Foundation. Club members are encouraged to volunteer their time and talents for international service. One member of the club collects used eye glasses and takes them to El Salvador at this own expense. Others regularly host Group Study Exchange team members. The club also provided financial and volunteer support to a Stop Hunger Now project that provides low cost, but nutritionally rich, food to schools in areas where hunger and malnourishment are major problems.

Supporting Statement of:

Form 990-EZ/Line 30

Description	Amount
INTERNATIONAL SERVICE	
Donation: Stop Hunger Now	100.
Donation: TRF Annual Fund	3,000.
Dues: Rotary International Per Capita Dues	5,412.
Total	8,512.

Additional Information

PART 3: CLUB SERVICE PROGRAM ACCOMPLISHMENTS

This Avenue of Service involves developing members into active Rotarians, promoting leadership and goal setting skills, and inspiring members to promote worthwhile programs and service projects. Members are informed of local, national, and international service projects through meetings that feature guest speakers who address these topics. Members are also encouraged to participate in Rotary sponsored district conferences, workshops, and meetings to learn more about service opportunities. Participation in Rotary Leadership Training further strengthens the leadership skills of our club's members.

Supporting Statement of:

Form 990-EZ/Other Program Service Exp

Description	Amount
CLUB SERVICE	
Dues: Rotary D6950 Per Capita Dues	3,542.
Meals: New Member Orientation	115.
Seminars: President Elect Training	360.
Seminars: Rotary Leadership Institute	405.
Seminars: District Conference	500.
Supplies: New Member Supplies	304.
Supplies: Sunshine Committee	162.
Supplies: Club T-Shirts	1,116.
Total	6,504.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business [ ] Person [X] Melody Bowser 3351 Kingfisher Drive Holiday FL 34690 Foreign city Foreign country	Title Director 2008-201 Hours/Week 3.00	0.	0.	0.
Business [ ] Person [X] Jean Coleman 1915 Lexington Place Tarpon Springs FL 34688 Foreign city Foreign country	Title Director 2008-201 Hours/Week 3.00	0.	0.	0.
Business [ ] Person [X] Manny Gombos 26 Acacia Street Tarpon Springs FL 34689 Foreign city Foreign country	Title Director 2008-201 Hours/Week 3.00	0.	0.	0.
Business [ ] Person [X] Zenon Post 966 Carstairs Court Tarpon Springs FL 34688 Foreign city Foreign country	Title Director 2008-201 Hours/Week 3.00	0.	0.	0.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

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

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

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

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.

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	ROTARY CLUB OF TARPON SPRINGS, INC.	59 6209596
	Number, street, and room or suite no. If a P.O box, see instructions POST OFFICE BOX 234	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TARPON SPRINGS, FL 34688-0234	

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

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☑ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► LYNDA G. VINSON, CPA, PA

Telephone No. ► (727) 937-0772 FAX No. ► (727) 938-1036

- If the organization does not have an office or place of business in the United States, check this box . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 16, 20 10, 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 JULY 1, 20 08, and ending JUNE 30, 20 09

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

-T, 4720, or 6069, enter the tentative tax,	3a	$ 0
r any refundable credits and estimated tax t allowed as a credit.	3b	$ 0
your payment with this form, or, if required, EFTPS (Electronic Federal Tax Payment	3c	$ 0

drawal with this Form 8868, see Form 8453-EO and Form 8879-EO

nstructions. Cat No 27916D Form **8868** (Rev 4-2009)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OGDEN UT 84201
OFFICIAL USE

Postage	$ $0.44
Certified Fee	$2.80
Return Receipt Fee (Endorsement Required)	$0.00
Restricted Delivery Fee (Endorsement Required)	$0.00
Total Postage & Fees	$ $3.24

0341
07
TARPON SPRINGS, FL
Postmark Here
13
13/2009
USPS

Sent To: Dept of Treasury
Street, Apt No, or PO Box No: IRS Service Center
City, State, ZIP+4: Ogden UT 84201-0012

PS Form 3800, August 2006 See Reverse for Instructions

7009 0960 0001 0408 4299

7009 0960 0001 0408 4299

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☐
  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no If a P O box, see instructions		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions		

Check type of return to be filed (File a separate application for each return).

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ .....
  Telephone No. ▶ (.....) ..... FAX No. ▶ (.....) .....
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until ....., 20.....

5 For calendar year ....., or other tax year beginning ..... , 20.... , and ending ....., 20.....

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

7 State in detail why you need the extension .....

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$
b	If this application is for Form 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 and any amount paid previously with Form 8868.	**8b**	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶