See a Social Security Number? Say Something!
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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 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.***

OMB No. 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning Jul 1 , 2013, and ending Jun 30 , 2014

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

C Name of organization
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 province, country, and ZIP or foreign postal code
Tarpon Springs FL 34688-0234

D Employer identification number
59-6209596

E Telephone number
(727) 934-3561

F Group Exemption Number ► 0573

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ►

I Website: ► www.tarponrotary.org

J Tax-exempt status (check only one) – ☐ 501(c)(3) ☒ 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 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 ► $ 171,350.

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	108,968.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	15.
	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 $ 36,728. 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	62,367.	
	c	Less: direct expenses from gaming and fundraising events	6c	62,367.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	108,983.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O) See L-10 Stmt		10	43,800.
	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	7,980.
	14	Occupancy, rent, utilities, and maintenance		14	1,076.
	15	Printing, publications, postage, and shipping		15	134.
	16	Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses		16	12,807.
	17	**Total expenses.** Add lines 10 through 16		17	65,797.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	43,186.
	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	43,116.
	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	86,302.

95 16

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	57,194.	22	93,996.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O) See L-24 Stmt	2,951.	24	3,350.
25	**Total assets**	60,145.	25	97,346.
26	**Total liabilities** (describe in Schedule O) See L-26 Stmt	17,029.	26	11,044.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	43,116.	27	86,302.

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 X

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 SERVICE PROJECTS: Statement Attached

(Grants $ 34,288.) If this amount includes foreign grants, check here ▶ ☐ 28a 37,575.

29 MEMBER LEADERSHIP TRAINING: Statement Attached

(Grants $ 9,512.) If this amount includes foreign grants, check here ▶ ☐ 29a 17,535.

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

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 55,110.

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
Sue Thomas President	15.00	0.	0.	0.
Joan Tobey Vice President	3.00	0.	0.	0.
Tom Carson President-Elect	3.00	0.	0.	0.
Jean Coleman President Nominee	3.00	0.	0.	0.
Tom Trask Past President	3.00	0.	0.	0.
Dennis Garvey Secretary	5.00	0.	0.	0.
Anna Biliris Treasurer	5.00	0.	0.	0.
Ramona Pletcher Sergeant At Arms	3.00	0.	0.	0.
David Banther Dir 2012-2014	3.00	0.	0.	0.
Dee Isguzar Dir 2012-2014	3.00	0.	0.	0.
Cari Rupkalvis Dir 2012-2014	3.00	0.	0.	0.
Julie Russell Dir 2012-2014	3.00	0.	0.	0.
Robert Alderman Dir 2013-2015	3.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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
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		X
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		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?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ►			
d	Section 501(c)(3) and 501(c)(4) organizations. 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	40e		X
41	List the states with which a copy of this return is filed ► Florida			

42a The organization's 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)?	42b		X
	If 'Yes,' enter the name of the foreign country: ►			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If 'Yes,' enter the name of the foreign country: ►			

			Yes	No
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			
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		X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	45a		X
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)	45b		X

		Yes	No
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	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 ☐

		Yes	No
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	47		
48 Is the organization 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 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 and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ► ☐ Yes ☐ No

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

Sign Here

Signature of officer — Date

Sue Thomas — Club President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Lynda G. Vinson, CPA	Lynda G. Vinson, CPA	01/07/15		P01084776

Firm's name ► LYNDA G. VINSON, CPA, PA

Firm's address ► 110 S LEVIS AVE, TARPON SPRINGS, FL 34689-4359

Firm's EIN ► 59-2576390

Phone no. (727) 937-0772

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

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to 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.** ► **See separate instructions.**
► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
Rotary Club of Tarpon Springs, Inc.	59-6209596

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to 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

2 a 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 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.

	(i) Name and address 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 column (i)	(vi) Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	►						

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.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Triathlon (event type)	(b) Event #2 Meetings (event type)	(c) Other events 7 (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	43,385.	38,224.	17,486.	99,095.
	2 Less: Charitable contributions	20,505.	4,227.	11,996.	36,728.
	3 Gross income (line 1 minus line 2)	22,880.	33,997.	5,490.	62,367.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	2,418.	791.		3,209.
	6 Rent/facility costs	678.		450.	1,128.
	7 Food and beverages	400.	31,468.	2,203.	34,071.
	8 Entertainment	100.		650.	750.
	9 Other direct expenses	19,284.	1,738.	2,187.	23,209.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				62,367.
	11 Net income summary. Subtract line 10 from line 3, 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 column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash 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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $ _____ and the amount of gaming revenue retained by the third party ► $ _____.

c If 'Yes,' enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $ _____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
	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.	2013
Department of the Treasury Internal Revenue Service	► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Open to Public Inspection

Name of the organization	Employer identification number
Rotary Club of Tarpon Springs, Inc.	59-6209596

Part III 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 occupation as an opportunity to serve society.

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 and professional persons united in the ideal of service.

Pt III PROGRAM SERVICE ACCOMPLISHMENTS

Rotary is the premier organization of business, professional and community leaders who embody high ethical standards and are committed to transforming their world through service. As such, service to others is the heartbeat of this club. We have a long tradition of sponsoring service programs and projects that are designed to make significant and lasting

Name of the organization: Rotary Club of Tarpon Springs, Inc.

Employer identification number: 59-6209596

contributions in each of Rotary's Five Avenues of Service: Community, Vocational, Club, International, and Youth. By providing monetary support, volunteer time, and leadership skills, we are able to use a multi-pronged approach to each of these Five Avenues of Service.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Information Technology	60.
Conferences & Meetings	9,560.
Dues & Memberships	650.
Supplies	2,401.
Licenses & Permits	136.
Total	12,807.

Form 990-EZ, Page 2, Part IV
List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form 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 compen-sation
Business. . . [ ] Person. . . . [X] Andreas Boeckl Title . Dir 2013-2015	3.00	0.	0.	0.
Business. . . [ ] Person. . . . [X] George Bouris Title . Dir 2013-2015	3.00	0.	0.	0.
Business. . . [ ] Person. . . . [X] Conan Raitt Title . Dir 2013-2015	3.00	0.	0.	0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment . . . . . Program Donation for 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community Service Golf Cart	Business. . . . [X] Person . . . . . [ ] Brooker Creek Preserve 3940 Keystone Road Tarpon Springs FL 34688	None	2,500.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community Service Health Benefit	Business . . . [X] Person . . . . . [ ] Florida Hospital North Pinellas 1395 S Pinellas Avenue 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 . . . . . Travel Visa for Global Grant Scholar

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
International Service	Business . . . [ ] Person . . . . . [X] Jesse O'Shea Flat 5, 158 Drury Lane London, UK WC2B5QG	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 . . . . . Program Donation for Spelling Bee Scholarship Contribution

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth Service Scholarship	Business . . . [X] Person . . . . . [ ] Palm Harbor Area Chamber of Commerce 1151 Nebraska Avenue Palm Harbor FL 34683-4032	None	250.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued

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

Purpose of Payment . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth Service Special Needs Camp	Business . . . [X] Person . . . . . [ ] Rotary's Camp Florida, Inc. 1915 Camp Florida Road Brandon FL 33510	None	300.

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 . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
International Service Polio Eradication	Business . . . [X] Person . . . . . [ ] The Rotary Foundation 1560 Sherman Avenue Evanston IL 60201	Charitable Foundation of Rotary International	650.

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 . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth Service Exchange Student	Business . . . [X] Person . . . . . [ ] Rotary Youth Exchange Florida, Inc. 141 Elmwood Drive Saint Johns FL 32259	None	2,250.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued

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

Purpose of Payment . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth Service 2 S4TL Scholarships	Business . . . . [X] Person . . . . . [ ] Seminar For Tomorrow's Leaders 11915 81st Avenue North Seminole FL 33772	None	700.

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 . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
International Service Shelter	Business . . . . [X] Person . . . . . [ ] ShelterBoxUSA 8374 Market Street #203 Lakewood Ranch FL 34202	None	5,000.

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 . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
International Service Hunger	Business . . . . [X] Person . . . . . [ ] Stop Hunger Now 615 Hillsborough Street, STE 200 Raleigh NC 27603	None	3,600.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth Service Math & Science Curriculum	Business . . . [X] Person . . . . . [ ] Tarpon Springs Elementry School 555 E. Pine Street Tarpon Springs FL 34689	None	3,788.

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 . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth Service Choral Arts Program	Business . . . [X] Person . . . . . [ ] Tarpon Springs Middle School 501 North Florida Avenue Tarpon Springs FL 34689	None	750.

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 . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Community Service Jittney	Business . . . [X] Person . . . . . [ ] Tarpon Springs Area Historical Society, Inc. 160 East Tarpon Avenue 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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Continued
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment . . . . . Program Donation to 501(c)(3) Organization

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Youth Service Scholarships	Business . . . . [X] Person . . . . . [ ] Tarpon Springs Rotary Youth Trust 2643 Brinley Drive Trinity FL 34655	None	12,000.

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 . . . . . Per Capita Dues to Rotary International

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Support Dues	Business . . . . [X] Person . . . . . [ ] Rotary International 1560 Sherman Avenue Evanston IL 60201	RI holds IRS group exemption. Club is subordinate	5,878.

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 . . . . . Per Capita Dues to Rotary D6950

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Support Dues	Business . . . . [X] Person . . . . . [ ] Rotary District 6950 779 West Olympia Drive Hernando FL 34442	6950 is District of RI to which club belongs.	3,634.

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

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	**Beginning of Year**	**End of Year**
Accounts Receivable	1,008.	1,537.
Prepaid Expenses	1,943.	1,813.
Total	2,951.	3,350.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	**Beginning of Year**	**End of Year**
Accounts Payable	6,636.	3,660.
Unearned Revenue	10,393.	7,384.
Total	17,029.	11,044.

Form **8868**
(Rev January 2014)

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.

► Information about Form 8868 and its instructions is at *www.irs.gov/form8868.*

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► [X]
- 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 extention on a previously filed Form 8868.

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

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

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

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
Rotary Club of Tarpon Springs, Inc.	59-6209596
Number, street, and room or suite number. If a P.O. box, see instructions.	**Social security number (SSN)**
Post Office Box 234	
City, town or post office, state, and ZIP code For a foreign address, see instructions.	
Tarpon Springs FL 34688-0234	

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 (section 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 ► Linda Groseclose
  Telephone No. ► (727) 512-4712 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) 0573. If this is for the whole group, check this box . . . ► [ ]. If it is for part of the group, check this box . . . ► [X] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 17, 20 15, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:
► [ ] calendar year 20 ____ or
► [X] tax year beginning Jul 1, 20 13, and ending Jun 30, 20 14.

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

3a 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	3a	$ 0.
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	3b	$ 0.
c **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

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

7014 0150 0002 0897 8022

Additional Information

EXTENSION APPLICATION AFFILIATE LISTING STATEMENT

The Rotary Club of Tarpon Springs, Inc., EIN 59-6209596, is a 501(c)(4) entity under the group exemption, 0573, granted to Rotary International by the IRS. Pursuant to the IRS group exemption letter each club is required to file a separate return. The attached extension covers only The Rotary Club of Tarpon Springs, Inc., EIN 59-6209596.