



CITY OF NEW PORT RICHEY SPECIAL EVENT IN-KIND SPONSORSHIP APPLICATION

I. EVENT INFORMATION:

- a. Organization: The Holiday Rotary Club
- b. Name of Event: Holiday Street Parade
- c. Event Dates (beginning, ending): 09/10/2022-09/10/2022
- d. Event Coordinator (name, address, phone, email) Angel L. Cook
1817 Cypress Brook Dr. Suite 105 Trinity, FL 34655
727-457-4849, angel@leadersinsuranceagency.com
- e. Total amount of in-kind services requested \$ 14,000
- f. Please describe the proposed event to include type of event and scope of activities: The Holiday Street parade brings in thousands of guests to the City to celebrate the Holiday Season. The parade contains over 100 units including floats, vehicles and businesses all decorated in Holiday decor. The parade is family friendly ending with Santa for the kids.

- g. Please indicate other events provided by your agency and the amount (if any) currently funded by the City: The Holiday Rotary Club also hosts the Chasco Fiesta Street Parade that is also part of the Chasco Fiesta Festival that the City is a large part of financially and in the planning and hosting of the Festival.

- h. How are the events specified assessed for effectiveness? The Club members meet with the City Police Dept & Public works for planning to ensure each year it gets more organized and improves with each parade.
- i. Please provide a statement setting forth the specific use of net proceeds derived from the special event and how the proposed use benefits the city: _____
The funds provided, if granted, will be used to pay for the City Police Officers needed for the safety of the guests, the public works City employees that help with set-up tear down and day of planning, the port-a-potty cost, the dump trailer and pick up This parade brings in thousands of people to the City hours before the parade. This generates traffic to the businesses and the park. We also feel that it shows the City in a positive light to our guests who may not have otherwise come to NPR.



CITY OF NEW PORT RICHEY SPECIAL EVENT SPONSORSHIP APPLICATION

II. MARKETING AND ADVERTISING

- a. Which specific advertising mediums will be used? Social media will be used and printed flyers and using the Holiday Rotary website & the Rotary database
- b. Identify advertising campaign duration and amount for each medium: _____
No additional cost for advertising other then the printing for the flyers
- c. Will the City of New Port Richey be identified as a sponsor on all promotional/advertising materials? The City will be shown as Host and Sponsor of the Parade on all promotional advertising materials.

III. ECONOMIC IMPACT

- a. Describe the overall economic benefit to NPR: _____
With thousands of attendees setting up to watch the parade, the businesses will see the increase in traffic and revenue to their businesses.
- b. Will the event compliment or compete with existing downtown businesses? _____
This event will compliment all of the businesses that will see an increase in foot traffic to their establishments.
- c. Please describe in what way(s) and to what degree? We expect people to be spending monies in the businesses downtown before/during and after the parade.
This will provide a positive exposure to the City as a whole.

IV. EVENT IMPACT

- a. How many consecutive years has this event been held in NPR? over 40 years
- b. What is the target audience for this event? Families and residents of all ages



CITY OF NEW PORT RICHEY SPECIAL EVENT SPONSORSHIP APPLICATION

- c. Are you proposing any notable changes in the event from previous years? If yes, then please explain: No notable changes this year

V. REQUIRED DOCUMENTS

- a. Adopted agency budget for current year.
- b. Audited Financial Statement (for 2021 or a IRS Form 990)
- c. Certificate of Incorporation
- d. Federal Tax ID Number



CITY OF NEW PORT RICHEY SPECIAL EVENT SPONSORSHIP APPLICATION

Overall Proposed Statement of Revenue & Expenditures (Detailed line-item budget)

Revenues	Previous Year*	Current Year
Ex. - City Sponsorship	\$	\$
See Attached		
Total Revenue		

Expenses	Previous Year*	Current Year
	\$	\$
Total Expenses		

*A profit & loss statement may be provided in lieu of the requested detail



The Greater Pasco Chamber of Commerce, Inc.

Budget vs. Actuals: FY 21-22 GPCC Budget - FY22 P&L

July 2021 - June 2022

	TOTAL		
	ACTUAL	BUDGET	OVER BUDGET
Revenue			
Event Income			
Holiday Parade			
Entries	7,750.00	3,500.00	4,250.00
NPR Parade Donation	12,968.00		12,968.00
Sponsors	9,500.00	4,000.00	5,500.00
Total Holiday Parade	30,218.00	7,500.00	22,718.00
Total Event Income	30,218.00	7,500.00	22,718.00
Total Revenue	\$30,218.00	\$7,500.00	\$22,718.00
GROSS PROFIT	\$30,218.00	\$7,500.00	\$22,718.00
Expenditures			
Event Expenses			
Holiday Parade			
City of NPR Fees	12,968.00	60.00	12,908.00
Dumpster	300.33		300.33
Portable Toilets	2,755.25	2,500.00	255.25
Printing	415.00	1,400.00	-985.00
Santa Float	403.52	1,600.00	-1,196.48
Supplies	644.70	650.00	-5.30
Total Holiday Parade	17,486.80	6,210.00	11,276.80
Total Event Expenses	17,486.80	6,210.00	11,276.80
Total Expenditures	\$17,486.80	\$6,210.00	\$11,276.80
NET OPERATING REVENUE	\$12,731.20	\$1,290.00	\$11,441.20
NET REVENUE	\$12,731.20	\$1,290.00	\$11,441.20

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007269

Entity Name: ROTARY CLUB OF HOLIDAY INC**Current Principal Place of Business:**5228 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652**Current Mailing Address:**P.O. BOX 3663
HOLIDAY, FL 34690 US**FEI Number: 27-0585854****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOTHERSHEAD, KELLY
6556 RIVER RD
NEW PORT RICHEY, FL 34652 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KELLY MOTHERSHEAD

07/12/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name LOVELL, JAMES
Address 8425 ELGIN DR
City-State-Zip: PORT RICHEY FL 34668

Title PRESIDENT ELECT
Name MANNS, NICK
Address 9749 REYNOSA DRIVE
City-State-Zip: TRINTY FL 34655

Title PAST PRESIDENT
Name COOK , ANGEL
Address 4117 LITTLE RD #101
City-State-Zip: TRINITY FL 34655

Title DIRECTOR
Name HANCOCK, EDWIN
Address 5228 TROUBLE CREEK RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP
Name BOGART, KIM
Address 6739 ADAMS ST,
City-State-Zip: NEW PORT RICHEY FL 34652

Title SECRETARY
Name MEYER, ERIN
Address 11503 PROSPEROUS DRIVE
City-State-Zip: ODESSA FL 33556

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ERIN MEYER**SECRETARY**

07/12/2022

Electronic Signature of Signing Officer/Director Detail

Date

LARRY C. SCHALLES, CPA, PA
5320 MAIN STREET
NEW PORT RICHEY, FL 34652
727-847-2277

September 16, 2021

CONFIDENTIAL

ROTARY CLUB OF HOLIDAY
5228 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

For professional services rendered in connection with the preparation of the following tax forms
for year ending 6/30/21.

Amount due

\$ 0.00

Filing Instructions

ROTARY CLUB OF HOLIDAY

Short Form Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: May 16, 2022

Remittance: None is required. Your Form 990-EZ for the tax year ended 6/30/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

LARRY C. SCHALLES, CPA, PA
5320 MAIN STREET
NEW PORT RICHEY, FL 34652

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

LARRY C. SCHALLES, CPA, PA
5320 MAIN STREET
NEW PORT RICHEY, FL 34652
727-847-2277

September 16, 2021

CONFIDENTIAL

ROTARY CLUB OF HOLIDAY
5228 TROUBLE CREEK RD
NEW PORT RICHEY, FL 34652

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Short Form of Organization Exempt From Income Tax (Form 990-EZ)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

LARRY C. SCHALLES, CPA, PA

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

2020

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

ROTARY CLUB OF HOLIDAY

Taxpayer identification number

27-0585854

Name and title of officer or person subject to tax

**JOHN BUTLER
TREASURER**

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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 one 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	19,621
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	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **LARRY C. SCHALLES, CPA, PA** to enter my PIN **85854** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶

Date ▶ **09/15/21**

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.

59823232460

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ **09/15/21**

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 back of form.

Form **8879-EO** (2020)

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-0047

2020

Name of exempt organization or person subject to tax

ROTARY CLUB OF HOLIDAY

Taxpayer identification number

27-0585854

Name and title of officer or person subject to tax **JOHN BUTLER
TREASURER**

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

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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 19,621
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
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize LARRY C. SCHALLES, CPA, PA to enter my PIN 85854 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax ▶ _____ Date ▶ **09/15/21**

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.

COPY

59823232460

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 ▶ **09/15/21**

Form **990-EZ**

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)

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning **07/01/20**, and ending **06/30/21**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROTARY CLUB OF HOLIDAY		D Employer identification number 27-0585854
	Number and street (or P.O. box, if mail is not delivered to street address) 5228 TROUBLE CREEK RD		E Telephone number 727-847-2277
	City or town, state or province, country, and ZIP or foreign postal code NEW PORT RICHEY FL 34652		F Group Exemption Number ▶

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

I Website: **N/A**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(**4**) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 19,621**

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	
	2 Program service revenue including government fees and contracts	2	5,614
	3 Membership dues and assessments	3	9,470
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
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		
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	4,537	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	19,621	
Expenses	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	14,544
	14 Occupancy, rent, utilities, and maintenance	14	60
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	3,458
	17 Total expenses. Add lines 10 through 16 ▶	17	18,062
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	1,559
	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	21,361
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-2,935
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	19,985

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2020)

Check if the organization used Schedule O to respond to any question in this Part II

X

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

X

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

ROTARY CLUB OF HOLIDAY IS A PART OF ROTARY INTERNATIONAL

28 SEE MISSION STATEMENT

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

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

18,062

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

32

18,062

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

Check if the organization used Schedule O to respond to any question in this Part IV

1

DAA

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		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		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)?		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		
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		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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
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 outstanding at the end of the tax year covered by this return?		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 40a ; section 4912 40a ; section 4955 40a		
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		X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
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 FL		
42a The organization's books are in care of CPA Telephone no. 727-847-2277		
5320 MAIN ST Located at NEW PORT RICHEY FL ZIP + 4 34652		
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 42b		X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c 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 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
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 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

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		
49a		
49b		

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

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

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

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.

Sign Here Signature of officer **JOHN BUTLER** Date **TREASURER**

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	LARRY C. SCHALLES		09/16/21		P01240940
	Firm's name LARRY C. SCHALLES, CPA, PA	Firm's EIN 59-3155692			
	Firm's address 5320 MAIN STREET NEW PORT RICHEY, FL 34652	Phone no. 727-847-2277			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ROTARY CLUB OF HOLIDAY

Employer identification number

27-0585854

Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
Other Revenue	\$ 4,537
Total	\$ 4,537

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Office	\$ 1,605
Conferences/Meetings	\$ 1,853
Total	\$ 3,458

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
CHANGE IN FUND BALANCE	\$ -2,935

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable	\$ 10,013	\$ 4,904
Prepaid Expenses and Deferred Charges	\$ 557	\$ 3,474
Total	\$ 10,570	\$ 8,378

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

CLUB ACTIVITIES

Federal Statements**Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
DUES	\$ 9,470
Total	\$ 9,470

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning 07/01/20 , and ending 06/30/21

27-0585854

ROTARY CLUB OF HOLIDAY

Net Asset / Fund Balance at Beginning of Year 21,361

Revenue

Contributions		
Program service revenue	<u>15,084</u>	
Investment income		
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>4,537</u>	
Total revenue		<u>19,621</u>

Expenses

Program services		
Management and general		
Fundraising		
Total expenses		<u>18,062</u>
Excess / (deficit)		<u>1,559</u>

Changes -2,935

Net Asset / Fund Balance at End of Year 19,985

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u> </u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u> </u></u>

	Beginning	Balance Sheet Ending	Differences
Assets	<u>21,361</u>	<u>19,985</u>	
Liabilities			
Net assets	<u>21,361</u>	<u>19,985</u>	<u>-1,376</u>

Miscellaneous Information

Amended return
Return / extended due date 05/16/22
Failure to file penalty