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Form **990-EZ** 

## **Short Form Return of Organization Exempt From Income Tax**

2008

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

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

**Open to Public** Inspection

	Α	For the 2008 calendar year, or tax year beginning 7/01 , 2008	3, and ending	g 6/ <u>30</u>		, 20	
	В	Check if applicable C			D Empl	oyer identific	ation number
	$\Box$	Address change   Please use IRS   ROSWELL ROTARY FOUNDATION			58	-17169	82
		Name change   label or   D O ROY 783				hone number	
		Initial return type ROSWELL, GA 30077			77	0-992-	neer
		Termination See Specific				0 992	0000
		Amended return tions				ıp Exemp	tion
	Ш	Application pending			Num		<del></del>
		<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>	G	Accounting Other (spec		X Cas	sh Accrual
		<u> </u>		Check ►	lf the	e organiza	ation is <b>not</b>
	1	Website: ► N/A		required to	attach S	schedule E	3 (Form 990,
	J	Organization type (check only one) — X 501(c) (3) ◄ (insert no) 4947(a)(1) or	527	990-EZ, or	990-PF).		
	ĸ	Check ► If the organization is not a section 509(a)(3) supporting organization a	and its gross	receipts are	normal	ly <b>not</b> mor	re than
		\$25,000 A return is not required, but if the organization chooses to file a return, be	e sure to file	a complete	return		
40	L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more	re, file Form	990			
SCANNED		instead of Form 990-EZ				<b>►</b> \$	77,416.
3	Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund	Balances	<b>s</b> (See the	instru	<u>ictions f</u>	
$\mathbb{Z}$		1 Contributions, gifts, grants, and similar amounts received				1	62,403.
		Program service revenue including government fees and contracts				2	15,000.
Ö		3 Membership dues and assessments				3	
	i	4 Investment income				4	13.
NUL	į	5a Gross amount from sale of assets other than inventory	5a				
		<b>b</b> Less. cost or other basis and sales expenses	5b				
8	R E V	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)			L	5c	
ക	Σį	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gan	mıng, check her	e ►			
2010	Ņ	a Gross revenue (not including \$ of contributions			-		
36	Ë	reported on line 1)	6a			1	
_		<b>b</b> Less direct expenses other than fundraising expenses	6Ь				
		c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c	
		7a Gross sales of inventory, less returns and allowances	7a		F		
		<b>b</b> Less cost of goods sold	7b		<del></del>		
		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	77,416.
	$\neg$		SEE STAT	EMENT 1	1	10	30,000.
		11 Benefits paid to or for members	01111		_	11	30,000.
	E X P	12 Salaries, other compensation, and employee benefits			_	12	
	P	13 Professional fees and other payments to independent contractors				13	1,100.
	E N S E	14 Occupancy, rent, utilities, and maintenance			<b></b> -	14	1,100.
		15 Printing, publications, postage, and shipping			<u> </u>	15	
	S	16 Other expenses (describe ► SEE STATEMENT 2			<u> </u>	16	61,370.
		17 Total expenses (add lines 10 through 16)			· —	17	92,470.
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-15,054.
	Α	A	_			-	13,034.
	N S E E T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (r figure reported on prior year's return)	must agree v	with end-of-y		19	34,375.
	FE	20 Other changes in net assets or fund-balances (attach explanation)			<b>⊢</b>	20	34,373.
	Ś	21 Net assets or fund balances a thank fear Combine lines 18 through 20				21	19,321.
	Da	art II Balance Sheets, It lotal assets on ine (2) column (B) are \$2,500,000	0 0 0 0 0 0	la Farm 000			
	<u>ra</u>	See the instructions for Part   1)		N) Beginning			
	22	a a l l l l l l l l l l l l l l l l l l	<u> </u>		375.	22	End of year 19,321.
	23	←> 1	-	54,	3,3.	23	17,321.
	24	Early and ballangs				24	
	25	· · · · · · · · · · · · · · · · · · ·		31	375.	25	19,321.
	26		<del> </del>	54,	0.	26	19,321.
	27		<u> </u>	3./		27	19,321.
		A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Fo	orm QQA	J4,	2,2.		rm <b>990-EZ</b> (2008)
		ar rorriting for and reperted to the addition for the section of the mondest of the formation of the formati				10	JJU-LZ (2000)

TEEA0803L 09/18/08

	t III   Statement of Program Se			ons.)		Expenses
What i	s the organization's primary exempt purpose? CH	IARITABLE DONATIONS			(Req	uired for 501(c)(3)
Desc desc	ribe what was achieved in carrying out th ribe the services provided, the number of	e organization's exempt purpo persons benefited, or other re	oses. In a clear and cor elevant information for	icise manner, each	4947	(4) organizations and (a)(1) trusts, optional
	am title MEMORIAL DAY COMMITTEE				tor o	thers)
				<b>-</b>		
			. <b></b>			
20	(Grants \$ ) If the ROSWELL FOLK & HERITAGE I	is amount includes foreign gra			_28 a	2,000.
29	KOSMETT LOTY & HEKLINGE I	DOKENO	<del>-</del>	<b>-</b>		
			<del></del> -			
		is amount includes foreign gra	ants, check here	<u>•</u>	29 a	2,000.
30	THE COTTAGE SCHOOL			<del>-</del>		
	~			<del>-</del> -		
		is amount includes foreign gra	ants, check here		30 a	12,000.
31	Other program services (attach schedule	SEE STATEMENT 3				
32	(Grants \$ ) If the Total program service expenses (add line)	is amount includes foreign gra	ants, check here	- <u>-                                  </u>	_31 a 32	75,190. 91,190.
Par			ployees. (List each o	one even if not cor		
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar deferred compensa	is and tion	and other allowances
	RYL GREENWAY	TRUSTEE	0.		0.	0.
	FORREST STREET, SUITE C	0.25				
_	WELL, GA 30075 REDNER	TRUSTEE	0.		0.	0.
	91 KING ROAD	0.25	<b>.</b>		· ·	•
	WELL, GA 30075					
	E BECKHAM	TRUSTEE	0.		0.	0.
	8 JORDAN LAKE DRIVE	0.25				
	IETTA, GA 30062 HAGAN	TRUSTEE	0.		0.	0.
	75 STROUP ROAD	0.25	0.		٥.	0.
	WELL, GA 30075					
	F SCROGGIN	TRUSTEE	0.		0.	0.
	MIMOSA BOULEVARD	0.25				
KOS	WELL, GA 30075					
	·					
	·					
<b>-</b>	· <b></b>					
	<del></del>					
<u>-</u>						
	·					
	·					
	= <del></del>					

Form 990-EZ (2008) ROSWELL ROTARY FOUNDATION

58-1716982

Page 2

			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	33		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	34		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?	35a		x
ŀ	of tyes,' has it filed a tax return on <b>Form 990-T</b> for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year?  If 'Yes,' complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions    37a   0.			
	o Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
ŧ	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter.	}		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities.  39b N/A			
40 a	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ŀ	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	40 ь		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
C	Enter amount of tax on line 40c reimbursed by the organization			
•	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	40 e		x
41	List the states with which a copy of this return is filed  GA			
<b>42</b> a	Telephone no ► 770-9  Located at ► 935 FORREST ST, SUITE C, ROSWELL GA  ZIP + 4 ► 30075	92-0	668_	
		-		
t	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	Yes	No 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 a Foreign Bank and Financial Accounts.			
•	: 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	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	1	▶ □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	44		, v
45	of Form 990-EZ  Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44		X
	Form 990 must be completed instead of Form 990-EZ	45		X (2008)
BAA	TEEA0812L 01/14/09 Fo	rm <b>99</b> (	J-EZ (	(2008)

	EZ (2006) NOSWEDE NOTAKI 1001	NDMITTON	E01()(0)			- AC	40
Part VI	Section 501(c)(3) organization	is only. All section	501(c)(3) orga	inizations must answer q	uestion	S 46	.49
	ື and complete the tables for lin	nes 50 and 51.		SEE ST	ATEMEN	IT 4	
	,					Yes	No
46 Did t	he organization engage in direct or indirect	ct political campaign ac	livities on behalf of	for in opposition to candidates	AC		X
•	ublic office? If 'Yes,' complete Schedule (				46		+
<b>47</b> Did t	he organization engage in lobbying activit	ies? If 'Yes,' complete :	Schedule C, Part II		47		X
48 Is the	e organization operating a school as desc	ribed in section 170(b)(	1)(A)(II)? If 'Yes,' c	complete Schedule E	48		X
	he organization make any transfers to an				49 a		Х
			Totalou organizatio		49 b		<u> </u>
D II . A 6	es,' was the related organization(s) a sect	ion 527 organization?			490		<u> </u>
50 Com	plete this table for the five highest comperved more than \$100,000 of compensation	nsated employees (other	er than officers, dir If there is none, ei	ectors, trustees and key emplo	yees) who	each	1
		(b) Title and average	(c) Compensation		(e) Ex	pense	
(a	) Name and address of each employee paid	hours per week	(7,22	d) Contributions to employee benefit plans and deferred compensation	accou other all	nt and	
	more than \$100,000	devoted to position		deferred compensation	Other all	owance	
NONE							
				1			
		-					
		1					
		1					
					_		
		1					
		1					
Total number	of other employees paid over \$100,000						
		•					
	the organization. If there is none, enter 'I  (a) Name and address of each independent cont		<u> </u>	(b) Type of service	(c) Comp	ensatio	
NONE	(a) Harrie and address of sach masperhacht sont	ractor paid more than proofee	-	(2) 1960 81 8811188	(4) 001119	-	
TIONE -							
				i			
Total	har of other independent as attractive		<b>•</b>				<del></del>
i otai numi	ber of other independent contractors recei			<u>.</u>			
	Under penalties of pergry, I declare that I have example true, correct, and complete Declaration of preparer,	nined this return, including acc (other than officer) is based on	ompanying schedules ar all information of which	nd statements, and to the best of my kno preparer has any knowledge	wledge and b	belief, it	IS
	Variable	1		/	1.		
Ciar	1 Kasest W.	Ktaca		1 5/13/	10		
Sign	Signature of officer	Ways.		Date	10		
Here	D L CL IS		Diago				
	Dobert W	Haaan	Presid	<u>sent</u>			
	Type or print name and title	- 1		•			
	5		Date	Check if Prep	arer's Identif	ying Nu	ımber
Paid	Preparer's signature	gamus CPA					
Pre-	Carriage 11. Jan			- O employed ► 25.	<u>3-94-6</u>	4 J L	
parer's	Firm's name (or CHERYL GREENWAY	// <u> </u>					
Use	yours if self employed). ► 935 FORREST STR	EET, SUITE C		EIN ► 5	8-1801	568	
Only	address, and ZIP + 4 ROSWELL, GA 300	75		Phone no ► (770)			}
	S discuss this return with the preparer sh		rtions		X Yes	$\overline{}$	No
BAA	to discuss this return with the preparer sil	Own above: Jee mallu	J. (10113				
DAA					Form 990	U-EZ	(۲۷۷۵)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Employer identification number

OMB No 1545 0047

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts. Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

ROS	WEI	LL ROTARY FO	UNDATION						58-1	716982	2		
Par	t I	Reason for Pu	ıblic Charity Statı	us (All organizations	must	compl	ete thi	s part	.) (see	ınstru	ctions)		
he o	orga	nization is not a pri	vate foundation becau	se it is. (Please check on	lly <b>one</b> d	rganiza	lion.)						
1		A church, convent	ion of churches or ass	ociation of churches desc	ribed in	section	170(b)(	1)(A)(i).					
2			, , , , ,	<b>A)(ii).</b> (Attach Schedule E	•								
3	Ш			e organization described i									
4		A medical research	h organization operate	d in conjunction with a ho	ospital d	escribed	ın sect	ion 170	(b)(1)(A)	(iii) Ente	er the hosp	utal's	
_		name, city, and sta											
5		170(b)(1)(A)(iv). (0	Complete Part II.)	of a college or university					imentai	uniit dest	cribed in Se	ection	
6 7		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust	described in section 1	70(b)(1)(A)(vi). (Complete	e Part II.	.)							
9	X	An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)											
10		An organization or	ganized and operated	exclusively to test for put	olic safe	ty. See	section	509(a)(4	<b>1).</b> (see	instruction	ons)		
11		more publicly supp	orted organizations d	exclusively for the beneficescribed in section 509(a) ation and complete lines	)(1) or s	ection 5	09(a)(2)	tio <b>n</b> s of See <b>s</b>	, or carr ection 5	y out the <b>09(a)(3).</b>	purposes Check the	of one box th	or iat
		a Type I	<b>b</b> Type II	<b>c</b> ☐ Type III	I — Fund	tionally	ıntegrat	ed		d $\square$	Type III	Other	
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f		If the organization check this box	received a written dete	ermination from the IRS t	hat is a	Type I,	Type II (	or Type	III supp	orting or	ganızatıon	ı	
g		Since August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	ition froi	m any o	f the fol	lowing p	ersons?			
		<b>(2)</b>						6				Yes	No
		(i) a person who below, the go	overning body of the si	controls, either alone or to upported organization?	ogetner	with per	sons de	scribea	ın (II) ar	na (III)	11g (i)		
		_	nber of a person desc								11 g (ii)		
		(iii) a 35% contro	olled entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		
h		Provide the following	ng information about tl	he organizations the orga	ınızatıon	support	s.						
	(i)	Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organizat (i) listed gove	Is the ion in col 1 in your erning ment?	(v) Did y the organ col your su	iization in (i) of	organizat	s the ion in col zed in the S ?	(vii) Amoui	nt of Supp	oort
					Yes	No	Yes	No	Yes	No			
							,						
	<u> </u>												
		<del></del>									_		
otal													

58-1716982 Page 2 Schedule A (Form 990 or 990-EZ) 2008 ROSWELL ROTARY FOUNDATION Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 beginning in) Amounts from line 4 7 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources Net income form unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 % 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the

organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support									
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	120,003.	124,673.	26,625.	98,801.	62,403	432,505.			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose				17,540.	15,000	32,540.			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_					0.			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
6	Total. Add lines 1-5	120,003.	124,673.	26,625.	116,341.	77,403	465,045.			
<b>7</b> a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0	. 0.			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11.	0.	0.	0.	0.	0				
	and 12 for the year or \$5,000					0				
	: Add lines 7a and 7b	0.	0.	0.	0.	U				
8	Public support (Subtract line						465 045			
	7c from line 6.)						465,045.			
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
	ndar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
	Amounts from line 6	120,003.	124,673.	26,625.	116,341.	77,403	. 465,045.			
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources			1,102.	10.	13	. 1,125.			
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.			
C	: Add lines 10a and 10b	0.	0.	1,102.	10.	13	. 1,125.			
	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						0.			
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.			
13	Total support. (add Ins 9, 10c, 11, and 12)						466,170.			
14	First five years. If the Form 990 organization, check this box and			, third, fourth, oi	r fifth tax year as a	a section 501(c)(	(3) ▶ □			
Sec	tion C. Computation of Pu	blic Support I	Percentage							
15	Public support percentage for 20	08 (line 8, column	(f) divided by line	13, column (f))		15	99.8%			
16	Public support percentage from 2	2007 Schedule A,	Part IV-A, line 27g	1		16	99.7%			
Sec	tion D. Computation of Inv	estment Inco	me Percentage	e						
17	Investment income percentage for	or <b>2008</b> (line 10c, d	column (f) divided	by line 13, colum	nn (f))	17	0.2%			
18	Investment income percentage fr		• •	-		18	0.3%			
19 a	33-1/3 support tests - 2008. If the more than 33-1/3%, check this be	e organization did ox and <b>stop here.</b>	not check the box The organization of	on line 14, and qualifies as a pub	line 15 is more th	ean 33-1/3%, and ganization	I line 17 is not ► X			
b	b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization									
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A	(Form 990 or 9	990-F <i>Z</i> ) 2008	ROSWELL	ROTARY	FOUND	OATION		58-1716982	Page <b>4</b>
Part IV	Supplemer Part II, line	ital Informat 17a or 17b;	ion. Compl or Part III,	ete this line 12.	part to Provide	provide the any other	e explanation re additional info	quired by Part II, rmation. (see inst	line 10; ructions)
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2008	FEDERAL STATEMENTS		PAGE 1
	ROSWELL ROTARY FOUNDATION		58-1716982
STATEMENT 1 FORM 990-EZ, PART I, LINE 10 GRANTS AND SIMILAR AMOUNTS	S PAID		
DONEE'S NAME:	MEMORIAL DAY COMMITTEE ROSWELL, GA 30075		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	2,000.
DONEE'S NAME: DONEE'S ADDRESS:	ROSWELL FOLK & HERITAGE BUREAU 617 ATLANTA ST ROSWELL, GA 30075		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	2,000.
DONEE'S NAME: DONEE'S ADDRESS:	THE COTTAGE SCHOOL 700 GRIMES BRIDGE RD ROSWELL, GA 30075		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	12,000.
DONEE'S NAME: DONEE'S ADDRESS:	CHATTAHOOCHEE NATURE CENTER 9135 WILLEO ROAD		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	ROSWELL, GA 30075 NONE	\$	2,500.
DONEE'S NAME: DONEE'S ADDRESS:	ENABLE OF GEORGIA INC 1200 OLD ELLIS ROAD		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	ROSWELL, GA 30076 NONE	\$	3,000.
DONEE'S NAME: DONEE'S ADDRESS:	JACOB'S LADDER LEARNING CENTER 2006 MACY DRIVE		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	ROSWELL, GA 30076 NONE	\$	2,500.
DONEE'S NAME: DONEE'S ADDRESS:	STAR HOUSE 890-F ATLANTA STREET #138 ROSWELL, GA 30075		
RELATIONSHIP OF DONEE: CASH AMOUNT GIVEN:	NONE	\$	6,000.
STATEMENT 2 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES  BANK SERVICE CHARGES HONOR AIR PROJECT VIETNAM WALL PROJECT		\$ TOTAL <u>\$</u>	180. 51,252. 9,938. 61,370.

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### **FEDERAL STATEMENTS**

PAGE 2

**ROSWELL ROTARY FOUNDATION** 

58-1716982

#### STATEMENT 3 FORM 990-EZ, PART III, LINE 31 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRI	PTION	0. GRANTS	PROGRAM SERVICE EXPENSES
HONOR AIR PROJECT	INCLUDES EQUETON CDANCE. NO		51,252.
CHATTAHOOCHEE NATURE CENTER	INCLUDES FOREIGN GRANTS: NO		2,500.
ENABLE OF GEORGIA	INCLUDES FOREIGN GRANTS: NO		3,000.
STAR HOUSE	INCLUDES FOREIGN GRANTS: NO		6,000.
JACOB'S LADDER	INCLUDES FOREIGN GRANTS: NO		2,500.
VIETNAM WALL PROJECT	INCLUDES FOREIGN GRANTS: NO		9,938.
VIETNAM WALL PROJECT	INCLUDES FOREIGN GRANTS: NO	<del></del>	
	TOTAL	<u>\$ 0.</u> \$	75,190.

# STATEMENT 4 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

Form 8868	(Rev 4-2009)			Page 2		
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only P	art II and check this	box	<u> </u>		
Note. Only	complete Part II if you have already been granted an automatic 3-month extens	sion on a previously	filed Forn	n 8868.		
If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
rart II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no cop	ies needed).		
	Name of Exempt Organization	. ]:	Employer ide	ntification number		
Type or						
print	ROSWELL ROTARY FOUNDATION	Į.	58-171	8-1716982		
Cia kanaka	Number, street, and room or suite number. If a P.O. box, see instructions	Į f	or IRS use o	only		
File by the extended	CHERYL GREENWAY, CPA, PC	L				
due date for filing the	935 FORREST STREET, SUITE C	<del></del>				
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	ROSWELL, GA 30075					
Check type	of return to be filed (File a separate application for each return):					
X Form 9	90 Form 990-PF	Form 1041-A		Form 6069		
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)		Form 8870			
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227		_		
STOP! Do n	not complete Part II if you were not already granted an automatic 3-month exter	sion on a previousl	y filed For	rm 8868.		
• The boo	oks are in care of ► CHERYL_GREENWAY					
Telepho	one No. ► 770-992-0668 FAX No ►					
<ul><li>If the or</li></ul>	ganization does not have an office or place of business in the United States, ch	neck this box		► 🗍		
• If this is	for a Group Return, enter the organization's four digit Group Exemption Numb	er (GEN)		. If this is for the		
whole group	p, check this box $ ightharpoonup$ $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$ $lacksquare$	ind attach a list with	the name	s and EINs of all		
members th	ne extension is for					
4 I requ	lest an additional 3-month extension of time until $5/15$ , 20 10	)				
5 Force	alendar year $\_$ , or other tax year beginning $2/01$ , 20 (	$08$ , and ending $_{-}6$	/30	, 20 _09.		
		1	_	e in accounting period		
7 State	in detail why you need the extension . TAXPAYER RESPECTFULLY	REQUESTS ADD	ITIONA	L TIME TO		
GAT	HER INFORMATION NECESSARY TO FILE A COMPLETE AND	ACCURATE TAX	RETUR	N.		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentativ fundable credits. See instructions.	e tax, less any	8a	Ś		
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cred	lits and estimated ta		·		
paym	ents made. Include any prior year overpayment allowed as a credit and any am form 8868			\$		
c Balan with F	<b>ce Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, i TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy	f required, deposit vstem)_See instrs	8 <i>c</i>	\$		
	Signature and Verification					
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statements implete, and that I am authorized to prepare this form	, and to the best of my kn	owledge and	belief, it is true,		
Signature >	Change A. Greanum CPA Title CPA		Da	ate > 2/3/10		
	() 0.					
BAA	FIFZ0502L 03/11/09			Form <b>8868</b> (Rev 4-2009)		

### Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

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			► X
If you are	filing for an Additional (Not Aut	omatic) 3-Month Exter	nsion, complete only	Part II (on pa	ge 2 of this f	orm).	_
Do not comp	<i>lete Part II unless</i> you have alrea	dy been granted an a	utomatic 3-month ext	ension on a p	reviously file	d Form 8868.	
Part I	Automatic 3-Month Exten	sion of Time. Onl	y submıt original	(no copies	s needed).		
							_
A corporation	required to file Form 990-T and	requesting an automa	itic 6-month extension	n — check this	s box and co	mplete Part I o	nly ►
All other corp income tax re	orations (including 1120-C filers) turns.	, partnerships, REMIC	CS, and trusts must u	se Form 7004	to request a	n extension of	time to file
returns noted the additional Form 990-T. I	ing (e-file). Generally, you can e below (6 months for a corporati (not automatic) 3-month extens instead, you must submit the full t www.irs.gov/efile and click on a	on required to file Form on or (2) you file Form y completed and signs	m 990-Ť) However, y ns 990-BL, 6069, or 8 ed page 2 (Part II) of	ou cannot file 8870, group re	Form 8868 eturns, or a c	electronically if	(1) you want nsolidated
	Name of Exempt Organization		<del></del>			Employer identific	ation number
Type or							
print	ROSWELL ROTARY FOUND	ATION				58-171698	32
File by the due date for	Number, street, and room or suite numbe	If a P O box, see instruction	ons				
filing your return See	P.O. BOX 783						
instructions	City, town or post office, state, and ZIP co	ode. For a foreign address, s	ee instructions				
	ROSWELL, GA 30077			<del> </del>			
	return to be filed (file a separat	e application for each	return)·	_			
X Form 990		Form 990-T (corpo	ration)		Form 472	כ	
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5							
Form 990-EZ Form 990-T (trust other than above) Form 6069							
Form 990	-PF	Form 1041-A			Form 887	<u> </u>	
Telephone If the orga If this is for check this	s are in the care of ► CHERYL  No. ► 770-992-0668  Inization does not have an office or a Group Return, enter the orgation box ►	F, or place of business anization's four digit G	roup Exemption Num	ber (GEN)	If I		
1   reques	t an automatic 3-month (6 mont)	is for a corporation re	quired to file Form 99	00-T) extensio	n of time		
	$2/15$ , 20 $10$ _ , to file		on return for the org	anızatıon nam	ned above		
	ension is for the organization's re						
▶ ∐	calendar year 20 $_{-}$ or tax year beginning $_{-}$ $7/01$						
► X	tax year beginning $-7/01$	, 20 _08 _ , and	ending <u>6/30</u>	, 20 _0	₹		
	x year is for less than 12 months		Initial return	Final return		nange in accou	nting period
	oplication is for Form 990-BL, 99 indable credits. See instructions	)-PF, 990-T, 4720, or	6069, enter the tental	tive tax, less a	any	3a \$	0.
	oplication is for Form 990-PF or 9 nolude any prior year overpayme		dable credits and est	mated tax pa	yments	3b \$	0.
c Balance deposit See inst	<b>Due.</b> Subtract line 3b from line 3 with FTD coupon or, if required, ructions	Ba. Include your paym by using EFTPS (Elec	ent with this form, or, tronic Federal Tax Pa	, if required, ayment Systei	m).	3c \$	0.
Caution. If yo payment instr	u are going to make an electroniuctions.	c fund withdrawal with	this Form 8868, see	Form 8453-E	O and Form		
BAA For Priv	acy Act and Paperwork Reducti	on Act Notice, see ins	tructions.			Form 88	68 (Rev. 4-2009)