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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department 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 organizations 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

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable: ☐ Address change, ☐ Name change, ☐ Initial return, ☐ Termination, ☐ Amended return, ☐ Application pending. Please use IRS label or print or type. See Specific Instructions.

C ROTARY INTERNATIONAL, ROSWELL ROTARY
P. O. BOX 783
ROSWELL, GA 30077

D Employer identification number 58-6073338

E Telephone number 770-992-0668

F Group Exemption Number

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

G Accounting method ☒ Cash ☐ Accrual Other (specify)

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

I Website: N/A

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 346,518.

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

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	28,860.
3	Membership dues and assessments	3	193,375.
4	Investment income	4	1,890.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
6a	Gross revenue (not including \$ <u> </u> of contributions reported on line 1)	6a	122,393.
6b	Less: direct expenses other than fundraising expenses	6b	34,083.
6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	88,310.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe <u> </u>)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	312,435.
10	Grants and similar amounts paid (attach schedule)	10	84,607.
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	12,000.
14	Occupancy, rent, utilities, and maintenance	14	4,578.
15	Printing, publications, postage, and shipping	15	17,306.
16	Other expenses (describe <u>SEE STATEMENT 2</u>)	16	184,819.
17	Total expenses (add lines 10 through 16)	17	303,310.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,125.
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	88,351.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	97,476.

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	77,742.	93,276.
23 Land and buildings		
24 Other assets (describe <u>SEE STATEMENT 3</u>)	17,475.	12,909.
25 Total assets	95,217.	106,185.
26 Total liabilities (describe <u>SEE STATEMENT 4</u>)	6,866.	8,709.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,351.	97,476.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed		

42a The books are in care of CHERYL A. GREENWAY Telephone no 770-992-0668
 Located at 935 FORREST STREET, SUITE C ROSWELL GA ZIP + 4 30075

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: _____		X
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ☐ N/A

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

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating 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(s) a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

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

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

Total number of other employees paid over \$100,000 ▶				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000 ▶		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Robert W Hagan</i> Date <i>5/13/10</i> Type or print name and title <i>Robert W Hagan President</i>			
Paid Preparer's Use Only	Preparer's signature ▶ <i>George A. Greenway, CPA</i>	Date <i>5-13-10</i>	Check if self employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions) <i>253-94-6491</i>
	Firm's name (or yours if self employed), address, and ZIP + 4 <i>CHERYL GREENWAY, CPA PC</i>		EIN ▶ <i>58-1801568</i>	
	<i>935 FORREST STREET, SUITE C</i> <i>ROSWELL, GA 30075</i>		Phone no ▶ <i>(770) 992-0668</i>	

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

▶ ☒ Yes ☐ No

BAA

Form 990-EZ (2008)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL, ROSWELL ROTARY

Employer identification number

58-6073338

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

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

- | | | | |
|--------------------------|-------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Mail solicitations | <input type="checkbox"/> | Solicitation of non-government grants |
| <input type="checkbox"/> | Email solicitations | <input type="checkbox"/> | Solicitation of government grants |
| <input type="checkbox"/> | Phone solicitations | <input type="checkbox"/> | Special fundraising events |
| <input type="checkbox"/> | In-person solicitations | | |

- 2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

REVENUE		(a) Event #1 ANNUAL GOLF TO (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	122,393.			122,393.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	122,393.			122,393.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	34,083.			34,083.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				34,083.
	9 Net income summary. Combine lines 3 and 8 in column (d)				88,310.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in 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?

b If 'No,' Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain.

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**13a**

%

b An outside facility**13b**

%

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

Name. ▶ _____

Address. ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address.

Name. ▶ _____

Address. ▶ _____

16 Gaming manager information

Name. ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided. ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	ROTARY INTERNATIONAL, ROSWELL ROTARY	58-6073338
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	CHERYL GREENWAY, CPA, PC 935 FORREST STREET, SUITE C	
	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)

- | | | | |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in care of **CHERYL A. GREENWAY**
Telephone No **770-992-0668** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15, 20 10
- 5 For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

Signature and Verification

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

Signature Cheryl A. Greenway, CPA Title CPA Date 2/3/10

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

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	ROTARY INTERNATIONAL, ROSWELL ROTARY	58-6073338
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P. O. BOX 783	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ROSWELL, GA 30077	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► CHERYL A. GREENWAY

Telephone No ► 770-992-0668

FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20__ or
► ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	AHMEN HOUSING		
DONEE'S ADDRESS:	5090 OLD ELLIS POINT, SUITE B		
	ROSWELL, GA 30076		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	AIDS AWARENESS		
RELATIONSHIP OF DONEE:	ROSWELL, GA		
CASH AMOUNT GIVEN:	NONE	\$	924.
DONEE'S NAME:	BOY SCOUTS OF AMERICA		
DONEE'S ADDRESS:	1800 CIRCLE 75 PKWY SE		
	ATLANTA, GA 30339		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	ROSWELL PARKS & RECREATION/JULY 4 CELEB		
DONEE'S ADDRESS:	38 HILL ST STE 100		
	ROSWELL, GA 30075		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	2,000.
DONEE'S NAME:	FRIENDS OF BULLOCH HALL		
DONEE'S ADDRESS:	PO BOX 1309		
	ROSWELL, GA 30077		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
DONEE'S NAME:	ROSWELL JR WOMENS CLUB/COLOR FESTIVAL		
DONEE'S ADDRESS:	PO BOX 1651		
	ROSWELL, GA 30077		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	250.
DONEE'S NAME:	THE DICTIONARY PROJECT		
DONEE'S ADDRESS:	PO BOX 1845		
	CHARLESTON, SC 29402		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,814.
DONEE'S NAME:	FRIENDS OF ROSWELL LIBRARY		
DONEE'S ADDRESS:	115 NORCROSS ST		
	ROSWELL, GA 30075		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	GRSP		
DONEE'S ADDRESS:	PO BOX 61327		
	SAVANNAH, GA 31420		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	12,710.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	HABITAT FOR HUMANITY	
DONEE'S ADDRESS:	814 MIMOSA ST	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,500.
DONEE'S NAME:	HOMESTRETCH	
DONEE'S ADDRESS:	89 GROVE WAY	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 4,500.
DONEE'S NAME:	NORTH FULTON CHILD DEV CENTER	
DONEE'S ADDRESS:	89 GROVE WAY	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 5,902.
DONEE'S NAME:	ROSWELL PRESBYTERIAN/RHS 5TH QTR PROGRA	
DONEE'S ADDRESS:	755 MIMOSA BLVD	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,200.
DONEE'S NAME:	AMERICAN CANCER RELAY FOR LIFE	
DONEE'S ADDRESS:	6500 SUGARLOAF PKWY, STE 260	
	DULUTH, GA 30097	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,600.
DONEE'S NAME:	ROSWELL ARTS FESTIVAL	
DONEE'S ADDRESS:	38 HILL ST	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 700.
DONEE'S NAME:	CITY OF ROSWELL / JULY 4 CELEBRATION	
DONEE'S ADDRESS:	38 HILL STREET	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,250.
DONEE'S NAME:	ROSWELL PARKS & RECREATION	
DONEE'S ADDRESS:	38 HILL ST, SUITE 100	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	NFCC SANTA SHOP	
DONEE'S ADDRESS:	11270 ELKINS ROAD	
	ROSWELL, GA 30076	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 650.

**STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	SENIOR SERVICES NORTH FULTON	
DONEE'S ADDRESS:	490 SUN VALLEY DR, STE 202	
	ROSWELL, GA 30076	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	ROTARY DISTRICT SIMPLIFIED GRANT	
DONEE'S ADDRESS:	935 FORREST STREET, SUITE C	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	AFFILIATED ROTARY	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	SONS OF AMERICAN REVOLUTION	
DONEE'S ADDRESS:	2649 CLUB VALLEY DR NE	
	MARIETTA, GA 30068	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	ROTARY INTERNATIONAL FOUNDATION	
DONEE'S ADDRESS:	14280 COLLECTIONS CENTER DR	
	CHICAGO, IL 60693	
RELATIONSHIP OF DONEE:	ROTARY FOUNDATION	
CASH AMOUNT GIVEN:		\$ 14,000.
DONEE'S NAME:	INDEPENDENCE HIGH SCHOOL	
DONEE'S ADDRESS:	86 SCHOOL DRIVE	
	ALPHARETTA, GA 30004	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	CITY OF ROSWELL 9/11 MEMORIAL	
DONEE'S ADDRESS:	38 HILL STREET	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 100.
DONEE'S NAME:	GEORGIA ENSEMBLE THEATRE	
DONEE'S ADDRESS:	PO BOX 607	
	ROSWELL, GA 30077	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 3,750.
DONEE'S NAME:	COSTA RICA - PLAYGROUND	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 832.
DONEE'S NAME:	NORTH FULTON COMMUNITY CHARITIES	
DONEE'S ADDRESS:	11270 ELKINS ROAD	
	ROSWELL, GA 30076	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 10,000.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	ROSWELL HISTORICAL SOCIETY	
DONEE'S ADDRESS:	PO BOX 1636	
	ROSWELL, GA 30077	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	STAR HOUSE	
DONEE'S ADDRESS:	890-F ATLANTA ST	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 2,000.
DONEE'S NAME:	TOURETTE SYNDROME ASSOCIATION OF GA	
DONEE'S ADDRESS:	PO BOX 6147	
	ATHENS, GA 30606	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	THE FISCHER FOUNDATION	
DONEE'S ADDRESS:	1151 ROSEDALE DRIVE	
	ATLANTA, GA 30306	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	ROSWELL UNITED METHODIST/JOB NETWORKING	
DONEE'S ADDRESS:	814 MIMOSA BLVD	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 300.
DONEE'S NAME:	GROVEWAY COMMUNITY FOUNDATION	
DONEE'S ADDRESS:	3700 MANSELL RD, SUITE 220	
	ALPHARETTA, GA 30022	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 150.
DONEE'S NAME:	CROSSROADS SECOND CHANCE NORTH	
DONEE'S ADDRESS:	791 MIMOSA BLVD	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.
DONEE'S NAME:	COUNTERPANE	
DONEE'S ADDRESS:	PO BOX 898	
	FAYETTEVILLE, GA 30214	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 100.
DONEE'S NAME:	SQUARE PEG MINISTRIES	
DONEE'S ADDRESS:	P.O. BOX 2342	
	ROSWELL, GA 30077	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 500.

STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME:	THE COTTAGE SCHOOL	
DONEE'S ADDRESS:	700 GRIMES BRIDGE ROAD	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	ALPHARETTA PARK & RECREATION/CAMP HAPPY	
DONEE'S ADDRESS:	13450 COGBURN ROAD	
	ALPHARETTA, GA 30004	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 125.
DONEE'S NAME:	CAROLINE QUAT	
DONEE'S ADDRESS:	12015 WEXFORD OVERLOOK	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 1,000.
DONEE'S NAME:	KEIRRA JONES	
DONEE'S ADDRESS:	212 GROVE PLACE #42	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 650.
DONEE'S NAME:	ANDREW BAGEANT	
DONEE'S ADDRESS:	795 CHARLESTON DRIVE	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 650.
DONEE'S NAME:	JOEY MERRITT	
DONEE'S ADDRESS:	740 WINDWALK DRIVE	
	ROSWELL, GA 30076	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 650.
DONEE'S NAME:	JESSICA DIAMOND	
DONEE'S ADDRESS:	550 INDIGO DRIVE	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 650.
DONEE'S NAME:	HOLLY SMITH	
DONEE'S ADDRESS:	12695 OLD SURREY PLACE	
	ROSWELL, GA 30075	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 650.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AWARDS & PLAQUES	\$	5,175.
BANK CHARGES		2,766.
COMPUTER EXPENSE		467.
DEPRECIATION		2,336.
DISTRICT DUES/CONFERENCE		28,538.
GROUP STUDY EXCHANGE		463.
GRSP STUDENT EXPENSE		2,000.
INSURANCE		2,200.
MEETINGS		82,528.
MEMORIAL FUND		1,404.
MISCELLANEOUS		4,280.
NEW GENERATIONS		6,308.
PRESIDENTS FUND		889.
ROTARY COUNCIL		211.
ROTARY INTERNATIONAL DUES		13,541.
ROTARY INTERNATL CONVENTION		6,047.
SCRAP BOOK		992.
SPECIAL EVENT EXPENSES		20,374.
SUPPLIES		2,500.
WEBSITE		1,800.
TOTAL	\$	184,819.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 7,840.	\$ 5,504.
PLEDGES AND GRANTS RECEIVABLE	9,635.	7,405.
TOTAL	\$ 17,475.	\$ 12,909.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 6,866.	\$ 8,709.
TOTAL	\$ 6,866.	\$ 8,709.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE. THE PROGRAM OF ROTARY HAS BEEN CARRIED OUT ON FOUR AVENUES OF SERVICE: CLUB SERVICE, VOCATIONAL SERVICE, COMMUNITY SERVICE, AND INTERNATIONAL SERVICE.

STATEMENT 6
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	0. GRANTS	PROGRAM SERVICE EXPENSES
PROVIDE CHARITABLE DONATIONS AND SCHOLARSHIPS.		85,609.
INCLUDES FOREIGN GRANTS: NO		
GEORGIA ROTARY STUDENT PROGRAM - FUNDS TO ASSIST WITH		
PUTTING A FOREIGN STUDENT THROUGH TWO SEMESTERS OF		
COLLEGE.		1,200.
INCLUDES FOREIGN GRANTS: NO		
TOTAL	\$ 0.	\$ 86,809.

STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MIKE MCRAY 770 OLD ROSWELL PLACE STE D500 ROSWELL, GA 30076	SECRETARY 1.00	\$ 0.	\$ 0.	\$ 0.
BOB HAGAN 16 NORCROSS ST #50-B ROSWELL, GA 30075	PRESIDENT 12.00	0.	0.	0.
RICHARD SPENCER 38 HILL STREET, #325 ROSWELL, GA 30075	DIRECTOR 1.00	0.	0.	0.
RONALD W REDNER 111 HILL STREET ROSWELL, GA 30075	DIRECTOR 1.00	0.	0.	0.
JERRY ORLANS 2101 MACY DR ROSWELL, GA 30076	DIRECTOR 1.00	0.	0.	0.
FATE MCKINNEY 1260 CHADWICK POINT DRIVE LAWRENCEVILLE, GA 30043	DIRECTOR 1.00	0.	0.	0.
GENE BECKHAM 875 OLD ROSWELL RD, STE G600 ROSWELL, GA 30076	DIRECTOR 1.00	0.	0.	0.
ELWYN GAISSERT 10065 ANAHEIM DR ALPHARETTA, GA 30022	PRESIDENT ELECT 5.00	0.	0.	0.

STATEMENT 7 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JACQUE DIGIESO 700 GRIMES BRIDGE RD ROSWELL, GA 30075	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
MICKEY DEATON 885 WOODSTOCK RD ROSWELL, GA 30075	DIRECTOR 1.00	0.	0.	0.
DOROTHY ETRIS 617 ATLANTA STREET ROSWELL, GA 30075	DIRECTOR 1.00	0.	0.	0.
DAVID REDDICK 24 SLOAN ST ROSWELL, GA 30075	DIRECTOR 1.00	0.	0.	0.
DAVID MCCLEARY PO BOX 923 ROSWELL, GA 30077-0923	TREASURER 8.00	0.	0.	0.
STEVE STROUD 788 OLD ROSWELL ROAD ROSWELL, GA 30076	DIRECTOR 1.00	0.	0.	0.
KELLER TORREY 1520 NORTHCLIFF TRACE ROSWELL, GA 30076	DIRECTOR 1.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.