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

Form **990-EZ** (2010)

Part II

Balance Sheets

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

☒

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	26,908	22	15,980
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	7,720	24	5,496
25	Total assets	34,628	25	21,476
26	Total liabilities (describe in Schedule O)	1,735	26	360
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	32,893	27	21,116

Part III

Statement of Program Service Accomplishments

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

☒

What is the organization's primary exempt purpose? SERVING THE LOCAL WORLD COMMUNITY		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	See Additional Data Table		
(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	
32	Total program service expenses (add lines 28a through 31a) ☐	32	30,715

Part IV

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

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

☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
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?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>ROBERT W JOHNSON CPA</u> Telephone no ▶ <u>(770) 439-8635</u> 4855 SADDLERUN LANE Located at ▶ <u>POWDER SPRINGS, GA</u> ZIP + 4 ▶ <u>30127</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	
48	Is the organization a school 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?	No
49b	If "Yes," was the related organization a section 527 organization?	No

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 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 & deferred compensation	(e) Expense account and other allowances
NONE				

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here	Signature of officer		Date	
	ESTHER MARSHALL PRESIDENT			
Paid Preparer's Use Only	Preparer's signature	ROBERT JOHNSON	Date	2011-12-11
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	ROBERT W JOHNSON CPA 4855 Saddlerun Lane Powder Springs, GA 30127			Phone no (770) 439-8635

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2010

Open to Public Inspection

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

Name of the organization
NORTH COBB COUNTY ROTARY CLUBROTARY INTERNATIONAL

Employer identification number
58-1796612

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

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 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☒

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 organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- 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 received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public Support. Subtract line 5 from line 4						0

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	0 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and 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—2009. If the organization did not check the 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—2010. 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—2009. 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 ▶		
18 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	23,508	25,332	27,433	36,418	33,025	145,716
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513	31,745	42,585	32,715	39,977	61,959	208,981
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	55,253	67,917	60,148	76,395	94,984	354,697
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						354,697

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	55,253	67,917	60,148	76,395	94,984	354,697
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		687	561	276	196	1,720
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b		687	561	276	196	1,720
11 Net income from unrelated business activities not included in line 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.)			8,795	2,846	4,184	15,825
13 Total support (Add lines 9, 10c, 11 and 12.)	55,253	68,604	69,504	79,517	99,364	372,242
14 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		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	95.290 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.570 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	0.460 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.430 %
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 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 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test
Part III Line 12 REVENUE FROM PASS THROUGH GIFTS, SUNSHINES, WEEKLY RAFFLE, GUEST MEALS, MISC OTHER
Part III Line 12 REVENUE FROM PASS THROUGH GIFTS, SUNSHINES, WEEKLY RAFFLE, GUEST MEALS, MISC OTHER

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
NORTH COBB COUNTY ROTARY CLUBROTARY INTERNATIONAL

Employer identification number
58-1796612

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.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☒

Special fundraising events

d

☐

In-person solicitations
- 2a

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

☐ Yes

☒ No
- b

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

(i) Name and address 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	(b) Event #2	(c) Other Events	(d) Total Events
			SMOKE ON THE LAKE BAR B Q CONTEST	PIGSKIN PREVIEW PREVIEW OF HIGH SCHOOL FOOTBALL	(total number)	(Add col (a) through col (c))
			(event type)	(event type)		
	1	Gross receipts	49,364	12,595		61,959
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	49,364	12,595		61,959
Direct Expenses	4	Cash prizes	1,500			1,500
	5	Non-cash prizes . . .	5,272			5,272
	6	Rent/facility costs . . .	3,875			3,875
	7	Food and beverages . . .	3,000			3,000
	8	Entertainment	1,050			1,050
	9	Other direct expenses .	18,622	2,247		20,869
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				35,566
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				26,393

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

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

14

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 contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name na

Address

16 Gaming manager information

Name na

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

2010

Open to Public
Inspection

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization

NORTH COBB COUNTY ROTARY CLUBROTARY INTERNATIONAL

Employer identification number

58-1796612

Identifier	Return Reference	Explanation
		Form 990-EZ, Part I, Line 8, Other Revenue WEEKLY DRAWING PROCEEDS 1,037 Form 990-EZ, Part I, Line 8, Other Revenue GUEST MEALS 135 Form 990-EZ, Part I, Line 8, Other Revenue SUNSH INES 421 Form 990-EZ, Part I, Line 8, Other Revenue PASS THROUGH COLLECTIONS 2,591 Form 99 0-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee POLIO PLUS, Cash Grant 1,500 , Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee ROTARY FOUNDATION INT, Cash Grant 5,300, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee MOUNTAINTOP BOYS HOME, Cash Grant 1,196, Relationship Form 990- EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee INTERACT CLUBS, Cash Grant 200 , Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee COBB R OTARY COUNCIL, Cash Grant 100, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Acti vity DONATION, Grantee FIRST PRYSBERTIAN CHURCH, Cash Grant 100, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee AIDS AWARENESS SPEAKERS, Cash Gra nt 374, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee OMEGA BOXES, Cash Grant 850, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activi ty DONATION, Grantee EAGLE SCOUTS PROJECTS, Cash Grant 1,000, Relationship Form 990-EZ, Pa rt I, Line 10, Grants Paid Activity DONATION, Grantee THE EXTENSION, Cash Grant 367, Relat ionship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee RYLA , Cash G rant 1,325, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Gran tee GRSP, Cash Grant 4,402, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activit y DONATION, Grantee DISTRICT 6900, Cash Grant 500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee SPECIAL NEEDS DANCE, Cash Grant 1,500, Relation ship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee VOCATIONAL LITER ACY, Cash Grant 84, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATI ON, Grantee KMHS , Cash Grant 500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee ALLATOONA HS, Cash Grant 500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee HARRISON HS, Cash Grant 1,000, Relationsh ip Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee NORTH COBB HS, Cas h Grant 1,000, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, G rantee KENNESAW BUSINESS ASSOC, Cash Grant 1,000, Relationship Form 990-EZ, Part I, Line 1 0, Grants Paid Activity SCHOLARSHIP, Grantee KENNESAW STATE UNIVERSITY, Cash Grant 1,000, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity SCHOLARSHIP, Grantee GEORG IA SOUTHERN U, Cash Grant 1,000, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Ac tivity SCHOLARSHIP, Grantee HOWARD UNIVERSITY, Cash Grant 1,000, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee FELLOWSHIP CHRISTIAN A, Cash Gran t 6,348, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee ELF TROT, Cash Grant 250, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee ACWORTH BUS ASSOC, Cash Grant 250, Relationship Form 990-EZ, Part I, Li ne 10, Grants Paid Activity DONATION, Grantee MCCLURE MIDDLE SCHOOL, Cash Grant 258, Relat ionship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee NORTH COBB PT SA, Cash Grant 1,760, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONA TION, Grantee COBB POLICE, Cash Grant 77, Relationship Form 990-EZ, Part I, Line 10, Grant s Paid Activity DONATION, Grantee GA LAWS OF LIFE ESSAY, Cash Grant 500, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee NEEDY FAMILY, Cash Grant 408, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activity DONATION, Grantee COB B CHRISTMAS, Cash Grant 919, Relationship Form 990-EZ, Part I, Line 10, Grants Paid Activi ty DONATION, Grantee SPECIAL NEEDS ATH FIELD, Cash Grant 4,000, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 24,112 Form 990-EZ, Part I, Line 1 6, Other Expenses Conferences, conventions, and meetings 1,267 Form 990-EZ, Part I, Line 1 6, Other Expenses DUES TO ROTARY INTERNATIONAL DISTRICT 5,936 Form 990-EZ, Part I, Line 16 , Other Expenses BADGES, PINS SUPPLIES 1,122 Form 990-EZ, Part I, Line 16, Other Expenses BANK SC 228 Form 990-EZ, Part I, Line 16, Other Expenses WEB HOSTING 459 Form 990-EZ, Part I, Line 16, Other Expenses GIFTS 478 Form 990-EZ, Part I, Line 16, Other Expenses ADVERTI SING LOCAL PROMOTION 422 Form 990-EZ, Part I, Line 16, Other Expenses MISC 56 Form 990-EZ, Part II, Line 24, Other Assets MEMBER RECEIVABLES Beginning of year 7,720, End of year 5, 496 Form 990-EZ, Part II, Line 26, Liabilities PAYABLE TO FOUNDATION Beginning of year 1,7 35, End of year 360 Form 990-EZ, Part III, Line 31

Identifier	Return Reference	Explanation
		CONTRIBUTED TO FELOWSHIP OF CHRISTIAN ATHLETES FOR FUNCTION THAT GENERATED PASS THROUGH C ONTRIBUTIONS Grants and allocations 6,348, Program service expenses 6,348 Form 990-EZ, Par t III, Line 31 COBB CHRISTMAS FOR NEEDY FAMILIES AT CHRISTMAS TIME Grants and allocations 1,245, Program service expenses 1,245 Form 990-EZ, Part III, Line 31 OMEGA BOXES FOOD BOXE S FOR LOCAL NEEDY FAMILIES Grants and allocations 850, Program service expenses 850 Form 9 90-EZ, Part III, Line 31 SUPPORTED MOUNTAIN TOP BOYS HOME FOR TROUBLED BOYS FROM METRO ARE A Grants and allocations 1,196, Program service expenses 1,196 Form 990-EZ, Part III, Line 31 PROVIDED FIRST YEAR COLLEGE SCHOLARSHIPS TO 4 LOCAL DESERVING STUDENT LEADERS Grants a nd allocations 3,000, Program service expenses 3,000 Form 990-EZ, Part III, Line 31 SUPPOR TED FOREIGN EXCHANGE STUDENT WITH SCHOLARSHIP AT LOCAL COLLEGE Grants and allocations 4,40 2, Program service expenses 4,402 Form 990-EZ, Part III, Line 31 PROVIDED SPEAKERS FOR AID S AWARENESS PRESENTATIONS AT LOCAL HIGH SCHOOLS Grants and allocations 374, Program servic e expenses 374 Form 990- EZ, Part III, Line 31 PURCHASED AND SHIPPED BOOKS TO SCHOOL IN CAY AMN ISLANDS AND HAITI Grants and allocations 5,300, Program service expenses 5,300 Form 99 0-EZ, Part III, Line 31 SUPPORTED LOCAL EAGLE SCOUTS ON LOCAL PROJECTS Grants and allocati ons 1,000, Program service expenses 1,000

Additional Data

Software ID: 10000149

Software Version: 2010.2.15

EIN: 58-1796612

Name: NORTH COBB COUNTY ROTARY CLUBROTARY INTERNATIONAL

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 CONTRIBUTED TO THE POLIO PLUS FOUADATION WITH THE MISSION OF WIPING OUT POLIO (Grants \$ 1,500) If this amount includes foreign grants, check here . . . ☐	28a	1,500
29 SPONSORED SPECIAL NEEDS DANCE FOR SPECIAL NEEDS STUDENTS IN LOCAL HIGH SCHOOLS (Grants \$ 1,500) If this amount includes foreign grants, check here . . . ☐	29a	1,500
30 CONTRIBUED TO CONSTRUCTION COSTS FOR SPECIAL NEEDS ATHLETIC FIELD IN ACWORTH, GA (Grants \$ 4,000) If this amount includes foreign grants, check here . . . ☐	30a	4,000
CONTRIBUTED TO FELOWSHIP OF CHRISTIAN ATHLETES FOR FUNCTION THAT GENERATED PASS THROUGH CONTRIBUTIONS (Grants \$ 6,348) If this amount includes foreign grants, check here . . . ☐		6,348
COBB CHRISTMAS FOR NEEDY FAMILIES AT CHRISTMAS TIME (Grants \$ 1,245) If this amount includes foreign grants, check here . . . ☐		1,245
OMEGA BOXES FOOD BOXES FOR LOCAL NEEDY FAMILIES (Grants \$ 850) If this amount includes foreign grants, check here . . . ☐		850
SUPPORTED MOUNTAIN TOP BOYS HOME FOR TROUBLED BOYS FROM METRO AREA (Grants \$ 1,196) If this amount includes foreign grants, check here . . . ☐		1,196
PROVIDED FIRST YEAR COLLEGE SCHOLARSHIPS TO 4 LOCAL DESERVING STUDENT LEADERS (Grants \$ 3,000) If this amount includes foreign grants, check here . . . ☐		3,000
SUPPORTED FOREIGN EXCHANGE STUDENT WITH SCHOLARSHIP AT LOCAL COLLEGE (Grants \$ 4,402) If this amount includes foreign grants, check here . . . ☐		4,402
PROVIDED SPEAKERS FOR AIDS AWARENESS PRESENTATIONS AT LOCAL HIGH SCHOOLS (Grants \$ 374) If this amount includes foreign grants, check here . . . ☐		374
PURCHASED AND SHIPPED BOOKS TO SCHOOL IN CAYAMN ISLANDS AND HAITI (Grants \$ 5,300) If this amount includes foreign grants, check here . . . ☐		5,300
SUPPORTED LOCAL EAGLE SCOUTS ON LOCAL PROJECTS (Grants \$ 1,000) If this amount includes foreign grants, check here . . . ☐		1,000

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
ESTHER MARSHALL 1919 BRACKENDALE RD KENNESAW,GA 30152	PRESIDENT 010 00	0		
JEFF BASS 1017 PEACE DR KENNESAW,GA 30152	PAST-PRES 002 00	0		
MARTIN DOUGLAS 2643 KINGSBROOKE CT KENNESAW,GA 30144	VP 004 00	0		
ROBERT W JOHNSON 4855 SADDLERUN LANE POWDER SPRINGS,GA 30127	TREASURER 005 00	0		
DANA HERRON 3074 KIRKWOOD DR KENNESAW,GA 30144	SECRETARY 005 00	0		