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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 2015

Open to Public noticequal

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

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L Add Ines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets [Part III. column (B) below) are \$500,000 or more, file Form 990 misted of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and smilar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundrasing events a Gross income from fundrasing events a Gross income from fundrasing events (not including \$ from fundrasing events reported on line 1) (attach Schedule G if the sum of such gross income and contributions screeds \$15,000) 6 Less direct expenses from gaming and fundrasing events 6 Less control of goods sold c Less direct expenses from gaming and fundrasing events 6 Less control of goods sold 16,654 17a Gross sales of inventory, less returns and allowances 7 a Gross sales of inventory, less returns and allowances 1 b Less: cost of goods sold 1 c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 1 Grants and similar amounts paid (list in Schedule O) 1 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 1 Gross lands and similar amounts paid (list in Schedule O) 1 Grants and similar amounts paid (list in Schedule O) 1 Grants and similar amounts paid (list in Schedule O) 1 Grants and similar amounts paid (list in Schedule O) 1 Grants and similar amounts paid (list in Schedule O) 1 Grants and similar amounts paid (list in Schedule O) 1 Grants and similar amounts paid (list in Schedule O) 1 Grants and similar amounts paid (list in Schedule O) 1 Grants and similar am	- K									01	(1 01111 000,	, c	
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 39, 098 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 016 14 Occupancy, rent, utilities, and maintenance 0 NOV. 14 206 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 5 Por Paperwork Reduction Act Notice, see the separate instructions.					-							7c	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors of the Occupancy, rent, utilities, and maintenance to the Coupancy, rent, utilities, and maintenance to the Coupancy, rent, utilities, and shipping to the expenses (describe in Schedule O) 15 Printing, publications, postage, and shipping to the expenses (describe in Schedule O) 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.			_	~				•			ŀ		1 002
15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18,109 17 Total expenses. Add lines 10 through 16 17 46,506 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (7,408) 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 32,813 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20			9	Total revenu	ne (describe ii)	1 2 3 4	5c 6d 7c and 8						
15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18,109 17 Total expenses. Add lines 10 through 16 17 46,506 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (7,408) 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 32,813 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20	-	7	10	Grante and e	imilar amounte	n, 2, 3, 4,	t in Schodulo (1)		†*****				
15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18,109 17 Total expenses. Add lines 10 through 16 17 17 46,506 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (7,408) 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 32,813 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20			11	Benefite paid	to or for mom	bom		SENED	1		• • • • • • • • • • • • • • • • • • • •		24,822
15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18,109 17 Total expenses. Add lines 10 through 16 17 17 46,506 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (7,408) 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 32,813 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20			12	Salaras eth	or componenti	DE13	R		ပ္တု				
15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18,109 17 Total expenses. Add lines 10 through 16 17 17 46,506 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (7,408) 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 32,813 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20		6	12	Drafassianal	food and attack	on, and e	imployee benefits		<u> </u>				
15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 18,109 17 Total expenses. Add lines 10 through 16 17 17 46,506 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (7,408) 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 32,813 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20			44	Occupant	rees and other	paymen	its to independent	contractors 016			• • • • • • •		3,575
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 25, 405 For Paperwork Reduction Act Notice, see the separate instructions.		Ž							١٠ ١		• • • • • • •		
17 Total expenses. Add lines 10 through 16	U	"					• • • • • • • • • • • • • • • • • • • •				• • • • • • •		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)				•	•		- 1 L	ODEIN			• • • • • •		18,109
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on pnor year's return)	_	+						••••••	• • • • • •	• • • • • •	· · · · >		46,506
21 Net assets or fund balances at end of year Combine lines 18 through 20 · · · · · · · · ▶ 21 25,405	,	Ą			_			-	• • • • • •	• • • • • • •		18	(7,408)
21 Net assets or fund balances at end of year Combine lines 18 through 20 · · · · · · · · · ▶ 21 25,405	į	ו מַּ	19					n line 27, column (A)	(must agree	with			
21 Net assets or fund balances at end of year Combine lines 18 through 20 · · · · · · · · · ▶ 21 25,405	4	2		end-of-year fi	igure reported	on prior	year's return)		• • • • • •		• • • • •	19	32,813
21 Net assets or fund balances at end of year Combine lines 18 through 20 · · · · · · · · · ▶ 21 25,405	<u> </u>		20	Other change	es in net assets	s or fund	balances (explair	n in Schedule O)			[20	
For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2015)										<u> </u>	▶	21	25,405
	F	or P	aperw	ork Reduction	on Act Notice,	see the	separate instruc	ctions.					Form 990-EZ (2015)

Form 990-EZ (2015) ROTARY CLUB OF JOHNS CRI	EEK			58-2	2565	782 Page 2
Part II Balance Sheets (see the instructions for Part II)						
·Check if the organization used Schedule O to respond to	any guestion in this Par	tll • •				· · · · · · · · 🖾
1			(A) Be	ginning of year		(B) End of year
22 Cash, savings, and investments				32,113	22	20,380
23 Land and buildings		[0	23	0
24 Other assets (describe in Schedule O)				700	24	5,025
25 Total assets				32,813	25	25,405
26 Total liabilities (describe in Schedule O)		[0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree w	rith line 21) · · ·	[32,813	27	25,405
Partill Statement of Program Service Accomplis		structions for	Part III)			<u>_</u>
Check if the organization used Schedule O to respond to	•					Expenses
What is the organization's primary exempt purpose? CIVIC SERV					1 ' '	juired for section
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program title	e services provided, the) ,		1	c)(3) and 501(c)(4) nizations, optional for rs)
28 GRSP SPONSORSHIP						
/Compto C	-lude - ferrer				20-	
(Grants \$ 1,046) If this amount inc	dudes foreign grants, c	neck nere	• • •	· · · · · <u> </u>	28a	0
29 ROTARY FOUNDATION - PAUL HARRIS						
		_		· · · · · · · · · · · · · · · · · · ·		
(Compto C					20-	
	cludes foreign grants, cl	neck nere	- · · ·	· · · · · <u> </u>	29a	0
30 RIVERS OF THE WORLD			_			
(Compto C	ali idaa fararan araasa a	haali haaa			200	
(Grants \$ 21,076) If this amount inc	ciudes foreign grants, ci			· · · · · · ·	30a	0
program con moce (abboning in conteguis c)					24-	
	cludes foreign grants, c				31a 32	+
32 Total program service expenses (add lines 28a through 31a) Part W List of Officers, Directors, Trustees, and Key Employ					1	
				- see the instruc		_
Check if the organization used Schedule O to respond to	any question in this Pa			T		••••
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportat compensati (Forms W-2/109 (if not paid, e	on 19 -MIS C)	(d) Health benefits contributions to emp benefit plans, an deferred compens.	loyee d	(e) Estimated amount of other compensation
ROBERT OSTAPOWER						
PAST PRESIDENT	0.00		0		0	0
LESLIE HETTENBACH					ł	
SECRETARY	0.00		0		0	0
ABBE POLINE					İ	
TREASURER	0.00		0		0	0
MICHAEL MCCULLAR						
PRESIDENT	0.00		0		0	0
					- 1	
		_				
	<u> </u>	ļ				
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	1			1	- 1	

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	·		. 🗆
	(Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
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			l
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С				
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Ì	Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	-		
	during the year? If "Yes," complete applicable parts of Schedule N	36	'	X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 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			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			!
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
-	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed	400		Δ
-	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			į
_	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
A	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		Х
41		400	!	Λ
42 a			 -	
7£ a			755	
h	Located at ▶ 11655 MEDLOCK BRIDGE ROAD, JOHNS CREEK, GA ZIP+4 ▶ 30097		V	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR)	40		37
Ç	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	[<u>X</u>
13	If "Yes," enter the name of the foreign country.			г
+3	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		• • •	L
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	1	
14 a	Did the emergetion mentage and described and first time of the state o		Yes	No
++ a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			37
_	completed instead of Form 990-EZ	44a		X
D	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	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
a	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		
_	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	ļ <u></u>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 (see instructions)	1 45h	I	V

Page 3

Form :	990-EZ (20	15) ROTARY CLUB OF 3	JOHNS CREEK	·		58-2 <u>5</u> 6	55782	F	age 4
46	D.44.						E 3:	Yes	No
46		organization engage, directly or indirectly, in idates for public office? If "Yes," complete So		es on behalf of or in oppo			· 46		Х
		Section 501(c)(3) organizations					1 40		
		All section 501(c)(3) organizations		ions 47-49b and 52	, and comp	lete the tat	oles for I	ines	
		50 and 51.							
		Check if the organization used Sch	edule O to respond	to any question in	this Part VI	<u> </u>			·□
47	5 4 4							Yes	No
47		organization engage in lobbying activities or "Yes," complete Schedule C, Part II	, ,	ction in effect during the	tax		. 47		
48		rganization a school as described in section					. 48		_
49a		organization make any transfers to an exem		•			. 49a		
b		was the related organization a section 527 of					. 49b		
50	Comple	te this table for the organization's five highes	t compensated employee	s (other than officers, dire	ectors, trustee	s and key			
	employ	ees) who each received more than \$100,000	of compensation from the	e organization If there is	none, enter "l	None."			
			(b) Average	(c) Reportable	(d) Health be		(e) Estimate	d amou	nt of
		(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, as	nd deferred	other co		
			devoted to position	(Forms VV-2/1099-WISC)	compens	auon			
							•		
							<u>_</u> .		
	Total nu	mber of other employees paid over \$100,00	<u> </u>		<u> </u>				-
51		te this table for the organization's five highes		ent contractors who each	received mor	e than			
•-		00 of compensation from the organization If			Teceived mor	e triari			
	(a)	Name and business address of each independent contra	ctor	(b) Type of service	Э	(c) (Compensatio	n	
									
			_						
			<u> </u>						
		mber of other independent contractors each	_	· · · · -					
52		organization complete Schedule A? Note. Al	· · · · ·					-	
		ed Schedule A · · · · · · · · · · · · · · · · · ·				· · · · >	Yes	_==	No
		of perjury, I declare that I have examined this retu				f my knowledge	e and belief,	ıt ıs	
uue, c	onect, an	d complete Declaration of preparer (other than or	miger) is based on all informa	tuon of which preparer has a	ny knowleage				
Sigr	1	ROBERT OSTAPOWER Signature of officer	CAMP -		l Date	1 1			
Here		ROBERT OSTAPOWER, PAST PE	RESIDENT		11	/10/16			
	}	Type or print name and title				' /			
		Print/Type preparer's name F	reparer's signature	Date	Ch	eck lf	PTIN		
Paid		Bob Ostapower	por the	11-10-20	l .		P00192	362	
Ргера	arer	Firm's name North Pointe Tax	Services		Firm's Eli				
Use (Only	Firm's address 11255 Parsons Ro							
		Duluth GA 30097			Phone no	678-3	19-0181		
	he IRS d	iscuss this return with the preparer shown a	oove? See instructions		• • • • • • •	· · · · >	X Yes		No
EEA							Form 99	0-EZ	(2015)

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

OTARY CLUB OF JOHNS CREEK					58-2	2565782
Fundraising Activities				swered "Yes" on	Form 990, Part	IV, line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rais	ed funds through		-			
a Mail solicitations				of non-government gra	ants	
b Internet and email solicitations				of government grants		
C Phone solicitations		9 🔀	Special fund	Iraising events		
d 🛛 In-person solicitations						
2a Did the organization have a written or	oral agreement	with any indiv	ıdual (ıncludı	ng officers, directors, f	trustees	
or key employees listed in Form 990,	Part VII) or entity	ın connectio	n with profes	sional fundraising sen	vices?	Yes 🛚 No
b If "Yes," list the ten highest paid individual compensated at least \$5,000 by the co		(fundraisers) į	pursuant to a	greements under whi	ch the fundraiser is to	be
	·				Ast Amount paid to	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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			
						
		_				
					<u> </u>	
						
tal						
3 List all states in which the organization registration or licensing				ions or has been notif	ied it is exempt from	
——————————————————————————————————————						
						
						
		_				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through LADOLCE VITA None col (c)) (event type) (event type) (total number) Gross receipts 36,148 36,148 2 Less Contributions Gross income (line 1 minus 36,148 36,148 Cash prizes Noncash prizes Expenses Food and beverages Direct Entertainment 850 850 Other direct expenses 18,644 18,644 Direct expense summary Add lines 4 through 9 in column (d) 19,494 Net income summary Subtract line 10 from line 3, column (d) 16,654 Partill 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 older of mage

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ROTARY CLUB OF JOHNS CREEK		58-2565782	
01. Description of other rever	nue (Part I, line 8)		
December	Amount		
MISC INCOME	1,002		
02. List of grants and similar	r amounts paid (Part I, line 10)		
Activity	GRSP SPONSORSHIP		
Amount	1,046		
Activity	ROTARY FOUNDATION		
Amount	2,700		<u> </u>
Activity	RIVERS OF THE WORLD		
Amount	21,076		
03. Description of other expen	nses (Part I, line 16)		
Description	Amount	· · · · · · · · · · · · · · · · · · ·	
ROTARY INTERNATIONAL DUES	1,688		
BANKCARD CHARGES	832		
SUPPLIES	284		_
MEETING EXPENSE	10,193		<u>. </u>
DISTRICT 6910 EXPENSES	2,847		-
WEB SITE	320		
COMMUNITY SERVICE EXPENSES	647		
CHARITABLE GIVING	358		

Name of the organization		Employer identification number
ROTARY CLUB OF JOHNS CREEK		58-2565782
, mpa		
TRAVEL	940	
04. Description of other assets (P	Part II, line 24)	
Category	Beginning of Year	End of Year
UNDEPOSITED FUNDS	500	4,825
PETTY CASH	200	200
		
		
		, , , , , , , , , , , , , , , , , , ,