29492313011099

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)

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

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

OMB No 1545-1150

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 02-01 , 2018, and ending 06-30 , 2018

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NORTH COBB ROTARY CLUB

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
4855 SADDLERUN LANE

City or town, state or province, country, and ZIP or foreign postal code
Powder Springs, GA 30127

D Employer identification number
58-1796612

E Telephone number
(404)520-3991

F Group Exemption Number ►

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: ► WWW.clubrunner.ca/northcobb

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

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

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 33,505

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	7,979
	2	Program service revenue including government fees and contracts	2	4,700
	3	Membership dues and assessments	3	16,844
	4	Investment income	4	3,982
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events.		
	a	Gross income from gaming (attach Schedule G if greater than $15,000) 6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000) 6b		
	c	Less direct expenses from gaming and fundraising events 6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9	33,505
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	9,835
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	1,438
	16	Other expenses (describe in Schedule O)	16	15,596
	17	**Total expenses.** Add lines 10 through 16 ►	17	26,869
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,636
	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	35,679
	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 ►	21	42,315

RECEIVED
C100 OCT 24 2019 IRS-OSC
OGDEN, UT

SCANNED DEC 10 2019

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2018)

EEA

913

Part II **Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	31,840	22	32,649
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	3,839	24	9,666
25 **Total assets**	35,679	25	42,315
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	35,679	27	42,315

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose? SERVING THE LOCAL AND WORLD COMMUNITY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 MOUNTAIN TOP BOYS HOME. SUPPORT FOR HOME FOR BOYS

(Grants $ 2,552) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 3,000

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 3,000

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARTY DOUGLAS TREASURER	6.00	0	0	0
DAVID SCHWICKERATH PRESIDENT	10.00	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O See instructions	34		X
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		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	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		X
38 a	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 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			
40 a	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), 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 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 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		X
41	List the states with which a copy of this return is filed ► GA			
42 a	The organization's books are in care of ► ROBERT W JOHNSON Telephone no ► 404-520-3991 Located at ► 4855 SADDLERUN LANE, Powder Springs, GA ZIP + 4 ► 30127			
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ See instructions	45b		X

		Yes	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 46		X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lines 50 and 51

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48		
49a	Did the organization make any transfers to an exempt non-charitable related organization? 49a		
b	If "Yes," was the related organization a section 527 organization? 49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . . . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☒ Yes ☐ No

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

Sign Here

MARTY DOUGLAS
Signature of officer

Date

MARTY DOUGLAS, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
ROBERT W JOHNSON CPA	ROBERT W JOHNSON CPA	10-17-2019		P00605066

Firm's name ▶ Robert W Johnson — Firm's EIN ▶

Firm's address ▶ 4855 Saddlerun Lane
Powder Springs GA 30127

Phone no 404-520-3991

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☒ Yes ☐ No

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	38,532	39,535	31,713	34,540	7,979	152,299
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	25,200	25,360	66,423	72,598	29,523	219,104
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	63,732	64,895	98,136	107,138	37,502	371,403
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.)						371,403

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	63,732	64,895	98,136	107,138	37,502	371,403
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	761	341	705		3,982	5,789
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	761	341	705		3,982	5,789
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	64,493	65,236	98,841	107,138	41,484	377,192

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 2018 (line 8, column (f), divided by line 13, column (f))	15	98.47 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.17 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	2.00 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	1.00 %

19a **33 1/3% support tests - 2018.** 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 - 2017.** 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

NORTH COBB ROTARY CLUB

Employer identification number

58-1796612

01. General explanation attachment

Change of year end. The club has one large fundraiser that is in May with the funds being spent on charitable contributions in the next year. This will allow the funds raised to be spent in the same year. This also will now be the same as our actual operating year.

02. List of grants and similar amounts paid (Part I, line 10)

Activity	SUPPORT FOR RECOVERY PROGRAMS
Grantee	DAVIS DIRECTION FOUNDATION
Street	32 FAIRGROUND AVE
City, State, Zip	Marietta, GA 30060
Relationship	NONE
Activity	SUPPORT FOR CHRISTMAS GIFTS TO POOR FAMILIES
Grantee	COBB CHRISTMAS
Street	VARIOUS
City, State, Zip	Kennesaw, GA 30144
Activity	SPECIAL OLYMPICS AND DANCE
Grantee	KMHS
Street	KENNESAW DUE WEST ROAD
City, State, Zip	Kennesaw, GA 30144
Amount	796
Activity	CHILDREN'S CANCER THERAPY FOUNDATION
Grantee	SEAN KARL FOUNDATION

Name of the organization: NORTH COBB ROTARY CLUB

Employer identification number: 58-1796612

Street	2217 BREAKWATER
City, State, Zip	Knoxville, TN 37922
Activity	HURRICANE RELIEF
Grantee	MISSION CHANGE ALBANY, GA
Street	308 FLINT AVE
City, State, Zip	Albany, GA 31701
Amount	500
Activity	KILIFI KIDS GRANT
Grantee	ROTARY FOUNDATION
Street	14280 COLLECTIONS CENTER DR
City, State, Zip	Chicago, IL 60693
Activity	SCHOLARSHIPS GRADUATING HS SENIORS
Grantee	AMY FOSTER MEMORIAL SCHOLARSHIP
Street	NORTH COBB HIGH SCHOOL
City, State, Zip	Acworth, GA 30101
Activity	SUPPORT FOR COMMUNITY SERVICES
Grantee	NORTH ATLANTA CHAPTER MODERN WIDOWS
Street	STERLING ESTATES 3165 DALLAS HWY
City, State, Zip	Marietta, GA 30064
Relationship	NONE

Name of the organization: NORTH COBB ROTARY CLUB

Employer identification number: 58-1796612

Activity	SCHOOL SUPPLIES FOR STUDENTS & TEACHERS
Grantee	FORD ELEMENTARY STEM
Street	1345 MARS HILL RD
City, State, Zip	Acworth, GA 30101
Amount	250
Activity	SUPPORT FOR MISSIONS
Grantee	VENEZUELA NOW INC
Street	PO BOX 2855
City, State, Zip	Acworth, GA 30102
Relationship	NONE
Activity	YOUTH LEADERSHIP CAMP
Grantee	DISTRICT 6900 RYLA
Street	275 MAIN ST
City, State, Zip	Alpharetta, GA 30009
Amount	45
Activity	SUPPORT STUDENT ACTIVITIES
Grantee	KMHS INTERACT CLUB
Street	NONE
City, State, Zip	Kennesaw, GA 30144
Relationship	RI HIGH SCHOOL CLUB
Amount	100
Activity	SUPPORT STUDENT ACTIVITIES

Name of the organization: NORTH COBB ROTARY CLUB

Employer identification number: 58-1796612

Grantee	ROTARACT OF KSU
Street	NONE
City, State, Zip	Kennesaw, GA 30144
Relationship	RI COLLEGE CLUB
Activity	SUPPORT FOR HOME FOR BOYS
Grantee	MOUNTAIN TOP BOYS HOME
Street	65 MOUNTAIN TOP WAY
City, State, Zip	Sugar Valley, GA 30746
Amount	3,302
Activity	MEN'S AND WOMEN'S RECOVERY SUPPORT
Grantee	THE EXTENSION
Street	1507 CHURCH ST
City, State, Zip	Marietta, GA 30060
Relationship	NONE
Amount	213
Activity	HORIZON FIELD
Grantee	SPECIAL NEEDS DEVELOPMENT GROUP INC
Street	NONE
City, State, Zip	Acworth, GA 30101
Amount	1,200
Activity	PUBLIC PARKS SUPPORT
Grantee	FRIENDS OF GREEN MEADOWS
Street	3780 DALLAS HWY

Name of the organization: NORTH COBB ROTARY CLUB

Employer identification number: 58-1796612

City, State, Zip	Marietta, GA 30064
Relationship	NONE
Amount	1,412
Activity	FAMILY SUPPORT FOR DISADVANTAGED
Grantee	THE CENTER FOR FAMILY RESOURCES
Street	995 ROSWELL ST NE 308
City, State, Zip	Marietta, GA 30060
Activity	SUMMER LUNCH PROGRAM
Grantee	YMCA
Street	1700 DENNIS KEMP LN NW
City, State, Zip	Kennesaw, GA 30152
Amount	1,500
Activity	PANCREATIC CANCER
Grantee	THE LUSTGARTEN FOUNDATION
Street	415 CROSSWAYS PARK DR, STE D
City, State, Zip	Woodbury, NY 11797
Amount	517

03. Description of other expenses (Part I, line 16)

Description	Amount
BANK SERVICE CHARGES	469
CLUB MEETING BREAKFASTS	13,007

Name of the organization: NORTH COBB ROTARY CLUB

Employer identification number: 58-1796612

OTHER MEETING EXPENSE	2,120

04. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
DUE TO FOUNDATION	3,839	3,639
ACCOUNTS RECEIVABLE	0	6,027