

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 black lung benefit trust or private foundation)

OMB No 1545-1150

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization COCOA ROTARY FOUNDATION INC.		D Employer identification number 59-3503301
		Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 244		E Telephone number 321-636-0426
		City or town, state or country, and ZIP + 4 COCOA FL 32923-0244		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) ▶

I Website: ▶ WWW.COCOAROTARY.ORG
H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 46,525

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 38 of the instructions.)

1 Contributions, gifts, grants, and similar 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 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) 6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/> 6a Gross revenue (not including \$ _____ of contributions reported on line 1) 6b Less direct expenses other than fundraising expenses 6c Net income or (loss) from special events and activities (line 6a less line 6b) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (line 7a less line 7b) 8 Other revenue (describe ▶ SEE STATEMENT 2) 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	1	6,404
	2	9,825
	3	
	4	806
	5a	934
	5b	
	5c	934
	6	SEE STMT 1
	6a	22,912
6b	9,332	
6c	13,580	
7a		
7b		
7c		
8	5,644	
9	37,193	
10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 3 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ SEE STATEMENT 4) 17 Total expenses (add lines 10 through 16)	10	13,042
	11	
	12	
	13	1,725
	14	6,551
	15	
	16	203
	17	21,521
18 Excess or (deficit) for the year (line 9 less line 17) 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 (attach explanation) SEE STATEMENT 5 21 Net assets or fund balances at end of year (combine lines 18 through 20)	18	15,672
	19	81,182
	20	
	21	96,854

Part II Balance Sheets - If total assets at line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	82,013	97,549
23 Land and buildings		
24 Other assets (describe ▶ OGDEN, UT)		
25 Total assets	82,013	97,549
26 Total liabilities (describe ▶ SEE STATEMENT 6)	831	695
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	81,182	96,854

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2005)

SCANNED FEB 27 2007

RECEIVED
 FEB 20 PAID
 OGDEN, UT
 IRS

96

Part III Statement of Program Service Accomplishments (See page 42 of the instructions)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? SEE STATEMENT 7	
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, or other relevant information for each program title	
28 SUPPORTS SCHOLARSHIPS AND LOCAL CHARITIES OR EVENTS.	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule) SEE STATEMENT 8	
(Grants \$ 9,042) If this amount includes foreign grants, check here <input type="checkbox"/>	31a 19,593
32 Total program service expenses (add lines 28a through 31a)	32 19,593

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 42 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 9				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, att a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a _____ 0		
b Did the organization file Form 1120-POL for this year?	37b	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?	38a	X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(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 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0 , section 4912 ▶ _____ 0 , section 4955 ▶ _____ 0		
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," attach an explanation.	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
d Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0		

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) (Continued)

- 41 List the states with which a copy of this return is filed **FL**
- 42a The books are in care of **DAVIES & HOUSER CPA** Telephone no. **321-636-0426**
P.O. BOX 129
 Located at **COCOA, FL** ZIP + 4 **32923-0129**
- 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.
- 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: _____
- 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**

	Yes	No
42b		X
42c		X

Under penalties of perjury, I declare that I have examined this return, including attachments, and believe it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Charles W. La Roche, Jr.*
 Type or print name and title: **Charles W. La Roche, Jr.**

Paid Preparer's Use Only

Preparer's signature: *John Russell, CPA*
 Firm's name (or yours if self-employed), address, and ZIP + 4: **DAVIES, HOUSER & SE
 P.O. BOX 129
 COCOA, FL 32923-0129**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

COCOA ROTARY FOUNDATION INC.

Employer identification number
59-3503301

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Total number of others receiving over \$50,000 for professional services ▶

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services ▶

Part III Statements About Activities (See page 2 of the instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities and other organizational actions.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 [] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
6 [] A school Section 170(b)(1)(A)(ii). (Also complete Part V)
7 [] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
8 [] A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 [] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state
10 [] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv)
11a [] An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi)
11b [] A community trust Section 170(b)(1)(A)(vi)
12 [] 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 charitable, etc., 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)
13 [] An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization.

Provide the following information about the supported organizations (See page 6 of the instructions)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

- 14 [] An organization organized and operated to test for public safety Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶	26a	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		▶	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		▶	26c	
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____		▶	26d	
e Public support (line 26c minus line 26d total)		▶	26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. N/A

(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. N/A				
(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		▶	27c	
d Add: Line 27a total _____ and line 27b total _____		▶	27d	
e Public support (line 27c total minus line 27d total)		▶	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		▶	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		▶	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		▶	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000	41	
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through c h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines through c h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

59-3503301

Federal Statements

FYE: 6/30/2006

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
VANGUARD					\$ 934	\$	\$	\$ 934
TOTAL					\$ 934	\$ 0	\$ 0	\$ 934

59-3503301

Federal Statements

FYE: 6/30/2006

Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue

<u>Description</u>	<u>Amount</u>
UNREALIZED (GAIN) LOSS	\$ 5,302
MISCELLANEOUS	342
TOTAL	<u>\$ 5,644</u>

59-3503301

Federal Statements

FYE: 6/30/2006

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explan	FMV Explan
VARIOUS DONATIONS					\$ 9,042	\$	\$		
SCHOLARSHIPS					4,000				
TOTAL					\$ 13,042	\$ 0	\$ 0		

59-3503301

Federal Statements

FYE: 6/30/2006

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
	\$
EXPENSES	
ADVERTISING	
BANK CHARGES	6
FILING FEE	
STATE FILING FEE	71
MISCELLANEOUS	126
TOTAL	\$ <u>203</u>

Statement 5 - Form 990-EZ, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
BEGINNING OF YEAR FUND BALANCE	\$
TOTAL	\$ <u>0</u>

Statement 6 - Form 990-EZ, Line 26 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE TO 4-H HOG PROGRAM	\$ 570	\$ 695
DUE TO COCOA ROTARY	261	
TOTAL	\$ <u>831</u>	\$ <u>695</u>

Federal Statements

Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

SCHOLARSHIPS AND DONATIONS TO COMMUNITY EVENTS AND CHARITIES.

Statement 8 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

SUPPORTS SCHOLARSHIPS AND LOCAL CHARITIES OR EVENTS.

59-3503301

Federal Statements

FYE: 6/30/2006

Statement 9 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

<u>Name</u>	<u>Address</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
	<u>City, State, Zip</u>	<u>Title</u>			
GARY KRUEGER	847 DIXON BLVD COCOA FL 32922	PRESIDENT	0	0	0
GEORGE FAYER	66 HILLTOP LANE ROCKLEDGE FL 32955	PRES.ELECT	0	0	0
CHARLES LAROCHE	200 S SYKES CREEK PKWY MERRITT ISLAND FL 32952	TREASURER	0	0	0
WILLIAM MCCARTHY	3640 WOOD DUCK DRIVE MIMS FL 32754	SECRETARY	0	0	0
EDWARD LANNI	939 N INDIAN RIVE DRIVE COCOA FL 32922	SGT. -AT-ARMS	0	0	0
BUD MILLER	100 S RIVERSIDE DRIVE COCOA FL 32904	DIRECTOR	0	0	0
JACK MASSON	3535 JAMES ROAD COCOA FL 32926	DIRECTOR	0	0	0
PATRICIA HARE	4165 SKYWAY DRIVE COCOA FL 32922	DIRECTOR	0	0	0
KENDALL MOORE	429 COBBLEWOOD DRIVE ROCKLEDGE FL 32955	DIRECTOR	0	0	0
DAVID BRUBAKER	113 AURORA ROAD COCOA FL 32955	DIRECTOR	0	0	0
BRENDA MCQUAIG	5470 BROAD ACRES STREET MERRITT ISLAND FL 32952	DIRECTOR	0	0	0
LEONARD G SANDERSON	900 ELLIS ROAD MELBOURNE FL 32904	DIRECTOR	0	0	0
BRENDA FETTRO	6745 HARTFORD RD PORT ST. JOHN FL 32927	DIRECTOR	0	0	0
NANCY BROWER	1715 SEASHELL DR MERRITT ISLAND FL 32952	DIRECTOR	0	0	0

Form **8868**
 (Rev. December 2004)
 Department of the Treasury
 Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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)

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization COCOA ROTARY FOUNDATION INC.	Employer identification number 59-3503301
	Number, street, and room or suite no. If a P O box, see instructions. P.O. BOX 244	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COCOA FL 32923-0244	

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

- | | | |
|---|--|------------------------------------|
| <input 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 (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" 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 ▶ **DAVIES & HOUSER CPA**

Telephone No ▶ **321-636-0426** FAX No ▶ **321-636-4986**

- 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 **Form 990-T corporation**) extension of time until **2/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year or
 ▶ tax year beginning **7/01/05**, and ending **6/30/06**

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. \$ _____

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. \$ _____

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. \$ _____

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)