

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)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ROTARY CHARITIES OF TRAVERSE CITY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 202 E GRANDVIEW PKW STE 200 City, town, or post office, state, and ZIP code TRAVERSE CITY, MI 49684 F Name and address of principal officer: MARSHA SMITH SAME AS C ABOVE	D Employer identification number 38-2170564 E Telephone number (231) 941-4010 G Gross receipts \$ 3,031,442. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ROTARYCHARITIES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1976 M State of legal domicile: MI

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>LEADS POSITIVE CHANGE IN REGION BY ASSISTING COMMUNITY ORGANIZATIONS TO BETTER ACHIEVE THEIR</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	227,513.	67,368.
	9 Program service revenue (Part VIII, line 2g)	362,525.	244,127.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,528,987.	1,785,256.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	388,159.	331,975.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,507,184.	2,428,726.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,619,800.	1,591,207.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	563,489.	352,194.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	681,224.	616,550.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,864,513.	2,559,951.	
19 Revenue less expenses. Subtract line 18 from line 12	-357,329.	-131,225.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	40,946,871.	43,486,593.
	21 Total liabilities (Part X, line 26)	757,223.	913,511.
	22 Net assets or fund balances. Subtract line 21 from line 20	40,189,648.	42,573,082.

Part II Signature Block

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 MARSHA SMITH, EXECUTIVE DIRECTOR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name HEIDI WENDEL, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00721554
	Firm's name ▶ DGN, LLC Firm's address ▶ P.O. BOX 947 TRAVERSE CITY, MI 49685-0947	Firm's EIN ▶ 20-2349670 Phone no. 231-946-1722

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
ROTARY CHARITIES LEADS POSITIVE CHANGE IN THE REGION BY ASSISTING
COMMUNITY ORGANIZATIONS TO BETTER ACHIEVE THEIR MISSIONS (SEE SCHEDULE
O) WE DO THIS BY PROVIDING GRANTS AND RESOURCES, PROVIDING LEADERSHIP,
PROVIDING A MANAGEMENT SUPPORT ORGANIZATION (MSO) FOR THE NONPROFIT

2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,752,400. including grants of \$ 1,562,906.) (Revenue \$)
GRANTS PROVIDED TO 60 GOVERNMENTAL & NON-PROFIT ORGANIZATIONS IN
CONNECTION WITH THE MISSION OF ROTARY TO PROVIDE CHARITABLE ASSISTANCE
TO THE PEOPLE OF THE GRAND TRAVERSE REGION.

4b (Code:) (Expenses \$ 415,547. including grants of \$ 28,301.) (Revenue \$ 244,127.)
THE ORGANIZATION PROVIDES CONSULTING AND ADVISORY SERVICES TO OTHER
NOT-FOR-PROFIT ORGANIZATIONS. THE ORGANIZATION AWARDED 16 MICHIGAN
COUNCIL OF ARTS AND CULTURAL AFFAIRS GRANTS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,167,947.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: 10, 1b: 10. 2: X. 3: X. 4: X. 5: X. 6: X. 7a: X. 7b: X. 8a: X. 8b: X. 9: X.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows 10a-16b. 10a: X. 11a: X. 12a: X. 12b: X. 12c: X. 13: X. 14: X. 15a: X. 15b: X. 16a: X. 16b: X.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: STACEY FOSTER - (231)-941-4010 202 E GRANDVIEW PKW STE 200, TRAVERSE CITY, MI 49684

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALFRED BONNEY PRESIDENT	1.00	X		X				0.	0.	0.
(2) GEORGE POWELL SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(3) RICHARD BEERS TRUSTEE	1.00	X						0.	0.	0.
(4) ELAINE WOOD TRUSTEE	1.00	X						0.	0.	0.
(5) GREGG SMITH VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(6) SIDNEY LAMMERS TRUSTEE	1.00	X						0.	0.	0.
(7) JOHN RACINE TRUSTEE	1.00	X						0.	0.	0.
(8) JEFF HICKMAN TRUSTEE	1.00	X						0.	0.	0.
(9) BRYAN CROUGH TRUSTEE	1.00	X						0.	0.	0.
(10) BETH KARCZEWSKI TRUSTEE	1.00	X						0.	0.	0.
(11) MARSHA SMITH EXECUTIVE DIRECTOR	40.00			X				101,400.	0.	21,801.

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	49,090.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,278.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			67,368.			
Program Service Revenue	2 a CONSULTING FEES	Business Code 541610	244,127.	244,127.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			244,127.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		922,972.			922,972.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		331,975.			331,975.	
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,465,000.					
		b Less: cost or other basis and sales expenses	602,716.				
		c Gain or (loss)	862,284.				
	d Net gain or (loss)			862,284.		862,284.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			2,428,726.	244,127.	0.	2,117,231.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,591,207.	1,591,207.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,400.	50,700.	50,700.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	169,406.	113,142.	56,264.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,913.	7,165.	10,748.	
9 Other employee benefits	44,263.	19,391.	24,872.	
10 Payroll taxes	19,212.	9,404.	9,808.	
11 Fees for services (non-employees):				
a Management				
b Legal	7,297.	3,243.	4,054.	
c Accounting	17,190.	6,876.	10,314.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	124,612.		124,612.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	268,190.	251,491.	16,699.	
12 Advertising and promotion	53,332.	53,332.		
13 Office expenses	21,112.	7,927.	13,185.	
14 Information technology				
15 Royalties				
16 Occupancy	20,424.	8,170.	12,254.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,881.	19,528.	8,353.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,876.	686.	2,190.	
23 Insurance	17,373.	7,804.	9,569.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SEVERANCE TAX	23,691.		23,691.	
b PRINTING AND PUBLICATIO	14,054.	6,525.	7,529.	
c MEMBERSHIPS	8,781.	2,741.	6,040.	
d MISCELLANEOUS	5,281.	4,159.	1,122.	
e All other expenses	4,456.	4,456.		
25 Total functional expenses. Add lines 1 through 24e	2,559,951.	2,167,947.	392,004.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	349,377.	1	273,015.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	209,244.	4	174,958.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	166,305.	9	140,934.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 86,722.		
	b Less: accumulated depreciation	10b 79,703.	10c 9,895.	7,019.
	11 Investments - publicly traded securities	40,212,050.	11	42,890,667.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	40,946,871.	16	43,486,593.	
Liabilities	17 Accounts payable and accrued expenses	82,242.	17	55,980.
	18 Grants payable	667,131.	18	842,031.
	19 Deferred revenue	7,850.	19	15,500.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	757,223.	26	913,511.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	40,189,648.	27	42,555,610.
	28 Temporarily restricted net assets		28	17,472.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	40,189,648.	33	42,573,082.	
34 Total liabilities and net assets/fund balances	40,946,871.	34	43,486,593.	

Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,428,726.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,559,951.
3	Revenue less expenses. Subtract line 2 from line 1	3	-131,225.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,189,648.
5	Net unrealized gains (losses) on investments	5	2,514,659.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,573,082.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **ROTARY CHARITIES OF TRAVERSE CITY** Employer identification number **38-2170564**

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 - Non-functionally integrated
- 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?

	Yes	No
(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 supported organization?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>
- h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
ROTARY CLUB OF TRAVERSE	38-1429335	501(C)(4)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		0.
Total	1								0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2012. 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		<input type="checkbox"/>	
b 33 1/3% support test - 2011. If the organization did not check a 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		<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. 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		<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. 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		<input type="checkbox"/>	
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		<input type="checkbox"/>	

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization ROTARY CHARITIES OF TRAVERSE CITY **Employer identification number** 38-2170564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		62,029.	55,010.	7,019.
e Other		24,693.	24,693.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 7,019.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	4,943,385.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	2,514,659.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	2,514,659.	
3	Subtract line 2e from line 1	3	2,428,726.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,428,726.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	2,559,951.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	2,559,951.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,559,951.	

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE CHARITY IS EXEMPT FROM FEDERAL INCOME TAXES

PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE CHARITY IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THESE FINANCIAL STATEMENTS. THE CHARITY FILES AN INFORMATION RETURN IN THE US FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, THE CHARITY IS NO LONGER SUBJECT TO US FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE JUNE 30, 2010.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2012

Open to Public
Inspection

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

ROTARY CHARITIES OF TRAVERSE CITY

Employer identification number
38-2170564

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENIZE CONSERVATION DISTRICT 280 S.BENZIE BLVD, PO BOX 386 BEULAH, MI 49617	38-6080998	GOVERNMENT	5,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE.
BENZIE COUNCIL ON AGING 10542 MAIN STREET, HONOR, MI 49640	06-1673002	501(C)3	8,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE
HISTORIC ELK RAPIDS TOWN HALL ASSOCIATION - PO BOX 386 - ELK RAPIDS, MI 49629	80-0561939	501(C)3	5,000.	0.			PLANNING DESIGN PROJECT
LEELANAU CHILDRENS CENTER PO BOX 317 LELAND, MI 49654	38-2167550	501(C)3	5,000.	0.			STRATEGIC RELOCATION PROJECT
GRAND TRAVERSE PAVILIONS FOUNDATION - 1000 PAVILIONS CIRCLE DR - TRAVERSE CITY, MI 49684	38-3359796	501(C)3	5,000.	0.			EXPANSION FEASIBILITY STUDY
GRAND TRAVERSE CONSERVATION DISTRICT - 1450 CASS ROAD - TRAVERSE CITY, MI 49684	38-2060131	GOVERNMENT	8,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

73.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTCENTER TRAVERSE CITY 5152 US 31 N. WILLIAMSBURG, MI 49690	23-7148424	501(C)3	5,000.	0.			BUSINESS PLAN DEVELOPMENT
ROTARY CAMPS AND SERVICES 202 E GRANDVIEW PARKWAY, #200 TRAVERSE CITY, MI 49684	38-2009127	501(C)3	20,000.	0.			DISCOVERY CENTER MARINA DEVELOPMENT
ACME CHRISTIAN THRIFT STORE 996 GARFIELD WOODS DR TRAVERSE CITY, MI 49686	30-0080188	501(C)3	35,000.	0.			CAPITAL IMPROVEMENTS
CHILD AND FAMILY SERVICES 3785 VETERANS DR TRAVERSE CITY, MI 49684	38-2534222	501(C)3	49,000.	0.			SAFE HAVEN - EXPAND TO ANTRIUM COUNTY
NW MICHIGAN COUNCIL OF GOVERNMENTS PO BOX 506 TRAVERSE CITY, MI 49685	38-2071954	GOVERNMENT	35,000.	0.			UP NORTH TRAILS
READALOU PO BOX 304 ALDEN, MI 49612	80-0619907	501(C)3	15,000.	0.			PARENT AWARENESS AND BOOKS
TRAVERSE HEALTH CLINIC 3155 LOGAN VALLEY DRIVE TRAVERSE CITY, MI 49684	30-0224028	501(C)3	90,000.	0.			PROGRAM TRANSITION AND EXPANSION
BETHANY CHRISTIAN SERVICES 1055 CARRIAGE HILL DR #2 TRAVERSE CITY, MI 49686	38-2822017	501(C)3	40,000.	0.			SAFE FAMILIES FOR CHILDREN PROGRAM
FOUNDATION FOR MENTAL HEALTH 250 E. FRONT, #320 TRAVERSE CITY, MI 49684	38-2807457	501(C)3	40,000.	0.			ORGANIZATIONAL ADVANCEMENT

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION - 250 E. FRONT, #310 - TRAVERSE CITY, MI 49684	38-3056434	501(C)3	40,000.	0.			CAPACITY BUILDING
SEEDS PO BOX 2454 TRAVERSE CITY, MI 49685	38-3482266	501(C)3	40,000.	0.			FUND DEVELOPMENT
UNITED WAY 211 521 S. UNION STREET TRAVERSE CITY, MI 49684	38-1679060	501(C)3	40,000.	0.			2-1-1 PARTNERSHIP
ALLIANCE FOR ECONOMIC SUCCESS (VILLAGE OF HONOR) - PO BOX 123 - HONOR, MI 49640	38-6033798	GOVERNMENT	15,000.	0.			HONOR REVITALIZATION PROJECT
AMERICAN RED CROSS 735 S. GARFIELD, #B-100 TRAVERSE CITY, MI 49686	38-1651060	501(C)3	25,000.	0.			FUND DEVELOPMENT
ANTRIM CONSERVATION DISTRICT 4820 STOVER ROAD BELLAIRE, MI 49615	38-2023705	GOVERNMENT	11,927.	0.			STRATEGIC PLAN IMPLEMENTATION
BENZIE AREA CHRISTIAN NEIGHBORS PO BOX 93 BENZONIA, MI 49616	38-2792605	501(C)3	22,705.	0.			ORGANIZATIONAL CAPACITY BUILDING
COMMUNITIES IN SCHOOLS 205 GROVE STREET MANCELONA, MI 49659	27-0726563	501(C)3	25,000.	0.			ORGANIZATIONALCAPACITY BUILDING
JUNIOR ACHIEVEMENT PO BOX 1928 TRAVERSE CITY, MI 49685	38-1557861	501(C)3	13,500.	0.			MARKETING AND COMMUNICATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEELANAU CHILDREN'S CENTER PO BOX 317 LELAND, MI 49654	38-2167550	501(C)3	12,000.	0.			PARENTING COMMUNITIES PROGRAM
GOODWILL INDUSTRIES (PAPERWORKS) 2279 S. AIRPORT W TRAVERSE CITY, MI 49684	38-1976268	501(C)3	20,000.	0.			PROGRAM EXPANSION
TRAVERSE BAY CHILDREN'S ADVOCACY CENTER - 121 E. FRONT STREET #301 - TRAVERSE CITY, MI 49684	38-3090530	501(C)3	25,000.	0.			PROGRAM - FAMILY ADVOCATE
UNITED WAY (VOLUNTEER CENTER) 521 S. UNION STREET TRAVERSE CITY, MI 49684	38-1679060	501(C)3	25,000.	0.			VOLUNTEER CENTER PROGRAM
WOMEN'S RESOURCE CENTER 720 S. ELMWOOD, #2 TRAVERSE CITY, MI 49684	38-2164580	501(C)3	23,184.	0.			ALLIANCES & TECHNOLOGY
CONFLICT RESOLUTION SERVICES 852 S. GARFIELD ROAD, #B TRAVERSE CITY, MI 49686	38-3041273	501(C)3	5,000.	0.			PLANNING GRANT - BEYOND BULLYING
ISLAND 5870 COTTAGE DRIVE BELLAIRE, MI 49615	37-1517759	501(C)3	5,000.	0.			PLANNING - FARMER RESIDENCY PROGRAM
NORTHPORT SAILING SCHOOL 477 S. SHORE DRIVE NORTHPORT, MI 49670	80-0408448	501(C)3	8,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE
THIRDLEVEL 1022 E. FRONT STREET, PO BOX 1035 TRAVERSE CITY, MI 49685	38-2034904	501(C)3	5,000.	0.			FINANCIAL PLANNING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND TRAVERSE REGIONAL COMMUNITY FDN (BUDGET ALLOCATION - ROTARY FUND SHOR - 250 E. FRONT STREET, #310 - TRAVERSE CITY, MI 49684	38-3056434	501(C)3	20,000.	0.			ROTARY FUND
MUSIC HOUSE MUSEUM PO BOX 297 ACME, MI 49610	38-2709408	501(C)3	8,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE
MUNSON HEALTHCARE (OUT OF SPENDING POLICY - SPECIAL GRANT) - 210 BEUMONT, PO BOX 1131 - TRAVERSE CITY, MI 48685	38-2642724	501(C)3	500,000.	0.			COWELL FAMILY CANCER CENTER
LEELANAU CHRISTIAN NEIGHBORS 309 CASS STREET, #201 TRAVERSE CITY, MI 49684	38-3345824	501(C)3	8,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE
LEELANAU MONTESSORI 310 S. ELM, PO BOX 838 SUTTONS BAY, MI 49682	27-2952901	SCHOOL	8,000.	0.			STRATEGIC PLANNING
INLAND SEAS EDUCATION ASSOCIATION 100 DAME STREET, PO BOX 218 SUTTONS BAY, MI 49682	38-2866234	501(C)3	5,000.	0.			EXECUTIVE TRANSITION
GREAT START PO BOX 6020 TRAVERSE CITY, MI 49685	38-3056434	SCHOOL	5,000.	0.			PLANNING GRANT-NETWORK BUILDING
GRASS RIVER NATURAL AREA PO BOX 231 BELLAIRE, MI 49615	38-2279204	501(C)3	8,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE
GRAND TRAVERSE COUNTY - PARKS & RECREATION - 1213 W. CIVIC CENTER DRIVE - TRAVERSE CITY, MI 49686	38-6004852	GOVERNMENT	5,000.	0.			FACILITY NEEDS STUDY

ROTARY CHARITIES OF TRAVERSE CITY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORY CENTER 322 SIXTH STREET TRAVERSE CITY, MI 49684	38-2547978	501(C)3	8,000.	0.			ORGANIZATIONAL CAPACITY ASSISTANCE
NW MICHIGAN COMMUNITY ACTION COUNCIL - 3963 THREE MILE ROAD - TRAVERSE CITY, MI 49686	38-2027389	501(C)3	8,000.	0.			NMCAA DEVELOPMENT
THIRDLEVEL 1022 E. FRONT STREET, PO BOX 1035 TRAVERSE CITY, MI 49685	38-2034904	501(C)3	5,000.	0.			ORGANIZATIONAL ANALYSIS & RESTRUCTURING
BENZIE TRANSPORTATION AUTHORITY 14150 US HWY 31 BEULAH, MI 49617	20-5411834	GOVERNMENT	16,000.	0.			SMART RIDE PROGRAM
CONFLICT RESOLUTION SERVICES 852 S. GARFIELD ROAD, #B TRAVERSE CITY, MI 49686	38-3041273	501(C)3	65,000.	0.			OLWEUS BULLING PREVENTION PROGRAM
GREEN LAKE TOWNSHIP 9394 10TH STREET, PO BOX 157 INTERLOCHEN, MI 49643	38-6265432	GOVERNMENT	15,000.	0.			RECREATION TRAIL
GRAND TRAVERSE REGIONAL COMMUNITY FOUNDATION - HERMANN PARK - 250 E. FRONT STREET, #310, TRAVERSE CITY - TRAVERSE CITY, MI 49684	38-3056434	501(C)3	15,000.	0.			HERMANN PARK
GRAND TRAVERSE REGIONAL LAND CONSERVANCY - ACME SHORELINE - 3860 N. LONG LAKE ROAD, #D - TRAVERSE CITY, MI 49684	38-2994229	501(C)3	50,000.	0.			ACMEBAYSIDE PARK, PHASE 3
INVOLVED CITIZENS ENTERPRISES 1600 CHARTWELL DRIVE, #A TRAVERSE CITY, MI 49686	38-2430506	501(C)3	65,000.	0.			CENTRE ICE ARENA RENOVATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMELS FAMILY FOUNDATION - BARN 7943 SKEGEMOG POINT ROAD WILLIAMSBURG, MI 49690	20-0698568	501(C)3	15,000.	0.			STORAGE BUILDING
TRAVERSE CITY FILM FESTIVAL PO BOX 4064 TRAVERSE CITY, MI 49685	20-3100410	501(C)3	5,000.	0.			BIJOU BY THE BAY PLANNING
CITY OF TRAVERSE CITY 400 BOARDMAN AVENUE TRAVERSE CITY, MI 49684	38-6004740	GOVERNMENT	5,000.	0.			FEASIBILITY STUDY = BAYFRONT PIER
THE WATERSHED CENTER 13272 S. W. BAYSHORE DRIVE TRAVERSE CITY, MI 49684	38-3198787	501(C)3	450.	0.			TRUSTEE SERVICE RECOGNITION
GRAND TRAVERSE CONSERVATION DISTRICT - 1450 CASS ROAD - TRAVERSE CITY, MI 49684	38-2060131	GOVERNMENT	450.	0.			TRUSTEE SERVICE RECOGNITION
TRAVERSE SYMPHONY ORCHESTRA 300 E. FRONT STREET, SUITE 230 TRAVERSE CITY, MI 49684	38-2680276	501(C)3	700.	0.			TRUSTEE SERVICE RECOGNITION
BUILDING BRIDGES PO BOX 1225 TRAVERSE CITY, MI 49685	80-0476228	501(C)3	1,650.	0.			MCACA MINI GRANT PROGRAM
CITY OPERA HOUSE HERITAGE ASSOCIATION - 106 E. FRONT STREET - TRAVERSE CITY, MI 49684	38-2237064	501(C)3	1,480.	0.			MCACA MINI GRANT PROGRAM
GLEN ARBOR ART ASSOCIATION PO BOX 305 GLEN ARBOR, MI 49636	38-2886660	501(C)3	3,938.	0.			MCACA MINI GRANT PROGRAM

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACT-GT/TBAISD 1101 RED DRIVE TRAVERSE CITY, MI 49684	38-1723020	SCHOOL	3,000.	0.			MCACA MINI GRANT PROGRAM
ARTRAPIDS PO BOX 301 ELK RAPIDS, MI 49629	20-5692457	501(C)3	3,000.	0.			MCACA MINI GRANT PROGRAM
GROWBENZIE PO BOX 132 BEULAH, MI 49617	23-3366438	501(C)3	1,125.	0.			MCACA MINI GRANT PROGRAM
MANISTEE JAYCEES (US CHAMBER OF COMMERCE) - PO BOX 61 - MANISTEE, MI 49660	23-7166171	GOVERNMENT	3,730.	0.			MCACA MINI GRANT PROGRAM
PARALLEL 45, INC PO BOX 1829 TRAVERSE CITY, MI 49685	26-2125174	501(C)3	3,000.	0.			MCACA MINI GRANT PROGRAM
PARKSIDE ARTS COUNCIL PO BOX 163 BELLAIRE, MI 49615	26-0428369	501(C)3	750.	0.			MCACA MINI GRANT PROGRAM
SMOCK PAPER SCISSORS 5938 MANITOU TRAIL GLEN ARBOR, MI 49636	45-1735139	501(C)3	750.	0.			MCACA MINI GRANT PROGRAM
MICHIGAN LEGACY ART PARK 12500 CRYSTAL MTN DRIVE THOMPSONVILLE, MI 49683	38-3172005	501(C)3	816.	0.			MCACA MINI GRANT PROGRAM
ARTCENTER TRAVERSE CITY 5152 N US 31 WILLIAMSBURG, MI 49690	23-7148424	501(C)3	1,125.	0.			MCACA MINI GRANT PROGRAM

Schedule I (Form 990)

ROTARY CHARITIES OF TRAVERSE CITY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLD TOWN PLAYHOUSE 148 E. EIGHTH STREET TRAVERSE CITY, MI 49684	38-2095446	501(C)3	1,125.	0.			MCACA MINI GRANT PROGRAM
TRAVERSE SYMPHONY ORCHESTRA 300 E. FRONT STREET, SUITE 230 TRAVERSE CITY, MI 49684	38-2680276	501(C)3	1,125.	0.			MCACA MINI GRANT PROGRAM
LEELANAU COMMUNITY CULTURAL CENTER PO BOX 883 LELAND, MI 49654	38-3052356	501(C)3	900.	0.			MCACA MINI GRANT PROGRAM
SUTTONS BAY PUBLIC SCHOOLS PO BOX 367 SUTTONS BAY, MI 49682	38-6002263	SCHOOL	787.	0.			MCACA MINI GRANT PROGRAM
PRIOR YEAR HOME STRETCH GRANT RESCINDED			-4,010.	0.			PRIOR YEAR DEDUCTION

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

ROTARY CHARITIES OF TRAVERSE CITY

Employer identification number
38-2170564

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SECTOR, FACILITATING STRATEGIC PARTNERSHIPS, AND PROMOTING PHILANTHROPY.

FORM 990, PART VI, SECTION A, LINE 6: TRAVERSE CITY ROTARY CLUB MEMBERS

MAKE UP THE MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A: TRAVERSE CITY ROTARY CLUB MEMBERS

ELECT ROTARY CHARITIES OF TRAVERSE CITY BOARD MEMBERS AT THEIR ANNUAL

MEETING.

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY

SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS ARE ANY

CHANGES TO THE ARTICLES OF INCORPORATION AND/OR BY LAWS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 IS REVIEWED

BY THE AUDIT COMMITTEE. THE AUDIT COMMITTEE THEN MAKES A RECOMMENDATION TO

THE BOARD THAT THE FORM 990 BE ACCEPTED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY

MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AT

EACH MEETING.

FORM 990, PART VI, SECTION B, LINE 15A: COMPARATIVE DATA IS OBTAINED FROM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

ROTARY CHARITIES OF TRAVERSE CITY

Employer identification number

38-2170564

THE ASSOCIATION OF SMALL FOUNDATIONS AND THEN ALL COMPENSATION IS REVIEWED BY GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AND FORM 990 AVAILABLE TO THE PUBLIC VIA THEIR WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	251,491.
MANAGEMENT AND GENERAL EXPENSES	16,699.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	268,190.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	268,190.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ROTARY CLUB OF TRAVERSE CITY

PRIMARY ACTIVITY: COMMUNITY SERVICE AND ADVANCEMENT OF INTERNATIONAL UNDERSTANDING AND GOODWIL

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

TRAVERSE CITY ROTARY CLUB WHEELCHAIRS FOR POLIO SURVIVORS

EIN: 45-3176285

202 E GRANDVIEW PARKWAY SUITE 200

TRAVERSE CITY, MI 49684