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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)

- Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2007

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

| | | |
|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ROTARY INTERNATIONAL TRAVERSE BAY SUNRISE MICHIGAN USA Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 3180 RACQUET CLUB DRIVE STE E City or town, state or country, and ZIP + 4 TRAVERSE CITY, MI 49684 | D Employer identification number 91-1979545 |
| | | E Telephone number 231-933-0130 |
| | | 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.CLUBRUNNER.CA/TRAVERSEBAYSUNRISE**

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) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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. **\$ 52,257.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions)

| | | | |
|----|--|----|---------|
| 1 | Contributions, gifts, grants, and similar amounts received | 1 | 4,499. |
| 2 | Program service revenue including government fees and contracts | 2 | |
| 3 | Membership dues and assessments | 3 | 34,053. |
| 4 | Investment income | 4 | |
| 5a | Gross amount from sale of assets other than inventory | 5a | |
| 5b | Less: cost or other basis and sales expenses | 5b | |
| 5c | Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule) | 5c | |
| 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) | 6a | 12,198. |
| 6b | Less: direct expenses other than fundraising expenses | 6b | 12,832. |
| 6c | Net income or (loss) from special events and activities. Subtract line 6b from line 6a. SEE STATEMENT 3 | 6c | <634.> |
| 7a | Gross sales of inventory, less returns and allowances | 7a | |
| 7b | Less: cost of goods sold | 7b | |
| 7c | Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a | 7c | |
| 8 | Other revenue (describe) SEE STATEMENT 2 | 8 | 1,507. |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 39,425. |
| 10 | Grants and similar amounts paid | 10 | |
| 11 | Benefits paid to or for members | 11 | |
| 12 | Salaries, other compensation, and employee benefits | 12 | |
| 13 | Professional fees and other payments to independent contractors | 13 | 3,568. |
| 14 | Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | Printing, publications, postage, and shipping | 15 | |
| 16 | Other expenses (describe) SEE STATEMENT 1 | 16 | 29,664. |
| 17 | Total expenses. Add lines 10 through 16 | 17 | 33,232. |
| 18 | Excess or (deficit) for the year. Subtract line 17 from line 9 | 18 | 6,193. |
| 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 16,567. |
| 20 | Other changes in net assets or fund balances (attach explanation) | 20 | |
| 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 22,760. |

Part II Balance Sheets - If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ (See page 60 of the instructions)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 16,567. | 22,760. |
| 23 Land and buildings | | |
| 24 Other assets (describe) | | |
| 25 Total assets | 16,567. | 22,760. |
| 26 Total liabilities (describe) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 16,567. | 22,760. |

ROTARY INTERNATIONAL

Form 990-EZ (2007)

TRAVERSE BAY SUNRISE MICHIGAN USA

91-1979545

Page 2

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 CLUB SERVICE - FOCUSING ON STRENGTHENING FELLOWSHIP AND ENSURING THE EFFECTIVE FUNCTIONING OF THE CLUB.

(Grants \$) If this amount includes foreign grants, check here ☐

28a 29,636.

29 VOCATIONAL SERVICE - TO ENCOURAGE ROTARIANS TO SERVE OTHERS THROUGH THEIR VOCATIONS AND TO PRACTICE HIGH ETHICAL STANDARDS.

(Grants \$) If this amount includes foreign grants, check here ☐

29a 296.

30 COMMUNITY SERVICE - COVERS THE PROJECTS AND ACTIVITIES THE CLUB UNDERTAKES TO IMPROVE LIFE IN ITS COMMUNITY.

(Grants \$) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule) SEE STATEMENT 7

(Grants \$) If this amount includes foreign grants, check here ☐

31a 3,301.

32 Total program service expenses. Add lines 28a through 31a

32 33,233.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 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) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|----------------------|--|--|---|--|
| SEE STATEMENT 5 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirement in General Instruction V.)

| | Yes | No |
|--|------------|-----|
| 33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | 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, attach 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 | N/A |
| 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 instructions 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 N/A | | |
| 39 501(c)(7) organizations. Enter. | | |
| a Initiation fees and capital contributions included on line 9 39a N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |

Form 990-EZ (2007)

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under
 section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A

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

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.

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ▶ 0.

| | Yes | No |
|-----|-----|----|
| 40b | | X |
| 40c | | X |

41 List the states with which a copy of this return is filed. ▶ MI

42a The books are in care of ▶ ANGELO VOZZA Telephone no ▶ 231-933-0130
 Located at ▶ 3180 RACQUET CLUB DRIVE, SUITE E, TRAVERSE CITY, ZIP + 4 ▶ 49684

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. ▶

| | Yes | No |
|-----|-----|----|
| 42b | | X |
| 42c | | X |

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

Please Sign Here 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.

Signature of officer Angelo Vozza

Date 9/9/10

ANGELO VOZZA, TREASURER
 Type or print name and title

Paid Preparer's Use Only Preparer's signature Mary [Signature] Date 9/9/10
 Firm's name (or yours if self-employed) DGN, LLC
 address, and ZIP + 4 P.O. BOX 947 TRAVERSE CITY, MI 49685-0947

Check if self-employed ☐ Preparer's SSN or PTIN EIN
 Phone no 231-946-1722

Form 990-EZ (2007)

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| CLUB MEALS/BREAKFASTS | | 20,398. | |
| OFFICE EXPENSE | | 2,504. | |
| MARKETING | | 540. | |
| MEETINGS AND CONFERENCES | | 988. | |
| YOUTH PROGRAMS | | 3,597. | |
| SOCIAL ACTIVITIES | | 626. | |
| MISCELLANEOUS | | 671. | |
| CONTRIBUTIONS | | 340. | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 29,664. | |

| FORM 990-EZ | OTHER REVENUE | STATEMENT | 2 |
|-----------------------------------|---------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| VISITING ROTARIAN AND GUEST MEALS | | 1,474. | |
| ROTARY PIN SALES | | 33. | |
| TOTAL TO FORM 990-EZ, LINE 8 | | 1,507. | |

| FORM 990-EZ | SPECIAL FUNDRAISING EVENTS AND ACTIVITIES | | | STATEMENT | 3 |
|-----------------------------------|---|---------------------|---------------|-----------------|----------------------|
| DESCRIPTION OF FUNDRAISING EVENTS | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME OR (LOSS) |
| DOWNTOWN RAFFLE | 11,493. | | 11,493. | 12,832. | <1,339.> |
| CHERRY FESTIVAL | 250. | | 250. | | 250. |
| MISCELLANEOUS | 455. | | 455. | | 455. |
| TO FORM 990-EZ, LINE 6 | 12,198. | | 12,198. | 12,832. | <634.> |

| FORM 990-EZ | PART III - STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE | STATEMENT | 4 |
|-------------|---|-----------|---|
|-------------|---|-----------|---|

EXPLANATION

TO ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 5

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|--|----------------------------|-------------------|------------------------------|--------------------|
| JANE SAGE 3793 SANDIA PLACE - TRAVERSE CITY, MI 49684 | PRESIDENT 3.00 | 0. | 0. | 0. |
| JEFF BUDAY 11599 S RAMBLEWOOD DRIVE - CEDAR, MI 49621 | CO-PRESIDENT ELECT 2.00 | 0. | 0. | 0. |
| DAVID WILLIAMS 3180 RACQUET CLUB DRIVE - TRAVERSE CITY, MI 49684 | PAST PRESIDENT 1.00 | 0. | 0. | 0. |
| ANDREW PARVEL 303 HOMESTEAD LANE - TRAVERSE CITY, MI 49686 | SECRETARY 3.00 | 0. | 0. | 0. |
| KIM LAKES-MORMAN 432 BAY EAST DRIVE - TRAVERSE CITY, MI 49686 | TREASURER 3.00 | 0. | 0. | 0. |
| MIKE DOHERTY 3639 SILVER FARMS LANE - TRAVERSE CITY, MI 49684 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| KATHY DIXON 9105 NORTH TOTTENHAM DRIVE - TRAVERSE CITY, MI 49684 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| RAY KENDRA 3180 RACQUET CLUB DRIVE - TRAVERSE CITY, MI 49684 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| GEORGE PREWITT 5240 ARLINGTON LANE - TRAVERSE CITY, MI 49684 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| PETER RAPHAEL 812 EAST STATE STREET - TRAVERSE CITY, MI 49686 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| KATE STEPHAN 862 E. EIGHTH STREET - TRAVERSE CITY, MI 49686 | BOARD MEMBER 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990-EZ, PART IV | | 0. | 0. | 0. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

| | | | |
|-------------|------------------------|-----------|---|
| FORM 990-EZ | OTHER PROGRAM SERVICES | STATEMENT | 7 |
|-------------|------------------------|-----------|---|

| DESCRIPTION | GRANT | EXPENSES |
|---|-------|----------|
| INTERNATIONAL SERVICE - ENCOMPASSES ACTIONS TAKEN TO EXPAND ROTARY'S HUMANIT | | 3,301. |
| TOTAL TO FORM 990-EZ, LINE 31 | | 3,301. |