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Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
ROTARY CLUB OF TRAVERSE CITY, MICHIGAN

Number and street (or P.O. box, if mail is not delivered to street address) 202 E. GRANDVIEW PARKWAY

Room/suite 201

City or town, state or country, and ZIP + 4 TRAVERSE CITY, MI 49684

D Employer identification number 38-1429335

E Telephone number (231)941-5421

F Group Exemption Number ▶ 0523

• **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.traversecityrotary.org

J **Tax-exempt status** (check only one) — ☒ 501(c)(4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 329,455.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	380.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	197,332.
	4	Investment income		4	1,724.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 118,741.		
	b	Less: direct expenses other than fundraising expenses	6b 63,485.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	55,256.
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ SEE STATEMENT 4)		8	11,278.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	265,970.
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 6		10	67,244.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	17,344.
	13	Professional fees and other payments to independent contractors		13	4,850.
	14	Occupancy, rent, utilities, and maintenance SEE STATEMENT 5		14	323.
	15	Printing, publications, postage, and shipping		15	5,050.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	134,129.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	228,940.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	37,030.
	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	198,877.
	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	235,907.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	213,656.	22	237,176.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 2)	24,134.	24	37,877.
25	**Total assets**	237,790.	25	275,053.
26	**Total liabilities** (describe ▶ SEE STATEMENT 3)	38,913.	26	39,146.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	198,877.	27	235,907.

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? COMMUNITY OUTREACH

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, and other relevant information for each program title.

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

28 COMMUNITY SERVICE AND ADVANCEMENT OF INTERNATIONAL UNDERSTANDING AND GOODWILL

(Grants $ 67,244.) If this amount includes foreign grants, check here ▶ ☐ 28a 103,190.

29 WEEKLY MEETINGS OF MEMBERS

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 91,168.

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 194,358.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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
ALFRED S. BONNEY, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	PAST PRESIDENT 0.00	0.	0.	0.
SIDNEY LAMMERS, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	PRESIDENT AND DIRECTOR 0.00	0.	0.	0.
ROBERT D. YEITER, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	SECRETARY 20.00	11,034.	0.	0.
ALAN F. OLSON, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	TREASURER 0.00	0.	0.	0.
NICK EDSON, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI 49684	DIRECTOR 0.00	0.	0.	0.
T. MICHAEL JACKSON, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	DIRECTOR 0.00	0.	0.	0.
JAYNE MOHR, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI 49684	DIRECTOR 0.00	0.	0.	0.
MARLENE BEVAN, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	DIRECTOR 0.00	0.	0.	0.
BETH KARCZEWSKI, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	PRESIDENT ELECT AND DIRECTOR 0.00	0.	0.	0.
BOB STOW, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI 49684	DIRECTOR 0.00	0.	0.	0.
NANCY WARREN, 202 E GRANDVIEW PARKWAY SUITE 201, TRAVERSE CITY, MI	DIRECTOR 0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			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? 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, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 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	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 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			
40a	Section 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ AL OLSON Telephone no. ▶ 231-941-5421			
	Located at ▶ 202 E. GRANDVIEW PARKWAY, STE 201, 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)?	42b		X
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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

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

N/A

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

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

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

Alan F. Olson — 11-8-2010

Signature of officer — Date

Alan F. Olson - Treasurer

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
	11/2/10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ REHMANN ROBSON
MILLIKEN PLACE, 107 S. CASS, STE A
TRAVERSE CITY, MI 49684

EIN ▶

Phone no. ▶ (231) 946-3230

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

ROTARY CLUB OF TRAVERSE CITY, MICHIGAN

Employer identification number

38-1429335

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☒ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 ROTARY SHOW (event type)	(b) Event #2 GOURMET GAME DINNER (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	81,898.	32,318.	4,525.	118,741.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	81,898.	32,318.	4,525.	118,741.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,486.			7,486.
	7 Food and beverages		21,576.		21,576.
	8 Entertainment				
	9 Other direct expenses	33,817.		606.	34,423.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(63,485)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	55,256.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities.			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address of the third party:				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
SUPPLIES	3,313.
TELEPHONE	606.
INTERNATIONAL/DISTRICT DUES	28,912.
CONFERENCES, CONVENTIONS, AND MEETINGS	4,846.
BAD DEBTS	1,246.
SERVICE CHARGES	2,514.
INSURANCE	1,621.
WEEKLY MEETING EXPENSES	86,117.
COMPUTER AND OFFICE EXPENSES	1,974.
VOLUNTEER EXPENSES	271.
MISCELLANEOUS	2,357.
HANDICAPPED FUND EXPENSES	352.
TOTAL TO FORM 990-EZ, LINE 16	134,129.

FORM 990-EZ OTHER ASSETS STATEMENT 2

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	21,940.	29,323.
PLEDGES RECEIVABLE	215.	6,900.
PREPAID EXPENSES	1,320.	1,319.
OTHER DEPRECIABLE ASSETS	659.	335.
TOTAL TO FORM 990-EZ, LINE 24	24,134.	37,877.

FORM 990-EZ OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	37,353.	37,702.
OTHER LIABILITIES	1,560.	1,444.
TOTAL TO FORM 990-EZ, LINE 26	38,913.	39,146.

FORM 990-EZ OTHER REVENUE STATEMENT 4

DESCRIPTION	AMOUNT
HANDICAP COMMITTEE	8,148.
MISCELLANEOUS	3,130.
TOTAL TO FORM 990-EZ, LINE 8	11,278.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION	323.
TOTAL TO FORM 990-EZ, LINE 14	323.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
COMMUNITY OUTREACH AMERICAN LEGION BOYS STATE 5611 BARNEY ROAD TRAVERSE CITY, MI 49684	NONE	310.
COMMUNITY OUTREACH AMERICAN LEGION GIRLS STATE 1433 ARNOLD COURT TRAVERSE CITY, MI 49684	NONE	300.
COMMUNITY OUTREACH ANGEL FOUNDATION 13919 S W BAYSHORE ROAD STE G01 TRAVERSE CITY, MI 49684	NONE	600.
COMMUNITY OUTREACH BAY AREA MUSIC FOUNDATION 2310 E CARRIAGE HILL DRIVE TRAVERSE CITY, MI 49686	NONE	1,000.
COMMUNITY OUTREACH BAY HOCKEY ASSOCIATION 3318 HOLIDAY VILLAGE RD TRAVERSE CITY, MI 49686	NONE	1,000.
COMMUNITY OUTREACH BOY SCOUT TROOP 37 4388 HICKORY DRIVE TRAVERSE CITY, MI 49684	NONE	2,500.
COMMUNITY OUTREACH CATHOLIC HUMAN SERVICES 1000 HASTINGS STREET TRAVERSE CITY, MI 49686	NONE	1,000.
COMMUNITY OUTREACH CHALLENGE MOUNTAIN OF WALOON HILLS 01158 M-75 S BOYNE CITY, MI 49712	NONE	1,000.
COMMUNITY OUTREACH CHILD & FAMILY SERVICES 3785 VETERANS DR TRAVERSE CITY, MI 49684	NONE	1,000.

COMMUNITY OUTREACH CHILDRENS BEREAVEMENT NETWORK 1256 TERRA ROAD TRAVERSE CITY, MI 49686	NONE	250.
COMMUNITY OUTREACH DEPARTMENT OF HUMAN SERVICES 701 S ELMWOOD TRAVERSE CITY, MI 49684	NONE	2,000.
COMMUNITY OUTREACH EXPERIMENT AIRCRAFT ASSOCIATION 11687 CLEARVIEW DRIVE WILLIAMSBURG, MI 49690	NONE	1,000.
COMMUNITY OUTREACH FATHER FRED FOUNDATION 826 HASTINGS STREET TRAVERSE CITY, MI 49686	NONE	2,000.
COMMUNITY OUTREACH GRAND TRAVERSE/LEELANAU DHS 701 S ELMWOOD SUITE 19 TRAVERSE CITY, MI 49684	NONE	1,000.
COMMUNITY OUTREACH GREAT LAKES CHILDRENS MUSEUM P O BOX 2326 TRAVERSE CITY, MI 49685	NONE	1,000.
COMMUNITY OUTREACH KINGSELY ELEMENTARY SCHOOL 402 FENTON KINGLSEY, MI 49649	NONE	750.
COMMUNITY OUTREACH KINGSLEY HIGH SCHOOL 7475 KINGSLEY ROAD KINGLSEY, MI 49649	NONE	2,000.
COMMUNITY OUTREACH LITTLE ARTSHRAM P O BOX 844 TRAVERSE CITY, MI 49685	NONE	500.
COMMUNITY OUTREACH MICHIGAN LAND USE INSTITUTE 148 E FRONT STREET TRAVERSE CITY, MI 49684	NONE	1,000.

COMMUNITY OUTREACH MICHIGAN LEGACY ART PARK 12500 CRYSTAL MOUNTAIN THOMPSONVILLE, MI 49683	NONE	500.
COMMUNITY OUTREACH MT. HOLIDAY 3100 MT HOLIDAY RD TRAVERSE CITY, MI 49686	NONE	2,500.
COMMUNITY OUTREACH MUNSON HEALTHCARE REGIONAL FOUNDATION 210 BEAUMONT PLACE TRAVERSE CITY, MI 49684	NONE	1,500.
COMMUNITY OUTREACH NMC FOUNDATION 1701 E FRONT STREET TRAVERSE CITY, MI 49686	NONE	2,000.
COMMUNITY OUTREACH NORTH AMERICAN VASA 1218 ANDERSON TRAVERSE CITY, MI 49686	NONE	850.
COMMUNITY OUTREACH NORTH STAR SOCCER INC 4503 E SANDFORD LAKE DR TRAVERSE CITY, MI 49650	NONE	600.
COMMUNITY OUTREACH PINE REST CHRISTIAN MENTAL HEALTH 1050 SILVER DRIVE TRAVERSE CITY, MI 49684	NONE	1,000.
COMMUNITY OUTREACH QUILT BARN NETWORK 16756 WHISPERING PINES TRAVERSE CITY, MI 49686	NONE	250.
COMMUNITY OUTREACH TART P O BOX 252 TRAVERSE CITY, MI 49685	NONE	1,500.
COMMUNITY OUTREACH TCAPS - CENTRAL HIGH CHORALE 1150 MILLIKEN DRIVE TRAVERSE CITY, MI 49686	NONE	3,100.

COMMUNITY OUTREACH TRAVERSE CITY AT RISK BOXING 1220 WOODMERE TRAVERSE CITY, MI 49686	NONE	1,000.
COMMUNITY OUTREACH HANDICAPPED COMMUNITY GRANT TRAVERSE CITY, MI 49684	NONE	7,828.
INTERNATIONAL OUTREACH LIFE LEADERSHIP 214 S BEACON RD GRAND HAVEN, MI 49417	NONE	2,400.
INTERNATIONAL OUTREACH ROTARY FOUNDATION 14280 COLLECTIONS CENTER CHICAGO, IL 60693	ROTARY FOUNDATION	5,300.
INTERNATIONAL OUTREACH STUDENT EXCHANGE VARIOUS VARIOUS	NONE	6,686.
YOUTH OUTREACH STUDENT EXCHANGE VARIOUS VARIOUS	NONE	4,225.
INTERNATIONAL OUTREACH WORLD COMMUNITY SERVICE VARIOUS VARIOUS	NONE	4,620.
YOUTH OUTREACH STUDENT EXCHANGE VARIOUS VARIOUS	NONE	616.
YOUTH OUTREACH STUDENT EXCHANGE VARIOUS VARIOUS	NONE	59.
COMMUNITY OUTREACH KAWANIS VARIOUS VARIOUS	NONE	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		67,244.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 7

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