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

Expenses

What is the organization's primary exempt purpose? **SEE STATEMENT 9**

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

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.

28 TO RECEIVE AND ADMINISTER FUNDS EXCLUSIVELY FOR EDUCATIONAL AND CHARITABLE PURPOSES.

(Grants \$ 168,893.) If this amount includes foreign grants, check here

28a

29

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

298

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

31

32 Total program service expenses (add lines 28a through 31a)

32

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

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

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 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.

	Yes	No
33		X
34		X

- 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?
 b If "Yes," has it filed a tax return on **Form 990-T** for this year?
 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

► 37a 0.

37a	
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

b Did the organization file **Form 1120-POL** for this year?

- 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?

38b N/A

38b	
39a	N/A

39 Section 501(c)(7) organizations. Enter:

- a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities

39a N/A

39a	
39b	N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

40a	
40b	X

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

► 0.

40b	
40c	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.

40c	
40d	X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

► 0.

40d	
40e	X

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

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

42a The organization's books are in care of ► DAVID KEOSAIAN
Located at ► PO BOX 131217, ANN ARBOR, MI

Telephone no. ► 734-761-7621

ZIP + 4 ► 48113-1217

	Yes	No
42a		X

- 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, 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.? If "Yes," enter the name of the foreign country: ►

42b	
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

43	
44	X

- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
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	
46	X

Form 990-EZ (2009)

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	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
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 NONE	(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

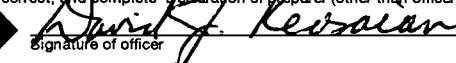
f Total number of other employees paid over \$100,000 ► _____

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."

NONE

(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		
	 DAVID KEOSAIAN, TREASURER Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 9-7-10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 PARK & COMPANY, PC 1969 W STADIUM BLVD ANN ARBOR, MI 48103		Preparer's identifying number (See instr.) EIN <input type="checkbox"/> Phone <input type="checkbox"/> no. 734-996-0044

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

ANN ARBOR ROTARY ENDOWMENT

Employer identification number

38-6092093

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 - Other
 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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"/>	

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	122,161.	170,653.	163,106.	166,467.	132,903.	755,290.
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	122,161.	170,653.	163,106.	166,467.	132,903.	755,290.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)	~	~	~	~	~	755,290.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	122,161.	170,653.	163,106.	166,467.	132,903.	755,290.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,473.	78,331.	257,086.	<28,647.►	945.	332,188.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	24,473.	78,331.	257,086.	<28,647.►	945.	332,188.
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)			121.			121.
13 Total support (Add lines 9, 10c, 11, and 12)	146,634.	249,105.	420,192.	137,820.	133,848.	1087599.

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 2009 (line 8, column (f) divided by line 13, column (f))	15	69.45	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	68.73	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	30.54	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	31.26	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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 ►

Department of the Treasury
Internal Revenue Service

► 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.

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

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

Name of the organization

Employer identification number

38-6092093

ANN ARBOR ROTARY ENDOWMENT

38-6092093

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.

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.

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.

Revenue	(a) Event #1 GOLF OUTING (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	52,902.			52,902.
2 Less Charitable contributions	39,802.			39,802.
3 Gross income (line 1 minus line 2)	13,100.			13,100.
4 Cash prizes	1,425.			1,425.
5 Noncash prizes	644.			644.
6 Rent/facility costs	8,000.			8,000.
7 Food and beverages	2,376.			2,376.
8 Entertainment				
9 Other direct expenses	655.			655.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (13,100)
11 Net income summary. Combine line 3, column (d), and line 10				► 0.

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.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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				►

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?

b If "No," explain:

9a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10a	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

	Yes	No
13a	%	
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?

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?
- 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

ADMINISTRATIVE SUPPORT	9,050.
BANK CHARGES	27.
FIDELITY BOND	0.
INSURANCE	<160.>
OFFICE	1,244.
STRIVE AWARDS DINNER	1,009.
COMMUNITY SERVICE EXPENSES	1,313.
TOTAL TO FORM 990-EZ, LINE 16	12,483.

FORM 990-EZ

OTHER ASSETS

STATEMENT

2

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCOUNTS RECEIVABLE	180.	0.
PREPAID EXPENSES	220.	0.
TOTAL TO FORM 990-EZ, LINE 24	400.	0.

FORM 990-EZ

OTHER LIABILITIES

STATEMENT

3

DESCRIPTION

BEG. OF YEAR

END OF YEAR

ACCRUED EXPENSES	45,100.	46,788.
DEFERRED REVENUE	7,350.	3,000.
TOTAL TO FORM 990-EZ, LINE 26	52,450.	49,788.

FORM 990-EZ

GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES

STATEMENT

4

DESCRIPTION

GROSS
SALES PRICECOST OR
OTHER BASISEXPENSE
OF SALENET GAIN
OR (LOSS)

1330 SHRS - FIDELITY SPARTAN	35,886.	49,775.	0.	<13,889.>
172 SHRS - MICROSOFT CORP	4,990.	4,990.	0.	0.
548.847 SHRS - ARTISAN INTERNATIONAL	10,000.	11,851.	0.	<1,851.>

ANN ARBOR ROTARY ENDOWMENT

38-6092093

588.730 SHRS -				
HARRIS ASSOC OAKMARK	7,000.	7,747.	0.	<747.>
704.809 SHRS - ROYCE				
VALUE PLUS SVC	8,500.	9,887.	0.	<1,387.>
803.403 SHRS - ROYCE				
OPPORTUNITY	8,500.	10,177.	0.	<1,677.>
TO FORM 990-EZ, LINE 5	74,876.	94,427.	0.	<19,551.>

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 5

AFFILIATE'S NAME

ROTARY INTERNATIONAL

AFFILIATES ADDRESS

1560 SHERMAN AVE
EVANSTON, IL 60201

PURPOSE OF PAYMENT

INTERNATIONAL HUMANITARIAN AWARDS

AMOUNT

32,779.

AFFILIATE'S NAME

ROTARY INTERNATIONAL

AFFILIATES ADDRESS

1560 SHERMAN AVE
EVANSTON, IL 60201

PURPOSE OF PAYMENT

POLIO PLUS CAMPAIGN

AMOUNT

6,855.

AFFILIATE'S NAME

ROTARY INTERNATIONAL

AFFILIATES ADDRESS

1560 SHERMAN AVE
EVANSTON, IL 60201

PURPOSE OF PAYMENT

MEMBER DONATION PASSTHROUGH

AMOUNT

9,436.

AFFILIATE'S NAME

ROTARY DISTRICT 6380

AFFILIATES ADDRESS

PO BOX 131217
ANN ARBOR, MI 48113

PURPOSE OF PAYMENT

HAITI MEMBER DONATION PASSTHROUGH

AMOUNT

575.

AFFILIATE'S NAME

ROTARY DISTRICT 6380

AFFILIATES ADDRESS

PO BOX 131217
ANN ARBOR, MI 48113

PURPOSE OF PAYMENT

HAITI SHELTER BOXES

AMOUNT

1,500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

51,145.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	6
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	135,546.
TOTAL TO FORM 990-EZ, LINE 20	135,546.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	7
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CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
COMMUNITY SERVICE GRANTS SEVENTEEN EXEMPT ORGANIZATIONS VARIOUS LOCAL ADDRESSES ANN ARBOR, MI 48104	NONE	52,000.
TREE PLANTING CITY OF ANN ARBOR 110 N FIFTH ANN ARBOR, MI 48104	NONE	16,050.
ROTARY SCHOLARSHIPS	NONE	20,500.
STRIVE SCHOLARSHIPS	NONE	7,608.
EARLY EDUCATION SUCCESS BY SIX PROGRAM 1661 LAFORGE YPSILANTI, MI 48198	NONE	12,000.
CLUB STUDY EXCHANGE GROUP STUDY EXCHANGE PO BOX 131217 ANN ARBOR, MI 48113	NONE	622.
ROTARY STUDENTS RYLA- ROTARY DISTRICT #6380 PO BOX 131217 ANN ARBOR, MI 48113	NONE	2,924.

EDUCATIONAL CAMPAIGN
ROTATE YOUR FOOD
PO BOX 131217
ANN ARBOR, MI 48113

NONE 989.

BOOK PURCHASES
ROTARY READERS
PO BOX 131217
ANN ARBOR, MI 48113

NONE 2,097.

ROTARY SOCIAL EVENT
INTERACT
PO BOX 131217
ANN ARBOR, MI 48113

NONE 604.

ROTORACT ACTIVITY
UNIVERSITY OF MICHIGAN ROTARY
PO BOX 131217
ANN ARBOR, MI 48113

NONE 1,500.

INTERNATIONAL OUTREACH
ROTARY DISTRICT 6380
PO BOX 131217
ANN ARBOR, MI 48113

NONE 854.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

117,748.

FORM '990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 8

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

TO RECEIVE AND ADMINISTER FUNDS EXCLUSIVELY TO 501(C)(3) ORGANIZATIONS FOR EDUCATIONAL AND CHARITABLE PURPOSES.