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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 , and ending 06-30-2011

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

C Name of organization
GROSSE POINTE ROTARY FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
P O BOX 36366

City or town, state or country, and ZIP + 4
GROSSE POINTE, MI 48236

D Employer identification number
38-6091392

E Telephone number

F Group Exemption Number ▶

G Accounting method ☑ Cash ☐ Accrual Other (specify) ▶

I Website: ▶

J Tax-Exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c)( ) ◀(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 $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 95,088

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

Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	13,338
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	794
	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	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	30,650	
	b	Gross income from fundraising events (not including $ 50,306 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed $15,000)			
	c	Less direct expenses from gaming and fundraising events	6c	40,494	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)		6d	40,462
	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 in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	54,594
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	57,733
	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	3,000
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	4,854
	17	**Total expenses.** Add lines 10 through 16		17	65,587
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-10,993
	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	194,755
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	183,762

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	194,755	22	183,762
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 **Total assets**	194,755	25	183,762
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	194,755	27	183,762

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III . ☐

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

What is the organization's primary exempt purpose?
EDUCATIONALCIVICCHARITABLE

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 THE FOUNDATION RECEIVES AND ADMINISTERS FUNDS FOR CIVIC AND COMMUNITY ORGANIZATIONS AND PUBLICLY SUPPORTED PROJECTS (Grants $ 21,579) If this amount includes foreign grants, check here ▶ ☑	28a	2,936
29 THE FOUNDATION RECEIVES AND ADMINISTERS FUNDS FOR COLLEGE SCHOLARSHIPS (Grants $ 24,000) If this amount includes foreign grants, check here ▶ ☐	29a	3,265
30 THE FOUNDATION RECEIVES AND ADMINISTERS FUNDS FOR HIGH SCHOOL AND OTHER EDUCATIONAL PROGRAMS (Grants $ 12,154) If this amount includes foreign grants, check here ▶ ☐	30a	1,653
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	7,854

Part IV List of Officers, Directors, Trustees, and Key Employees.

List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this 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
See Additional Data Table				

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

Check if the organization used Schedule O to respond to any question in this Part V . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
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 tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 . . . . . 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
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 . . ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____			
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		No
41	List the states with which a copy of this return is filed ▶ _____			
42a	The organization's books are in care of ▶ PAUL RENTENBACH Telephone no ▶ (313) 300-7747			
	Located at ▶ P O BOX 36366 GROSSE POINTE, MI ZIP + 4 ▶ 48236			
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		No
	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		No
	If "Yes," enter the name of the foreign country ▶ _____			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44a		No
b	Did the organization operate one or more hospital facilities during the year? *If 'Yes,' Form 990 must be completed instead of Form990-EZ*	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	44d		

		Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45**		No
45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ*	**45a**		No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	**46**		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	**47**		No
48 Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**48**		No
49a Did the organization make any transfers to an exempt non-charitable related organization?	**49a**		No
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
NONE				

50(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 "

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ☑ **Yes** ☐ **No**

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

****** 2011-09-19
Signature of officer Date

PAUL RENTENBACH TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (See instructions)
PATRICK F O HARA CPA			

Firm's name (or yours if self-employed), address, and ZIP + 4: PATRICK F O HARA P C
377 FISHER ROAD SUITE F
GROSSE POINTE, MI 48230

EIN ▶

Phone no ▶ (313) 885-9700

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

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
GROSSE POINTE ROTARY FOUNDATION INC

Employer identification number
38-6091392

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?

	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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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 ▶☐

b **33 1/3% support test—2009.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 ▶☐

b **10%-facts-and-circumstances test—2009.** 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 ▶☐

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 ▶☐

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,225	80,176	7,377	6,666	13,338	121,782
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	26,920	174,287	60,990	145,538	80,956	488,691
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	41,145	254,463	68,367	152,204	94,294	610,473
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)						610,473

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	41,145	254,463	68,367	152,204	94,294	610,473
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,497	4,905	2,669	1,144	794	15,009
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	5,497	4,905	2,669	1,144	794	15,009
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)	46,642	259,368	71,036	153,348	95,088	625,482

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	97 600 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	97 370 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	2 400 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	2 630 %

19a **33 1/3% support tests—2010.** 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—2009.** 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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

2010

Open to Public Inspection

Name of the organization
GROSSE POINTE ROTARY FOUNDATION INC

Employer identification number
38-6091392

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

2a 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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

MI

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 DIST CON AUC (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	16,372	20,275		36,647
	2 Less Charitable contributions	5,000			5,000
	3 Gross income (line 1 minus line 2)	11,372	20,275		31,647
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,588	12,942		21,530
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				21,530
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				10,117

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			30,650	30,650
Direct Expenses	2 Cash prizes			11,000	11,000
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			862	862
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☑ 100 000 % Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				11,862
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				18,788

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableMI

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

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? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	100 000 %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ PAUL RENTENBACH

Address ▶ P O BOX 36366
GROSSE POINTE, MI 48236

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☑ No

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶ MARK BROOKS

Gaming manager compensation ▶ $

Description of services provided ▶ VOLUNTEER WORKER

☐ 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? . . . . . ☐ Yes ☑ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93492262006121

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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
GROSSE POINTE ROTARY FOUNDATION INC

Employer identification number
38-6091392

Identifier	Return Reference	Explanation
01 List of grants and similar amounts paid (Part I, line 10)		ACTIVITY PAYMENTS TO AFFILIATES GRANTEE ROTARY INTERNATIONAL FOUNDATION ADDRESS 1560 SHERMAN AVE EVANSTON IL 60201 RELATIONSHIP NONE AMOUNT 420 ACTIVITY BENEFITS CULTURAL NEED GRANTEE DETROIT HISTORICAL MUSEUM ADDRESS 5401 WOODWARD AVE DETROIT MI 48202 RELATIONSHIP NONE AMOUNT 400 ACTIVITY PROVIDES ECONOMIC ASSISTANCE GRANTEE NICARAGUA COMPUTER PROGRAMS ADDRESS 1017 YORKSHIRE GROSSE POINTE PARK MI 48230 RELATIONSHIP NONE AMOUNT 6905 ACTIVITY SCHOLARSHPS BASED ON FINANCIAL NEED GRANTEE COLLEGE SCHOLARSHIPS FOR HS STUDNTS ADDRESS 11 GROSSE POINTE BLVD GROSSE POINTE FARMS MI 48236 RELATIONSHIP NONE AMOUNT 24000 ACTIVITY BENEFITS HIGH SCHOOL CHOIR GRANTEE GROSSE PTE SOUTH HS CHOIR ADDRESS 11 GROSSE POINTE BLVD GROSSE POINTE FARMS MI 48236 RELATIONSHIP NONE AMOUNT 300 ACTIVITY BENEFITS SPECIAL NEEDS CHILDREN GRANTEE ST JOHNS KIDS ON THE GO ADDRESS 22101 MOROSS ROAD DETROIT MI 48236 RELATIONSHIP NONE AMOUNT 1000 ACTIVITY SUPPORTS EXCHANGE STUDENTS GRANTEE EXCHANGE STUDENTS DIRECT SUPPORT ADDRESS 11 GROSSE POINTE BLVD GROSSE POINTE FARMS MI 48236 RELATIONSHIP NONE AMOUNT 3854 ACTIVITY SUPPORTS COMMUNITY DEVELOPMENT GRANTEE FAMILY CENTR GROSSE PTE HARPER WDS ADDRESS 20090 MORNINGSIDE AVE GROSSE POINTE WOODS MI 48236 RELATIONSHIP NONE AMOUNT 2000 ACTIVITY BENEFITS PUBLIC EDUCATION GRANTEE GROSSE PTE FOUNDATN FOR PUBLIC EDUC ADDRESS 389 ST CLAIR AVE GROSSE POINTE MI 48230 RELATIONSHIP NONE AMOUNT 3500 ACTIVITY BENEFITS HIGH SCHOOL CLUB GRANTEE GROSSE PTE SOUTH HS INTERACT CLUB ADDRESS 11 GROSSE POINTE BLVD GROSSE POINTE FARMS MI 48236 RELATIONSHIP NONE AMOUNT 3800 ACTIVITY BENEFITS FOSTER CARE CHILDREN GRANTEE BOYS AND GIRLS HOPE ADDRESS 19905 ROSLYN RD GROSSE POINTE WOODS MI 48236 RELATIONSHIP NONE AMOUNT 3500 ACTIVITY BENEFITS HIGH SCHOOL STUDENTS GRANTEE GROSSE POINTE SOUTH BASKETBALL ADDRESS 11 GROSSE POINTE BLVD GROSSE POINTE FARMS MI 48236 RELATIONSHIP NONE AMOUNT 200 ACTIVITY HUMANITARIAN AID FOR WATER WELLS GRANTEE NIGERIAN WATER PROGRAM ADDRESS 2732 SOUTH NEWBURGH RD WESTLAND MI 48186 RELATIONSHIP NONE AMOUNT 600 ACTIVITY MEDICAL EDUC TRAINING FOR NATIVES GRANTEE VOCATIONAL TT OUTGOING ADDRESS 1009 KENSINGTON GROSSE POINTE PARK MI 48230 RELATIONSHIP NONE AMOUNT 1000 ACTIVITY RELIEF FOR HURRICANE VICTIMS GRANTEE SHELTER BOX USA ADDRESS 8374 MARKET STREET SUITE 203 LAKEWOOD RANCH FL 34202 RELATIONSHIP NONE AMOUNT 200 ACTIVITY HELP FOR SPECIAL NEEDS CHILDREN GRANTEE SPECIAL KIDS INC ADDRESS 1241 BLAIRMOOR CT GROSSE POINTE WOODS MI 48236 RELATIONSHIP NONE AMOUNT 1796 ACTIVITY EDUC SUPPORT FOR CHILDREN GRANTEE FRIENDS OF KENYAN ORPHANS ADDRESS 920 BERKSHIRE GROSSE POINTE PARK MI 48230 AMOUNT 480 ACTIVITY SUPPORTS AT RISK HS STUDENTS GRANTEE STUDENT MENTOR PARTNERS ADDRESS 22777 HARPER SUITE 301 SAINT CLAIR SHORES MI 48080 RELATIONSHIP NONE AMOUNT 500 ACTIVITY AID TO HOMELESS AND INDIGENT GRANTEE 3 MILLION POUND CHALLENGE ADDRESS 552 MIDDLESEX GROSSE POINTE PARK MI 48230 AMOUNT 628 ACTIVITY MEDICAL HELP TO CHILDREN GRANTEE ROTOPLAST ADDRESS 9490 WINTERSET CIRCLE PLYMOUTH MI 48170 AMOUNT 1000 ACTIVITY SUPPORT LAW ENFORCEMENT GRANTEE GROSSE POINTE WOODS POLICE ADDRESS 20025 MACK AVE GROSSE POINTE WOODS MI 48236 AMOUNT 1000 ACTIVITY MEDICAL ASSISTANCE RE POLIO GRANTEE ROTARY INTERNATIONAL FOUNDATION ADDRESS 1560 SHERMAN AVE EVANSTON IL 60201 AMOUNT 450 ACTIVITY HAITIAN HURRICANE VICTIMS RELIEF GRANTEE HAITIAN WATER PROJECT ADDRESS 7311 PARK AVE ALLEN PARK MI 48101 AMOUNT 200

Identifier	Return Reference	Explanation
02 Description of other expenses (Part I, line 16)		DESCRIPTION AMOUNT BANK FEES 136 DISTRICT 6400 CONFERENCE SUPPORT 2000 GUEST MEALS 936 MISCELLANEOUS 398 OFFICE 575 UNREALIZED LOSSES ON SECURITIES 809

Additional Data

Software ID:
Software Version:
EIN: 38-6091392
Name: GROSSE POINTE ROTARY FOUNDATION INC

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

(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
DEAN VALENTE P O BOX 36366 GROSSE POINTE,MI 48236	PRESIDENT 0	0	0	0
PAUL RENTENBACH P O BOX 36366 GROSSE POINTE,MI 48236	TREASURER 0	0	0	0
JOHN KRONNER P O BOX 36366 GROSSE POINTE,MI 48236	TRUSTEE 0	0	0	0
MICHAEL KOSINSKI P O BOX 36366 GROSSE POINTE,MI 48236	TRUSTEE 0	0	0	0
KEVIN REITZLOFF P O BOX 36366 GROSSE POINTE,MI 48236	TRUSTEE 0	0	0	0
MARK BROOKS P O BOX 36366 GROSSE POINTE,MI 48236	SECRETARY 0	0	0	0
AMY GENNARO P O BOX 36366 GROSSE POINTE,MI 48236	VICE-PRESIDENT 0	0	0	0
MARVIN ASMUS P O BOX 36366 GROSSE POINTE,MI 48236	TRUSTEE 0	0	0	0
JOHN CONWAY P O BOX 36366 GROSSE POINTE,MI 48236	TRUSTEE 0	0	0	0