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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

2011

Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning 07-01-2011 , and ending 06-30-2012**

**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) ► \_\_\_\_\_**H** Check ►  if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ► \_\_\_\_\_**J Tax-Exempt status** (check only one) —  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527

**K** Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 148,348

### **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 52,662
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3
	4 Investment income . . . . .	4 2,018
	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 26,076
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b 67,592
	c Less direct expenses from gaming and fundraising events . . . . .	6c 37,034
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c) . . . . .	6d 56,634
	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 . . . . .	9 111,314
Expenses	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 76,529
	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 2,100
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) . . . . .	16 4,324
	17 Total expenses. Add lines 10 through 16 . . . . .	17 82,953
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 28,361
	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) . . . . .	19 183,762
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 2,149
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21 214,272

**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 )

	<b>(A) Beginning of year</b>	<b>(B) End of year</b>	
<b>22 Cash, savings, and investments</b>	183,762	<b>22</b>	217,772
<b>23 Land and buildings</b>	0	<b>23</b>	0
<b>24 Other assets (describe in Schedule O)</b>	0	<b>24</b>	0
<b>25 Total assets</b>	183,762	<b>25</b>	217,772
<b>26 Total liabilities (describe in Schedule O)</b>	0	<b>26</b>	3,500
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	183,762	<b>27</b>	214,272

**Part III Statement of Program Service Accomplishments**Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

EDUCATIONALCIVICCHARITABLE&amp; LITERACY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 )

<b>28 THE FOUNDATION RECEIVES AND ADMINISTERS FUNDS FOR CIVIC AND COMMUNITY ORGANIZATIONS AND PUBLICLY SUPPORTED PROJECTS</b> (Grants \$ 39,471) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	3,593
<b>29 THE FOUNDATION RECEIVES AND ADMINISTERS FUNDS FOR COLLEGE SCHOLARSHIPS</b> (Grants \$ 17,500) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	1,593
<b>30 THE FOUNDATION RECEIVES AND ADMINISTERS FUNDS FOR HIGH SCHOOL AND OTHER EDUCATIONAL PROGRAMS</b> (Grants \$ 19,558) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	1,780
<b>31 Other program services (describe in Schedule O)</b> (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	<b>32</b>	6,966

**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 

<b>(a) Name and address</b>	<b>(b) Title and average hours per week devoted to position</b>	<b>(c) Compensation (If not paid, enter -0-.)</b>	<b>(d) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(e) Expense account and other allowances</b>
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

**33** Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

**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)

**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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

**b** If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

**c** Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

**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

**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?

**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?

**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

	Yes	No
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<b>33</b>		No
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<b>34</b>		No
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**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

<b>40b</b>		No
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<b>40e</b>		No
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**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

1125 THREE MILE DRIVE

Located at ► GROSSE POINTE PARK, MI

ZIP + 4 ► 48230

	Yes	No
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<b>42b</b>		No
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**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 ►

**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
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<b>44a</b>		No
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**44a** Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

**b** Did the organization operate one or more hospital facilities during the year? If "Yes," *Form 990 must be completed instead of Form 990-EZ*

**c** Did the organization receive any payments for indoor tanning services during the year?

**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

<b>44b</b>		No
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<b>44c</b>		No
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<b>44d</b>		
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<b>45a</b>		No
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**45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)?

**45b** 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 may need to be completed instead of Form 990-EZ (see instructions)*

<b>45b</b>		No
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**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

	Yes	No
<b>46</b>		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

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		No

**48** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

<b>48</b>		No
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		No
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**b** If "Yes," was the related organization a section 527 organization?

<b>49b</b>		
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**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				

**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		

**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.

<b>Sign Here</b>	<p>***** Signature of officer PAUL RENTENBACH TREASURER Type or print name and title</p>	2012-10-01 Date
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature <input type="checkbox"/> PATRICK F O HARA CPA Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> PATRICK F O HARA P C 377 FISHER ROAD SUITE F GROSSE POINTE, MI 48230</p>	<p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's taxpayer identification number (See instructions)</p> <p>EIN <input type="checkbox"/></p> <p>Phone no <input type="checkbox"/> (313) 885-9700</p>

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

Yes  No

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury

Internal Revenue Service

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 **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

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 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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
b <b>33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	►
18 <b>Private Foundation</b> 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	80,176	7,377	6,666	13,338	52,662	160,219
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	174,287	60,990	145,538	80,956	93,668	555,439
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 <b>Total.</b> Add lines 1 through 5	254,463	68,367	152,204	94,294	146,330	715,658
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 <b>Public Support</b> (Subtract line 7c from line 6 )						715,658

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	254,463	68,367	152,204	94,294	146,330	715,658
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,905	2,669	1,144	794	4,167	13,679
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4,905	2,669	1,144	794	4,167	13,679
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 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )	259,368	71,036	153,348	95,088	150,497	729,337

14 **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**

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 120 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	97 600 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	1 880 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	2 400 %
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 <b>Private Foundation</b> 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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## Additional Data

**Software ID:**  
**Software Version:**

**EIN:** 38-6091392

**Name:** GROSSE POINTE ROTARY FOUNDATION INC

### Form 990-EZ, Special Condition Description:

#### Special Condition Description

### 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	DIRECTOR 0	0	0	0
MARK BROOKS P O BOX 36366 GROSSE POINTE, MI 48236	SECRETARY 0	0	0	0
MARVIN ASMUS P O BOX 36366 GROSSE POINTE, MI 48236	DIRECTOR 0	0	0	0
JOHN CONWAY P O BOX 36366 GROSSE POINTE, MI 48236	DIRECTOR 0	0	0	0
S LEE JOHNSON P O BOX 36366 GROSSE POINTE, MI 48236	DIRECTOR 0	0	0	0
SUZANNE KLEIN P O BOX 36366 GROSSE POINTE, MI 48236	DIRECTOR 0	0	0	0
STEVEN C BROWNELL P O BOX 36366 GROSSE POINTE, MI 48236	DIRECTOR 0	0	0	0

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

**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.

**F** Attach to Form 990 or Form 990-EZ. **F** See separate instructions.

Department of the Treasury  
Internal Revenue Service

**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.

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>AUCTION</u> (event type)	(event type)	<u>2</u> (total number)	
Revenue	1 Gross receipts . . .	65,792		1,800	67,592
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	65,792		1,800	67,592
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . . .	20,432		1,602	22,034
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 22,034 )
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				45,558

**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 . . . . .			26,076	26,076
Direct Expenses	2 Cash prizes . . . . .			15,000	15,000
	3 Non-cash 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 checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( 15,000 )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				11,076

9 Enter the state(s) in which the organization operates gaming activities MI

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

13a	13b
	100 000 %

**a** The organization's facility . . . . .

**b** An outside facility . . . . .

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

Name ► PAUL RENTENBACH

Address ► 1125 THREE MILE DRIVE  
GROSSE POINTE PARK, MI 48230

**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 questions on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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2011

Open to Public  
Inspection**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.

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 13600 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 17500 ACTIVITY BENEFITS HIGH SCHOOL STUDENTS GRANTEE GROSSE PTE NORTH & SOUTH AWARDS ADDRESS 11 GROSSE POINTE BLVD GROSSE POINTE FARMS MI 48236 RELATIONSHIP NONE AMOUNT 530 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 5958 ACTIVITY SUPPORTS COMMUNITY DEVELOPMENT GRANTEE FAMILY CENTR GROSSE PTE HARPER WDS ADDRESS 20090 MORNINGSIDE AVE GROSSE POINTE WOODS MI 48236 RELATIONSHIP NONE AMOUNT 2000 RELATIONSHIP NONE 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 4075 ACTIVITY BENEFITS FOSTER CARE CHILDREN GRANTEE BOYS AND GIRLS HOPE ADDRESS 19905 ROSLYN RD GROSSE POINTE WOODS MI 48236 RELATIONSHIP NONE AMOUNT 500 RELATIONSHIP NONE ACTIVITY PROTECTION OF WATERSHEDS GRANTEE CLINTON RIVER WATERSHED COUNCIL ADDRESS 1115 W AVON RD ROCHESTER HILLS MI 48309 RELATIONSHIP NONE AMOUNT 100 ACTIVITY PROMOTE ADULT LITERACY GRANTEE DOMINICAN LITERACY CENTER ADDRESS 11148 HARPER AVE DETROIT MI 48213 RELATIONSHIP NONE AMOUNT 2000 ACTIVITY WORK PROGRAM FOR SPECIAL NEEDS KIDS GRANTEE FULL CIRCLE FOUNDATION ADDRESS 15201 KERCHEVAL AVE GROSSE POINTE PARK MI 48230 RELATIONSHIP NONE AMOUNT 1000 ACTIVITY BICYCLES FOR 3 GP POLICE DEPTS GRANTEE GROSSE POINTE POLICE DEPTS 3 GROSSE POINTE MI 48236 AMOUNT 3252 ACTIVITY SPONSORSHIP OF FUN RUN GRANTEE GROSSE PTE SUNRISE ROTARY FOUNDATN ADDRESS 123 KERCHEVAL AVE GROSSE POINTE FARMS MI 48236 AMOUNT 425 ACTIVITY SUPPORTS COMMUNITY PROGRAMS GRANTEE GROSSE POINTE WAR MEMORIAL ADDRESS 32 LAKE SHORE ROAD GROSSE POINTE FARMS MI 48236 AMOUNT 500 ACTIVITY ASSISTANCE FOR THE HOMELESS GRANTEE MARINERS INN ADDRESS 445 LEDYARD DETROIT MI 48201 RELATIONSHIP NONE AMOUNT 300 ACTIVITY PROGRAMS COMBATING POVERTY GRANTEE MATRIX HUMAN SERVICES ADDRESS 120 PARSONS DETROIT MI 48201 RELATIONSHIP NONE AMOUNT 1000 ACTIVITY PROGRAM TO ASSIST BLIND CHILDREN GRANTEE PENRICKTON CENTER BLIND CHILDREN ADDRESS 26530 EUREKA RD TAYLOR MI 48180 RELATIONSHIP NONE AMOUNT 200 ACTIVITY PROGRAM TO SUPPORT LITERACY GRANTEE PRO LITERACY DETROIT ADDRESS 2111 WOODWARD AVE DETROIT MI 48201 RELATIONSHIP NONE AMOUNT 14219 ACTIVITY PROGRAM TO SUPPORT LITERACY GRANTEE ROTARY LITERACY INITIATIVE ADDRESS 241 MADISON AVE DETROIT MI 48226 RELATIONSHIP NONE AMOUNT 870 ACTIVITY PROGRAMS FOR SENIOR CITIZENS GRANTEE SERVICES FOR OLDER CITIZENS ADDRESS 159 KERCHEVAL GROSSE POINTE MI 48236 RELATIONSHIP NONE AMOUNT 5500 ACTIVITY PROGRAM FOR STRUGGLING STUDENTS GRANTEE SOAR TUTORING ADDRESS 21001 MOROSS DETROIT MI 48236 RELATIONSHIP NONE AMOUNT 1000 ACTIVITY SUPRTS AT RISK HIGH SCHOOL STUDNTS GRANTEE STUDENT MENTOR PARTNERS ADDRESS 22777 HARPER AVE SUITE 301 SAINT CLAIR SHORES MI 48080 RELATIONSHIP NONE AMOUNT 500 ACTIVITY SUPPORTS HIGH SCHOOL ATHLETIC DEPTS GRANTEE GROSSE POINTE ROTARY ADDRESS PO BOX 36366 GROSSE POINTE FARMS MI 48236 RELATIONSHIP NONE AMOUNT 500
02 Description of other expenses (Part I, line 16)		DESCRIPTION AMOUNT BANK FEES 224 DISTRICT 6400 CONFERENCE SUPPORT 1775 GUEST MEALS 1170 CREDIT CARD FEES 16 OFFICE 384 LICENSES FEES PERMITS 20 PRINTING 735
03 Other changes in net assets or fund balances (Part I, line 20)		DESCRIPTION AMOUNT UNREALIZED GAINS ON INVESTMENTS 2149
04 Description of total liabilities (Part II, line 26)		BEGINNING CATEGORY OF YEAR END OF YEAR SCHOLARSHIPS PAYABLE 0 3500