			EXTENDED TO MAY 15, 2020		OMB No. 1545-0047			
Form 990			Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		0040			
B (Check if applicat	ile:		D Employer identificati	on number			
	Address change ROTARY CHARITIES OF TRAVERSE CITY Name Doing business as 38-21							
	Initial Change Doing business as 50-21 Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E							
	Image: InstantNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone numberImage: Instant202 E GRANDVIEW PKW STE 200(231)							
_	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,406,012.			
			ERSE CITY, MI 49684	H(a) Is this a group return				
	Appli tion pend	ing F Name a	nd address of principal officer:REBECCA EWING	for subordinates?				
		SAME	AS C ABOVE	H(b) Are all subordinates includ				
			X 501(c)(3) $_$ 501(c) () ◀ (insert no.) $_$ 4947(a)(1) or $_$ 5 ROTARYCHARITIES.ORG	If "No," attach a list.	· ,			
				H(c) Group exemption nu ar of formation: 1976 M St				
	art I				ate of legal dofficile. MIL			
	1		be the organization's mission or most significant activities: USING RES	COURCES AND CON	NECTIONS			
Activities & Governance	'		CREATE A FAIR AND THRIVING REGION.					
nar	2		x Lifthe organization discontinued its operations or disposed of mo	ore than 25% of its net asset	<u> </u>			
ver	3	Number of vo	^{3.} 11					
Ğ	4		11					
s S	5		mber of independent voting members of the governing body (Part VI, line 1b) 4 al number of individuals employed in calendar year 2018 (Part V, line 2a) 5					
/itie	6		of volunteers (estimate if necessary)		8 75			
ctiv	7a		d business revenue from Part VIII, column (C), line 12		0.			
<			business taxable income from Form 990-T, line 38		728.			
				Prior Year	Current Year			
Ð	8	Contributions	and grants (Part VIII, line 1h)	630,309.	628,173.			
Revenue	9		ce revenue (Part VIII, line 2g)	234,390.	97,100.			
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	3,543,148.	2,272,483.			
œ	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,118.	107,825.			
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,497,965.	3,105,581.			
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	1,793,359.	1,831,807.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.			
es	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	625,300.	518,413.			
sue	16a	Professional f	undraising fees (Part IX, column (A), line 11e)	0.	0.			
Expenses			ing expenses (Part IX, column (D), line 25) ►0 .					
ш	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	668,429.	681,542.			
	18	-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,087,088.	3,031,762.			
<u>, 0</u>	19	Revenue less	expenses. Subtract line 18 from line 12	1,410,877.	73,819.			
Net Assets or Fund Balances			F	Beginning of Current Year	End of Year			
ssel 3ala	20	Total assets (I	F	49,492,669.	48,480,993.			
et A Ind I	21		(Part X, line 26)	1,030,116.	682,902.			
	22		fund balances. Subtract line 21 from line 20	48,462,553.	47,798,091.			
		Signature		monto and to the best of your last	owledge and helief it !-			
			I declare that I have examined this return, including accompanying schedules and state		owieuge allu bellet, it is			
иue	, corre	ci, anu complete	. Declaration of preparer (other than officer) is based on all information of which prepa	rer nas any knowledge.				

Here REBECCA EWING, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Paid Print/Type preparer's name Preparer Firm's name DGN, LLC Firm's EIN Vse Only Firm's address	
Paid HEIDI WENDEL, CPA Preparer Firm's name DGN, LLC Preparer Firm's EIN ▶ 20-2349	
	54
Use Only Firm's address P.O. BOX 947	70
TRAVERSE CITY, MI 49685-0947 Phone no.231-946-17	2
May the IRS discuss this return with the preparer shown above? (see instructions)	

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

	1990 (2018) ROTARY CHARITIES OF TRAVERSE CITY 38-2170564 Pa
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: USING RESOURCES AND CONNECTIONS TO HELP CREATE A FAIR AND THRIVING REGION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,302,139 · including grants of \$ 1,831,807 ·) (Revenue \$
ти	GRANTS PROVIDED TO 52 GOVERNMENTAL & NON-PROFIT ORGANIZATIONS IN CONNECTION WITH THE MISSION OF ROTARY TO PROVIDE CHARITABLE ASSISTANC
	TO THE PEOPLE OF THE GRAND TRAVERSE REGION. IN ADDITION, WE ADMINISTE
	THE REGIONAL RE-GRANTING PROGRAM FOR MICHIGAN COUNCIL FOR ARTS AND
	CULTURAL AFFAIRS (MCACA), WHICH PROVIDES FUNDING ASSISTANCE FOR
	REGIONAL ARTS AND CULTURE PROJECTS IN THE TEN-COUNTY REGION.
4b	(Code:) (Expenses \$ 310,596. including grants of \$) (Revenue \$ 97,10
	NORTHSKY NONPROFIT NETWORK IS THE CAPACITY BUILDING PROGRAM OF ROTARY
	CHARITIES OF TRAVERSE CITY PROVIDING THE REGION'S NONPROFITS,
	GOVERNMENT AND SOCIAL ENTERPRISES WITH CONSULTING, PROFESSIONAL
	DEVELOPMENT, COACHING SERVICES AND TOOLS TO HELP BUILD THEIR CAPACITY
	AND SUPPORT SUSTAINABILITY. NORTHSKY OFFERS ONLINE RESOURCES,
	PROFESSIONAL DEVELOPMENT, AND CONSULTING.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 2,612,735.
-+0	Form 990
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qΤ	218 792967 11221 2018.05010 ROTARY CHARITIES OF TRAVERS 11221_

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 Form 990 (2018)
 ROTARY
 CHARITIES
 OF
 TRAVERSE
 CITY

 Part IV
 Checklist of Required Schedules
 OF
 TRAVERSE
 CITY

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		XX
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
1 2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
120	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19		10		x
20-2	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Form	990	(2018)	
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Part IV Checklist of Required Schedules (continued)

			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization 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? <i>If "Yes," complete</i>			
	Schedule L, Part I	25b		X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		^
	contributions? If "Yes," complete Schedule M	30		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
Par	Note. All Form 990 filers are required to complete Schedule O V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	38	_ <u>A</u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 31			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С			l V	
	(gambling) winnings to prize winners?	1c	X 990	

Form 990	(2018)	ROTARY	CHARIT	CIES OF	TRAVERS	E CITY
Part V	Staten	nents Regarding	Other IRS	Filings ar	nd Tax Compl	iance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		<u></u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
Ua		6a		х
h	any contributions that were not tax deductible as charitable contributions?	Ua		
Ň	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
·a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a k	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
a h	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

832005 12-31-18

Form 990	(2018))
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ROTARY CHARITIES OF TRAVERSE CITY

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

ect	Check if Schedule O contains a response or note to any line in this Part VI						[
						Yes	Τ		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			t		
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		11					
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other						
	officer, director, trustee, or key employee?				2		I		
	Did the organization delegate control over management duties customarily performed by or under t						1		
	of officers, directors, or trustees, or key employees to a management company or other person?		-		3				
	Did the organization make any significant changes to its governing documents since the prior Form				4		1		
	Did the organization become aware during the year of a significant diversion of the organization's as				5		1		
	Did the organization have members or stockholders?				6	х	1		
	Did the organization have members, stockholders, or other persons who had the power to elect or a				•		┥		
					70	х			
	more members of the governing body?				7a	Δ	┥		
	Are any governance decisions of the organization reserved to (or subject to approval by) members,					х			
	persons other than the governing body?				7b	~	╉		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					v			
а	The governing body?				8a	X	4		
	Each committee with authority to act on behalf of the governing body?				8b	Х	4		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9				
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				1		
				,		Yes			
0a	Did the organization have local chapters, branches, or affiliates?				10a				
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b				
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the f	orm?	11a	Х			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to con	flicts?		12b	Х	1		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe				1		
	in Schedule O how this was done				12c	Х			
	Did the organization have a written whistleblower policy?				13	Х	1		
	Did the organization have a written document retention and destruction policy?				14	Х	1		
	Did the process for determining compensation of the following persons include a review and approv						1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'		lacpendent						
					15a	х	l		
	The organization's CEO, Executive Director, or top management official			r i i i i i i i i i i i i i i i i i i i	15a 15b		┨		
	Other officers or key employees of the organization			·····	130		┨		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						1		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				10				
	taxable entity during the year?				16a				
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga								
	exempt status with respect to such arrangements?	<u></u>			16b				
	ion C. Disclosure								
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{MI}$								
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a	nd 990	-T (Section 5	601(c)(3)	s only)	avail	la		
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain								
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest po	licy, and	finan	cial			
	statements available to the public during the tax year.								
		ooks ar	nd records	•					
0	State the name, address, and telephone number of the person who possesses the organization's books and records								
	STACEY FOSTER - (231)-941-4010								
		9684							

Part VII	Со	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	l Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Name and Title Average hours per weak blow Description conducts and everything blow Description blow Reportable compensation from organization (W-2/1099-MISC) Estimated compensation from related organization (W-2/1099-MISC) (1) GREG LUYT 1.00 X X 0. 0. (2) MARK ECKNOFF 1.00 X X 0. 0. 0. (3) JEFF HICKNAN 1.00 X X 0. 0. 0. (4) ELAINE WOOD 1.000 X X 0. 0. 0. (5) JOIN HALL 1.000 X X 0. 0. 0. (6) SIDINY LAMMERS 1.000 X X 0. 0. 0. (7) WAREN CALL 1.000 X X 0. 0. 0. (2) MARENE MEND 1.000 X X 0. 0. 0. (3) JEFF HICKNAN 1.000 X X 0. 0. 0. TRUESTEE X 0. 0. 0. 0. 0.	(A)	(B)	<u></u>)			(D)	(E)	(F)	
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Form 990 (2018)

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Part V	II Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, and	d Hi	ghe	st C	compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director	not cl , unle: cer an	ss per	ition more rson i irecto	than o is both pr/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organization (W-2/1099-MI	on d Is	am com fr org	(F) timate nount o other pensati om the anizati d relate	of tion e ion
		below line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					nizatio	
	ub-total								238,955.		0.	2	7,40	01.
c To d To 2 To	otal from continuation sheets to Part Vi otal (add lines 1b and 1c) otal number of individuals (including but n	I, Section A		·····	· · · · · · · ·		 		0. 238,955.),000 of reportab	0.		7,40	0. 01.
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	d the organization list any former officer, e 1a? <i>If</i> "Yes," complete Schedule J for s								•			3	103	x
4 Fo	or any individual listed on line 1a, is the sund related organizations greater than \$15	im of reportab	le co	ompe	ensa	atior	n and	d oth	her compensation from	the organization		4		x
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	ndered to the organization? If "Yes," com	plete Schedul	e J f	or sı	ıch j	pers	son .					5		Х
1 Co	n B. Independent Contractors omplete this table for your five highest co	-	-								npens	ation f	rom	
th	e organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithin		year.				
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	С	(C omper	nsatior	<u>ו</u>
	otal number of independent contractors (i 00,000 of compensation from the organi		iot lii	mite	d to		se lis)	sted	l above) who received n	nore than			000	
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ROTARY CHARITIES OF TRAVERSE CITY

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Form 990 (2018)

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ROTARY CHARITIES OF TRAVERSE CITY

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1,831,807.	1,831,807.		
~	and domestic governments. See Part IV, line 21	1,031,007.	<u> </u>		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
,	trustees, and key employees	238,955.	119,478.	119,477.	
5	Compensation not included above, to disqualified				
,	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	191,338.	103,780.	87,558.	
3	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	21,695.	15,796.	5,899.	
)	Other employee benefits	33,763.	24,678.	9,085.	
)	Payroll taxes	32,662.	23,741.	8,921.	
í	Fees for services (non-employees):	,			
	Management				
	Legal	5,110.	4,379.	731.	
	Accounting	14,262.	10,269.	3,993.	
	Lobbying	, -	- ,		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	146,859.		146,859.	
a	Other. (If line 11g amount exceeds 10% of line 25,	- ,			
5	column (A) amount, list line 11g expenses on Sch O.)	269,560.	269,560.		
2	Advertising and promotion	56,112.	56,112.		
3	Office expenses	15,256.	10,984.	4,272.	
1	Information technology		-		
5	Royalties				
3	Occupancy	23,293.	16,771.	6,522.	
,	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	72,263.	65,037.	7,226.	
)	Interest	27,940.	27,940.		
I	Payments to affiliates				
2	Depreciation, depletion, and amortization	6,198.	4,463.	1,735.	
}	Insurance	11,615.	8,363.	3,252.	
ł	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIPS	12,400.	8,928.	3,472.	
b	TRAINING	7,560.	5,583.	1,977.	
с	SEVERANCE TAX	6,154.		6,154.	
d	TELEPHONE	5,153.	3,710.	1,443.	
е	All other expenses	1,807.	1,356.	451.	
;	Total functional expenses. Add lines 1 through 24e	3,031,762.	2,612,735.	419,027.	
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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16381218 792967 11221

ROTARY	CHARITIES	OF	TRAVERSE	CITY

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(B) End of year

436,829.

49,546.

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Part X	Balance Sheet	t				
	Check if Schedule	O contains a r	esponse or note to a	any lin	e in this Part X	
						(A)

			(A) Beginning of year	
1	Cash - non-interest-bearing			1,169,252.
2	Savings and temporary cash investments			
3	Pledges and grants receivable, net			
4	Accounts receivable, net			73,862.
5	Loans and other receivables from current and fo	rmer c	fficers, directors,	
	trustees, key employees, and highest compensation			
	Part II of Schedule L			
6	Loans and other receivables from other disqualit	rsons (as defined under		
	section 4958(f)(1)), persons described in section	c)(3)(B), and contributing		
	employers and sponsoring organizations of sect			
	employees' beneficiary organizations (see instr).			
7	Notes and loans receivable, net			750,000.
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			28,134.
10a	, 3, 11		101 105	
	basis. Complete Part VI of Schedule D	10a		
b	Less: accumulated depreciation	10b	102,080.	=
11	Investments - publicly traded securities			47,458,731.
12	Investments - other securities. See Part IV, line 1			
13	Investments - program-related. See Part IV, line -	11		
14	Intangible assets			
15	Other assets. See Part IV, line 11			40,400,650
16	Total accosts Add lines 1 through 15 (must equi	al lina '	24)	49 492 669

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 121,426. b Less: accumulated depreciation 10b 102,080. 12,690. 10c 19,344 11 Investments - publicly traded securities 47,458,731. 11 47,352,331 12 Investments - publicly traded securities 47,458,731. 11 47,352,331 13 Investments - program-related. See Part IV, line 11 13 14 13 14 Intragible assets 144 15 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 49,492,669. 16 48,480,992 16 Tax assets. Add lines 1 through 15 (must equal line 34) 100,000. 19 50,001 20 Tax-exempt bond liabilities 20 21 21 21 Eacrow or custodial account liability. Complete Part IV of Schedule D 21 22 23 615,902 24 00 24 00 24 00 24 00 24 00 24 00 25 00 24 02 24 02 015,902 24 00								
38 7 Notes and loans receivable, net 750,000.7 615,900 9 Prepaid expenses and deferred charges 28,134.9 9 7,033 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 121,426. 11 Investments - publicly traded securities 47,458,731.11 47,352,331 12 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 414 14 15 Other assets. See Part IV, line 11 16 164,48,480,990 16 Total assets. Add lines 1 through 15 (must equal line 34) 49,492,669.16 48,480,990 17 Accounts payable and accrue expenses 161,750.18 100,000.19 50,000 19 Deferred revenue 100,000.19 50,000 20 21 22 21 Escrew or custodial account liability. Complete Part IV of Schedule D 21 22 22 22 23 615,900 24 24 24 22 Lans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 24<			employers and sponsoring organizations of sec)(9) voluntary				
8 Inventories for sale or use 28,134.9 7,033 9 Prepaid expenses and deferred charges 28,134.9 7,033 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 121,426. b Less: accumulated depreciation 10b 102,080.12,690.10c 19,344 11 Investments - publicly traded securities 47,458,731.11 47,352,333 12 Investments - program-related. See Part IV, line 11 13 14 13 Investments - program-related. See Part IV, line 11 13 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 49,492,669.16 48,480,999 17 Accounts payable and accrued expenses 161,750.18 100,000.19 50,000 20 Tax exempt bond liabilitis 20 21 22 21 Earow or custodial account liability. Complete Part IV of Schedule D 21 22 22 23 Secured norts payable to unrelated third parties 750,000.23 615,900 24 Other liabilities included on lines 17.24). Complete Part X of Schedule D 25 26 24 Other liabilities.Add line	ŝts		employees' beneficiary organizations (see instr).					
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9 Prepaid expenses and deferred charges 28,134. 9 7,03: 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 121,426. b Less: accumulated depreciation 10b 102,080. 12,690. 10c 19,341 11 Investments - publicly traded securities 47,458,731. 11 47,352.331 12 Investments - program-related. See Part IV, line 11 13 14 14 16 Total assets. See Part IV, line 11 13 14 14 16 Total assets. Add lines 1 through 15 (must equal line 34) 49,492,669. 16 48,480,992 17 Accounts payable and accrued expenses 161,750. 18 161,750. 18 Grants payable 100,000. 19 50,000 20 Tax-exempt bond liabilities 20 20 21 21 Ecrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Lonas and other payable to unrelated third parties 750,000. 23 615,900 23 Secured notes and loans payable to unrelated third parties 24 25 26	◄	8	Inventories for sale or use				8	
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34 Total liabilities and net assets/fund balances	ž					48,462,553.	33	47,798,091.
		34				49,492,669.	34	48,480,993.
								Form 990 (2018)

	990 (2018) ROTARY CHARITIES OF TRAVERSE CITY	38-23	170564	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,10		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,03		
3	Revenue less expenses. Subtract line 2 from line 1	3		3,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	48,46		
5	Net unrealized gains (losses) on investments	5	-73	8,2	81.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	47,79	8,0	91.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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(Form	n 990	or	990-	EZ)

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.

OMB No. 1545-0047
2018
Open to Public Inspection

Department o Internal Reve	of the Treasury nue Service			Attach to Form 990 or F //Form990 for instruction			nformation.		Open to Public Inspection
Name of t	the organizati		jjjjj					Employer	identification number
	Ū		RY CHARITI	ES OF TRAVER	SE CI	TY			8-2170564
Part I	Reason	for Public	Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instruction		
The organ				For lines 1 through 12, c					
1 🗂		-		on of churches described	•				
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3				anization described in se			ii).		
4	•	•		njunction with a hospital			•)(iii). Enter	the hospital's name,
	city, and stat								
5	An organizat	ion operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit descrik	bed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	ate, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	An organizat	ion that norma	Ily receives a substa	intial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
	section 170((b)(1)(A)(vi). (C	omplete Part II.)						
8	A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or
	university:								
10	An organizat	ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, members	ship fees, a	Ind gross receipts from
	activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its support	t from gross investment
	income and u	unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.
	See section	509(a)(2). (Co	mplete Part III.)						
11	An organizat	ion organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12 X	An organizat	ion organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
	more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). (Check the box in
		ough 12d that	describes the type o	of supporting organizatio	n and corr	nplete lines	s 12e, 12f, an	d 12g.	
a X	Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving
	the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	ees of the s	supporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	iving
	control or r	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	organizatio	on(s). You mus	t complete Part IV,	Sections A and C.					
c 🗆	Type III fui	nctionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
	its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d 🗌	Type III no	on-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)
	that is not	functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
				nplete Part IV, Sections					
e 🗆		•		written determination fro			а Туре I, Туре	II, Type III	
				nally integrated support					1
									1
-		<u> </u>	h about the supporte		(iv) Is the orga	nization listed	(v) Amount of	monoton	(vi) Amount of other
(i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)
				above (see instructions))	Yes	No			
	Y CLUB		38-1429335	7	х			0.	
IKAVE	KSE CII	I - PER	50-1429555	1				0.	
Total								0.	<u>^</u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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Schedule A (Form 990 or 990 EZ) 2018 ROTARY CHARITIES OF TRAVERSE CITY

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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							
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	· · · · · · · · · · · · · · · · · · ·	etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stop						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2017					15	%
	33 1/3% support test - 2018. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes	-	-				
-	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						s
				, , ,		dule A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 ROTARY CHARITIES OF TRAVERSE CITY Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						▶∟_
	ction C. Computation of Publ						
	Public support percentage for 2018 (•	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inve	stment Incom	ne Percentage)			
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 $1/3\%$, and line $\frac{1}{3}$	17 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18		,			edule A (Form 99	
				15	-	•	
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Yes

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No

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 ROTARY CHARITIES OF TRAVERSE CITY 38-2170564 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			х
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI.	11c		Δ
Sec	tion B. Type I Supporting Organizations		×	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		х	
~	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	~	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			х
<u></u>	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		×	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
•-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0 L		
000000	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	0. E7	2040
83202	5 10-11-18 Schedule A (Form 9	20 OL 22	,∪-⊏∠)	20 Ið

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Schedule A (Form 990 or 990 EZ) 2018 ROTARY CHARITIES OF TRAVERSE CITY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Ind	come		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital g	ain	1		
2 Recoveries of prior-year	distributions	2		
3 Other gross income (se	e instructions)	3		
4 Add lines 1 through 3		4		
5 Depreciation and deple	tion	5		
6 Portion of operating exp	penses paid or incurred for production or			
collection of gross inco	me or for management, conservation, or			
maintenance of propert	y held for production of income (see instructions)	6		
7 Other expenses (see in:	structions)	7		
8 Adjusted Net Income	subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset	Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market v	alue of all non-exempt-use assets (see			
instructions for short ta	x year or assets held for part of year):			
a Average monthly value	of securities	1a		
b Average monthly cash I	balances	1b		
c Fair market value of oth	er non-exempt-use assets	1c		
d Total (add lines 1a, 1b,	and 1c)	1d		
e Discount claimed for b	ockage or other			
factors (explain in detai	in Part VI):			
2 Acquisition indebtedne	ss applicable to non-exempt-use assets	2		
3 Subtract line 2 from line	e 1d	3		
4 Cash deemed held for e	exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exemp	t-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year	distributions	7		
8 Minimum Asset Amou	nt (add line 7 to line 6)	8		
Section C - Distributable Ar	nount			Current Year
1 Adjusted net income fo	r prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount	for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 o	r line 3	4		
5 Income tax imposed in	prior year	5		
6 Distributable Amount.	Subtract line 5 from line 4, unless subject to			
emergency temporary r	eduction (see instructions)	6		
7 Check here if the	current year is the organization's first as a non-functiona	lly integrat	ed Type III supporting or	anization (see

instructions).

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 ROTARY CHARITIES OF TRAVERSE CITY

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Form 990 or 990-EZ) 2018 ROT	n Drovido the over	pations required b	Dart II line 10. Deut	II line 17a or 17b: Dort III line	10.
	Supplemental Information Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	3c. 4b. 4c. 5a. 6. 9a	anations required b . 9b. 9c. 11a. 11b. :	and 11c: Part IV, Sec	tion B. lines 1 and 2: Part III, line	12; ection C.
	line 1; Part IV, Section D, lines 2	and 3; Part IV, Section	on E, lines 1c, 2a, 2	b, 3a, and 3b; Part V	line 1; Part V, Section B, line 1	e; Part V
	Section D, lines 5, 6, and 8; and (See instructions.)	Part V, Section E, lin	es 2, 5, and 6. Also	complete this part for	or any additional information.	
2028 10-11-1	3				Schedule A (Form 990 or	990-EZ)
			20		-	

Department of the Treasury

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Internal Revenue Service			
Name of the organization			

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Y CHARITIES OF TRAVERSE CITY	38-2170564
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Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

Employer identification number

38-2170564

ROTARY CHARITIES OF TRAVERSE CITY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES FULTZ ESTATE 9871 CROCKETT ROAD WILLIAMSBURG, MI 49690	\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	8-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

2018.05010 ROTARY CHARITIES OF TRAVERS 11221__1

22

16381218 792967 11221

Employer identification number

38-2170564

ROTARY CHARITIES OF TRAVERSE CITY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Page 3

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2018)		Page 4
Name of or	ganization		Employer identification number
ROTARY	CHARITIES OF TRAVERSE	CITY	38-2170564
Part III		tions to organizations described in s a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gif	[
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
823454 11-08	- 18	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

16381218 792967 11221

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

16381218 792967 11221

ROTARY CHARITIES OF TRAVERSE CITY

Employer identification number 38-2170564

Par			ds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can l	be used o	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpo	se confer	rring
Par), Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation)	istorically	/ important land area
	Protection of natural habitat	Preservation of a co	ertified hi	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	ied conservation contribution in the for	m of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	cture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by	the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located	_	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling o	of	
	violations, and enforcement of the conservation easements i	holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation ea	asements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(E	B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	es the org	ganization's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or	Other :	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stat	tement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthe	erance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue stateme	ent and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of I	public se	rvice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. • \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for finan	cial gain,	provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			. • \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2018
83205	10-29-18			
		25		

	1 /	CHARITIES					8-21			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, c	or Other	r Similaı	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	ds, check any of the	e following that	t are a sig	nificant us	se of its o	collectio	n item	S
а	Public exhibition	d	Loan or exe	change progra	ims					
b	Scholarly research	e	e 🔄 Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of							-		-
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "	Yes" on F	orm 990,	Part IV,	line 9, oi	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		•					1	_	1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	blowing table:					•		
						4		Amoun	t	
	Beginning balance									
	Additions during the year									
f	Distributions during the year Ending balance									
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII					.y]
Par										
	·	(a) Current year	(b) Prior year	(c) Two year			ars back	(e) Four	r years	back
1a	Beginning of year balance								-	
	Contributions	1,000,000.								
	Net investment earnings, gains, and losses	21,147.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	2,065.								
g	End of year balance	1,019,082.								
2	Provide the estimated percentage of the cur		ce (line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment	100.00	_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administe	red for the	e organiza	tion	I	Vee	
	by:							20(1)	Yes	No X
	(i) unrelated organizations							3a(i)		X
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tions listod as roqui	rad an Schadula D'	······				3a(ii) 3b		
4	Describe in Part XIII the intended uses of the			•				50		
	t VI Land, Buildings, and Equipn		Swittent funds.							
	Complete if the organization answere		0, Part IV, line 11a.	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or o		t or other		cumulated		(d) Boo	k value	 e
	· -· ·- ·- ·- · · · · · · · · · · · · ·	basis (investr	• • •	s (other)	• •	reciation		.,==•		
1 a	Land									
	Buildings									
	Leasehold improvements									
	Equipment			94,696.		76,48			8,2	
	Other			26,730.		25,59	3.		1,1	
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10c.)				1	9,3	46.
						~		D /F	0001	0040

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
(1)	((-)	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.	· ·		
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
	 		
(4)	 		
(5)			
(6)			
(7)	 		
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	FIN 48 (ASC 740), Chec	k here if the text of the footnote has be	en provided in Part XIII $\mid \mathbf{X} \mid$

ROTARY CHARITIES OF TRAVERSE CITY

chedule D (Form 990) 2018

38-2170564 Page 3

832053 10-29-18

 Schedule D (Form 990) 2018
 ROTARY
 CHA

 Part VII
 Investments - Other Securities.

Sche	edule D (Form 990) 2018 ROTARY CHARITIES OF TRAVER	RSE CIT	Y	38-2	2170564	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per F			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,220	,441.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-738,281.		1	
b	Donated services and use of facilities	. 2b			1	
с	Recoveries of prior year grants	. 2c			1	
d	Other (Describe in Part XIII.)				1	
е	Add lines 2a through 2d			2e	-738	
3	Subtract line 2e from line 1			3	2,958	,722.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	146,859.		1	
b	Other (Describe in Part XIII.)	. 4b			1	
с	Add lines 4a and 4b			4c		<u>,859.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				3,105	<u>,581.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents Wit	h Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total expenses and losses per audited financial statements			1	2,884	,903.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities				I	
b		. 2a				
	Prior year adjustments					
с		2 b		-		
c d	Prior year adjustments	2b 2c		-		
c d e	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e		0.
d	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d		2e 3	2,884	•••
d e	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		3	2,884	•••
d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d		3	2,884	•••
d e 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 		3		<u>,903.</u>
d e 3 4	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2b 2c 2d 4a 4b	146,859.	3	146	<u>,903.</u>
d e 3 4 a b c 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 4a 4b	146,859.	3		<u>,903.</u>

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE C	HAR	ITY	IS	EXEM	1PT	FROM	1 FE	DER.	AL :	INCO	ME 1	AXE	S P	URSU	JANT	то т	SE	CTI	ON		
501(0	2)(3) OI	7 TH	HE IN	ITEF	NAL	RE\	/ENUI	E CO	ODE.	TH	IE C	HAR	ITY	IS	NOT	CL	ASS	IFIE	D 2	AS
A PRI	VAT	E FC	DUNI	DATIC	DN.	NO	PRO	visi	ION	FOR	INC	COME	ТА	XES	HAS	BE:	EN	PRO	VIDE	D :	[N
THESE	C FI	NAN	CIAI	J STA	TEM	IENTS	5.	THE	СН	ARIT	Y FI	LES	AN	INI	FORM	IATI	ON	RET	URN	IN	
THE U	JS FI	EDEI	RAL	JURI	ISDI	CTIC	DN.	WI	гн 1	FEW I	EXCI	EPTI	ONS	, тн	IE C	HAR	ITY	IS	NO		
LONGE	ER SI	JBJI	ECT	ΤΟ Ι	JS E	EDEF	RAL	TAX	EX	AMIN	ATIC	ONS	BY	TAX	AUI	HOR	ITI	ES	FOR	YE	ARS
BEFOR	E JI	JNE	30,	201	L6.																

832054 10-29-18

SCHEDULE I		Grants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar lete if the organizatio					2018
Department of the Treasury Internal Revenue Service	Comp	_	Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization							Employer identification number
·	CHARITIES C	OF TRAVERSE	CITY				38-2170564
Part I General Information on Gr							
1 Does the organization maintain re-							X Yes No
criteria used to award the grants of 2 Describe in Part IV the organizatio							
Part II Grants and Other Assistan					anization answered "		t IV line 21 for any
recipient that received more	-						
1 (a) Name and address of organiza or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					other)		
20 FATHOMS							
101 NORTH PARK ST.							
TRAVERSE CITY, MI 49684	82-4116553	501(C)3	10,000.	0.			SEED
,,				•			
ARTS FOR ALL							
PO BOX 4212							
TRAVERSE CITY, MI 49685	47-3509588	501(C)3	65,000.	0.			ASSETS
BELLAIRE DDA							
PO BOX 1257	81-2509894	GOVERNMENT	10 000	0.			SEED
BELLAIRE, MI 49615	01-2509894	GOVERNMENT	10,000.	0.			
CERULEAN CENTER							
PO BOX 4331							
TRAVERSE CITY, MI 49685	46-1122944	501(C)3	10,000.	Ο.			SEED
,			,				
CERULEAN CENTER							
PO BOX 4331							
TRAVERSE CITY, MI 49685	46-1122944	501(C)3	140,000.	0.			SYSTEMS
CROSSHATCH CENTER							
PO BOX 99				_			
BELLAIRE, MI 49615	37-1517759		10,000.	0.			SEED 20
2 Enter total number of section 501		•	ne line 1 table				<u> </u>
3 Enter total number of other organi							Schedule I (Form 990) (2018)
	to abo, acc une manue						

ROTARY CHARITIES OF TRAVERSE CITY

38-2170564	Page 1

Schedule I (Form 990) ROTARY CH	ARITIES C	OF TRAVERSE	CITY			3	8-2170564 Page
Part II Continuation of Grants and Other	Assistance to G	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DDA - LOWER BOARDMAN							
303 E. STATE STREET							
TRAVERSE CITY, MI 49684	38-2289035	GOVERNMENT	10,000.	0.			SEED
	30 2203033		10,000.				
EL GRUPO NORTE							
PO BOX 781							
TRAVERSE CITY, MI 49685	46-4861142	501(C)3	5,000.	0.			SEED
`							
FRANKFORT ELBERTA CHAMBER - BENZIE							
AQUATIC CENTER - PO BOX 566 -							
BENZIE, MI 49635	38-3465308	501(C)3	10,000.	0.			SEED
FRIENDS OF SLEEPING BEAR							
PO BOX 545	20.2150041	501(0)2	10,000				
EMPIRE, MI 49630	38-3178841	501(C)3	10,000.	0.			ASSETS
GLEN LAKE COMMUNITY LIBRARY							
PO BOX 325							
EMPIRE, MI 49630	38-2156378	501(C)3	10,000.	0.			ASSETS
				•			
GOODWILL INDUSTRIES							
2279 S. AIRPORT RD WEST							
TRAVERSE CITY, MI 49684	38-1976268	501(C)3	100,000.	0.			ASSETS
GROUNDWORK CENTER							
148 E. FRONT ST., STE. 301							
TRAVERSE CITY, MI 49684	38-2314954	501(C)3	82,625.	0.			SYSTEMS
ODOM DENIZIE							
GROW BENZIE PO BOX 132							
BENZONIA, MI 49616	26-3366438	501(C)3	18,733.	0.			CHANGEMAKER
	20 3300430	501(0)5	10,733.	0.			
GRAND TRAVERSE PAVILLIONS - PACE							
1000 PAVILLIONS CIRCLE							
TRAVERSE CITY, MI 49684	38-3359796	501(C)3	25,000.	0.			ASSETS

Schedule I (Form 990) ROTARY CHARITIES OF TRAVERSE CITY Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

38-2170564	Page 1
30-21/0304	Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	inizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAME TRANSPORT PROTONNE CONSUMPTION							
GRAND TRAVERSE REGIONAL COMMUNITY							
FOUNDATION - 223 LAKE AVE., STE. B		E01/(0) 2	10 000	0.			ED DEGOGNIETON
- TRAVERSE CITY, MI 49684 GRAND TRAVERSE REGIONAL COMMUNITY	38-3056434	501(C)3	10,000.	υ.			ED RECOGNITION
FOUNDATION - ELK RAPIDS ROTARY -							
223 LAKE AVE., STE. B - TRAVERSE CITY, MI 49684	38-3056434	501(C)3	5,000.	0.			WCS
GRAND TRAVERSE REGIONAL COMMUNITY	38-3036434	501(C)3	5,000.	υ.			wcs
FOUNDATION - WELLNESS - 223 LAKE							
AVE., STE. B - TRAVERSE CITY, MI 49684	38-3056434	501(C)3	25 000	0.			TRANSFORMATION
49004	38-3036434	501(C)3	25,000.	υ.			TRANSFORMATION
HEALTH DEPARTMENT OF NW MICHIGAN							
220 W. GARFILED							
CHARLEVOIX, MI 49720	30-0168590	GOVERNMENT	6,000.	0.			SEED
CHARLEVOIX, MI 49720	30-0100390	GOVERNMENT	0,000.	υ.			SEED
HUMAN NATURE SCHOOL							
1200 W. 11TH ST., STE. 115							
TRAVERSE CITY, MI 49684	46-2216105	501(C)3	10,000.	0.			SEED
	40 2210105	501(0/5	10,000.	0.			
INLAND SEAS EDUCATION ASSOCIATION							
PO BOX 218							
SUTTONS BAY, MI 49682	38-2866234	501(C)3	75,000.	0.			ASSETS
SOTIONS BAT, MI 49002	30 2000234	501(0/5	75,000.	0.			RSBEIS
MDNR - REWILD							
525 W. ALLEGAN STREET							
LANSING, MI 48933	38-6000134	GOVERNMENT	10,000.	0.			SEED
LANDING, MI 40555	50 0000134	GOVERNMENT	10,000.	0.			
NETWORKS NORTHWEST - CENSUS							
600 E. FRONT ST., STE. 104							
TRAVERSE CITY, MI 49686	38-2071954	GOVERNMENT	10,000.	0.			SEED
TRAVERSE CITI, MI 45000	55-2071954	SOVERNMEN I	10,000.	υ.			
NETWORKS NORTHWEST - HOUSING							
600 E. FRONT ST., STE. 104 TRAVERSE CITY, MI 49686	38-2071954	GOVERNMENT	75,000.	0.			TRANSFORMATION
INAVENDE CIII, MI 43000	50-20/1954	GOARUMENT	/5,000.	υ.			TRANSFORMATION

ROTARY CHARITIES OF TRAVERSE CITY Schedule I (Form 990)

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	(1) =		(0.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NETWORKS NORTHWEST - INVESTMENT							
HOUSING - 600 E. FRONT ST., STE.							
104 - TRAVERSE CITY, MI 49686	38-2071954	GOVERNMENT	7,500.	0.			SEED
NMC FOUNDATION							
1701 E. FRONT ST.				_			
TRAVERSE CITY, MI 49686	38-2376475	501(C)3	25,000.	0.			NORTHSKY
NORTHPORT ARTS							
PO BOX 262							
NORTHPORT, MI 49670	46-3335969	501(C)3	10,000.	0.			SEED
NORTHWEST MICHIGAN COMMUNITY							
ACTION AGENCY - 3963 THREE MILE							
ROAD - TRAVERSE CITY, MI 49686	38-2027389	501(C)3	140,000.	0.			SYSTEMS
NORTHWEST MICHIGAN ARTS & CULTURE							
600 E. FRONT ST., STE. 104							
TRAVERSE CITY, MI 49686	38-2071954	GOVERNMENT	23,375.	0.			SYSTEMS
· · · · ·							
NMC FOUNDATION							
1701 E. FRONT ST.							
TRAVERSE CITY, MI 49686	38-2376475	501(C)3	50,000.	0.			ASSETS
PADDLE ANTRIM							
PO BOX 1011							
	47-1402648	501(C)3	25 000	0.			АССЕЛС
BELLAIRE, MI 49615	47-1402048	501(075	35,000.	0.			ASSETS
PARALLEL 45							
PO BOX 1829							
TRAVERSE CITY, MI 49685	26-2125174	501(C)3	50,000.	0.			ASSETS
PENINSULA COMMUNITY LIBRARY							
2699 ISLAND VIEW ROAD				_			
TRAVERSE CITY, MI 49686	36-4627817	pu1(C)3	10,000.	0.			ASSETS

Schedule I (Form 990) ROTARY CHARITIES OF TRAVERSE CITY

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
PRESERVE HICKORY							
233 N. MADISON ST.							
TRAVERSE CITY, MI 49684	27-3541173	501(C)3	10,000.	Ο.			SEED
,			,				
ROTARY CAMPS							
202 E. GRANDVIEW PARKWAY, STE. 200							
TRAVERSE CITY, MI 49684	38-2009127	501(C)3	350,000.	0.			OUT OF BUDGET
SAFE PASSAGE							
81 BRIDGE ST., #104							
YARMOUTH, ME 04096	01-0532835	501(C)3	5,000.	0.			WCS
6777.C							
SEEDS							
PO BOX 2454	20.2400055	501/(3) 2	50.000	0			
TRAVERSE CITY, MI 49685	38-3482266	501(C)3	50,000.	0.			ASSETS
SPARK IN THE DARK							
1249 3 MILE RD.							
TRAVERSE CITY, MI 49696	81-5466752	501(C)3	10,000.	0.			SEED
	01 0100/02	501(0)5	10,000.				
TART							
PO BOX 252							
TRAVERSE CITY, MI 49685	38-2847396	501(C)3	10,000.	Ο.			SEED
THE WATERSHED CENTER -							
ENVIRONMENTAL COLLABORATION -							
13272 S. WEST BAY SHORE DR							
TRAVERSE CITY, MI 49684	38-3198787	501(C)3	25,000.	0.			TRANSFORMATION
TITLE TRACK							
6332 M-72 NW							
WILLIAMSBURG, MI 49690	38-2742032	501(C)3	20,000.	0.			CHANGEMAKER
TRAVERSE BAY CHILDREN'S ADVOCACY							
2000 CHARTWEEL DRIVE SUITE 1							
TRAVERSE CITY, MI 49696	38-3090530	501(C)3	140,000.	Ο.			SYSTEMS

Schedule I (Form 990) ROTARY CHARITIES OF TRAVERSE CITY

38-21	70564	Page 1

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NITED WAY							
202 E GRANDVIEW PARKWAY							
TRAVERSE CITY, MI 49684	38-1679060	501(C)3	20,000.	0.			CHANGEMAKER
VENTURE NORTH - EARLY CHILDHOOD 202 E GRANDVIEW PARKWAY							
TRAVERSE CITY, MI 49684	38-2857500	501(C)3	10,000.	0.			SEED
VILLAGE OF KALKASKA 200 HYDE ST.							
KALKASKA, MI 49646	38-6032889	GOVERNMENT	10,000.	0.			SEED

Schedule I (Form 990) (2018) ROTARY CHARITIES OF TRAVERSE CITY

38-2170564

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Employer identification number 38 - 2170564

FORM 990, PART VI, SECTION A, LINE 6:

TRAVERSE CITY ROTARY CLUB MEMBERS MAKE UP THE MEMBERSHIP.

ROTARY CHARITIES OF TRAVERSE CITY

FORM 990, PART VI, SECTION A, LINE 7A:

TRAVERSE CITY ROTARY CLUB MEMBERS ELECT ROTARY CHARITIES OF TRAVERSE CITY

BOARD MEMBERS AT THEIR ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL BY MEMBERS,

STOCKHOLDERS, OR OTHER PERSONS ARE ANY CHANGES TO THE ARTICLES OF

INCORPORATION AND/OR BY LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE. THE AUDIT

COMMITTEE THEN MAKES A RECOMMENDATION TO THE BOARD ON WHETHER THE FORM 990 SHOULD BE ACCEPTED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH THE

CONFLICT OF INTEREST POLICY AT EACH MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPARATIVE DATA IS OBTAINED FROM THE ASSOCIATION OF SMALL FOUNDATIONS AND

THEN ALL COMPENSATION IS REVIEWED BY GOVERNANCE COMMITTEE.

FORM 990, PA	RT VI, SECTION	C, LINE 19:	
LHA For Paperwork R	eduction Act Notice, see the	Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2018)
832211 10-10-18		2.5	
		36	

ה ה

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization ROTARY CHARITIES OF TRAVERSE CITY						Emp	Page Employer identification number 38-2170564					
THE OF	RGANIZATI								FORM		AVAILABLE	то
	JBLIC VI											
830010 10 10	. 19								Saha	dule O	(Form 990 or 990-E	7) (2)
832212 10-10	792967	11001			0.01.0	0-01	37				AVERS 1122	

SCH	EDULE	R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

38-2170564

Name of the exception

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

ROTARY CHARITIES OF TRAVERSE CITY

Part I

I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
ROTARY CLUB OF TRAVERSE CITY - 38-1429335	COMMUNITY SERVICE AND						
202 E GRANDVIEW PARKWAY SUITE 200	ADVANCEMENT OF						
TRAVERSE CITY, MI 49684	INTERNATIONAL	MICHIGAN	501(C)(4)				х
ROTARY CAMPS AND SERVICES OF TRAVERSE CITY -	OWN LEASE, AND OPERATE						
38-2009127, 202 E GRANDVIEW PARKWAY SUITE	REAL ESTATE PROPERTY FOR						
200, TRAVERSE CITY, MI 49684	EXEMPT PURPOSES	MICHIGAN	501(C)(3)	509(A)3			Х
TRAVERSE CITY ROTARY CLUB WHEELCHAIRS FOR	PROVIDE ASSISTANCE,						
POLIO SURVIVORS - 45-3176285, 202 E	INCLUDING WHEELCHAIRS, FOR						
GRANDVIEW PARKWAY SUITE 200, TRAVERSE CITY,	POLIO SURVIVORS	MICHIGAN	501(C)(3)	509(A)3			х
	4						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018 ROTARY CHARITIES OF TRAVERSE CITY

38-2170564 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN	(b) Primary activity	(c) Legal	(d) Direct controlling	Predomin	(e) nant income		(f) e of total	Sha	g) ire of	(ł Disprop		(i) Code V-U	BI G	(j) General o	(k) Percent
of related organization		domicile (state or foreign	entity	(related, excluded fr	unrelated, om tax under		come		of-year sets	alloca	tions?	amount in t	oox ⁿ Iule L	nanaging partner?	owners
		country)		Sections	512-514)					Yes	No	K-1 (Form 10	J65) Y	es No	
	-														
	-														
	-														
IV Identification of Related C organizations treated as a c	rganizations Taxable a	as a Corpo	pration or Trust. C	omplete if t	he organizati	ion ansv	vered "Yes	" on For	m 990, P	art IV,	line 34	4, because it l	nad or	ne or m	ore relat
(a)	-	-	(b)	(c)	(d)		(e)		(f			(g) Share of		(h)	(i) Section
Name, address, and of related organizat	ion	Phili	ary activity	Legal domicile (state or foreign	Direct cont entity	/	Type of (C corp, S or tru	S corp,	Share c inco	me		end-of-year assets	own	entage ership	512(b)(1 controlle entity?
or related organizat				country)				,							
				country)				,							
				country)				,							
				country)											
				country)											
				country)				· 							

Schedule R (Form 990) 2018 ROTARY CHARITIES OF TRAVERSE CITY

Part V	Transactions With Related Organizations.	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 34, 35b, or 36.
--------	--	---------------------------------------	--------------------	-------------------------------

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transaction						
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g					1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	j Lease of facilities, equipment, or other assets to related organization(s)						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I	Performance of services or membership or fundraising solicitations for related orga	anization(s)			11		Х
m	Performance of services or membership or fundraising solicitations by related orga				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
a	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q	X	
-	······································						
r	r Other transfer of cash or property to related organization(s)						
s Other transfer of cash or property from related organization(s)						X X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							
	(a)	(b)	(c)	(d)			
		(W)					

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ROTARY CAMPS AND SERVICES OF TRAVERSE CITY	D	615,901.	LINE OF CREDIT
(2)			
(3)			
(4)			
(5)			
_(6)	4.0		

Schedule R (Form 990) 2018 ROTARY CHARITIES OF TRAVERSE CITY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging er?	(k) Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												_	
												_	
												+	
												+	
												_	
												_	

Schedule R (Forr	n 990) 2018	ROTARY	CHARITIES	\mathbf{OF}	CITY	38-217	0564	Page 5

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

ROTARY CLUB OF TRAVERSE CITY

PRIMARY ACTIVITY: COMMUNITY SERVICE AND ADVANCEMENT OF INTERNATIONAL

UNDERSTANDING & GOODWILL

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

TRAVERSE CITY ROTARY CLUB WHEELCHAIRS FOR POLIO SURVIVORS

EIN: 45-3176285

202 E GRANDVIEW PARKWAY SUITE 200

TRAVERSE CITY, MI 49684

Form 990-T	E	Exempt Orga				ax Returr	n ∣	OMB No. 1545-0687
			nd proxy tax und					2018
	For cal	endar year 2018 or other tax yea					<u>9</u> .	2010
Department of the Treasury Internal Revenue Service	►	Do not enter SSN numbe	rs on this form as it may	be ma				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (_	Check box if name cl	hanged	and see instructions.)		(Empl instru	oyer identification number oyees' trust, see ctions.)
B Exempt under section	Print	ROTARY CHAR	ITIES OF TR	AVE	RSE CITY			8-2170564
X 501(C)(3)	or Type	Number, street, and room						ated business activity code instructions.)
408(e) 220(e)	1,700	202 E GRAND						
408A 530(a) 529(a)		City or town, state or prov TRAVERSE CI			n postal code		812	930
C Book value of all assets at end of year		F Group exemption numb						
		G Check organization type	(, , ,	oratior	()	401(a)		Other trust
H Enter the number of the	•					the only (or first) un		
	-	EE STATEMENT				complete Parts I-V.		
	•	ce at the end of the previou	is sentence, complete Pa	irts I an	d II, complete a Schedule	M for each addition	al trade	or
business, then complete		-v. oration a subsidiary in an a	offiliated group or a parer	t oubo	diany controlled group?		Ye	s No
		tifying number of the paren		11-2002	uiary controlleu group?	P L	re	з <u> </u>
J The books are in care of					Telenho	one number 🕨 🌔	231)-941-4010
		de or Business Inc			(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	es							
b Less returns and allow			c Balance ►	1c				
2 Cost of goods sold (S	Schedule	A, line 7)		2				
3 Gross profit. Subtract				3				
		h Schedule D)		4a				
		art II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (at		5				
				6				
		me (Schedule E)		7				
		nd rents from a controlled on 501(c)(7), (9), or (17) or	-	8 9				
		me (Schedule I)	,	9 10				
		e J)		11				
12 Other income (See ins				12				
13 Total. Combine lines					0.			
Part II Deductio	ons No	ot Taken Elsewher	e (See instructions fo	or limita	ations on deductions.)			
		utions, deductions must				s income.)		
14 Compensation of off	ficers, di	rectors, and trustees (Sche	dule K)				14	
							15	
							16	
17 Bad debts							17	
		ee instructions)					18	
19 Taxes and licenses		· · · · · · · · · · · · · · · · · · ·					19	
		e instructions for limitation					20	
		562) n Schedule A and elsewher					22b	
							220	
24 Contributions to defe	erred co	mpensation plans					24	
							25	
26 Excess exempt expe	enses (So	chedule I)					26	
27 Excess readership co	osts (Scl	hedule J)					27	
28 Other deductions (at	ttach sch	nedule)					28	
29 Total deductions. A	dd lines	14 through 28					29	0.
30 Unrelated business t	taxable ir	ncome before net operating	loss deduction. Subtrac	t line 2	9 from line 13		30	0.
	-	oss arising in tax years beg	-		. ,		31	
		ncome. Subtract line 31 fro					32	0.
823701 01-09-19 LHA FC	or Paper	work Reduction Act Notice	e, see instructions.					Form 990-T (2018)

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(2018) ROTARY CHARITIES OF TRAVERSE CITY		38-217	70564	
	e instru	ctions)		
				1,7
Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)		35	
lines 33 and 34			36	1,7
Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,0
Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,			
enter the smaller of zero or line 36			38	7
Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39	1
			40	
Alternative minimum tax (trusts only)				
Tax on Noncompliant Facility Income See instructions				
Total Add lines A1 A2 and A3 to line 30 or A0 whichever applies				1
			44	<u>+</u>
	AE- 1			
	$ \rightarrow $			
			-	
			-	
Subtract line 45e from line 44				1
Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 📖	Other (attach schedule)	47	
Total tax. Add lines 46 and 47 (see instructions)			48	1
2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	
Payments: A 2017 overpayment credited to 2018	50a			
2018 estimated tax payments	50b			
Tax deposited with Form 8868	50c			
	50d			
	50e			
	50f			
	500			
			51	
				1
		•	<u> </u>	
		1		
	00 (,	55	
				Yes
	-			
	foreign	country		
•				
During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra-	ansferor	to, a foreign trust?		
If "Yes," see instructions for other forms the organization may have to file.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s	statement	s, and to the best of my knowledge	wledge and beli	ef, it is true,
	i or nuo un			
	VE I			
Signature of officer Date Title		ir	structions)?	Yes 🗌
Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN	
		self- employed		
				21554
HEIDI WENDEL, CPA			1 /	
rer HEIDI WENDEL, CPA		Firm's FIN	20-2	234967
Firm's name ► DGN, LLC		Firm's EIN 🕨	20-2	234967
Firm's name ► DGN, LLC P.O. BOX 947				
Firm's name ► DGN, LLC		Firm's EIN Phone no.	231-946	
	Image: Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (so Amounts paid for disallowed fringes) Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions for exceptions) Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line enter the smaller of zero or line 36 V Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Multiply line 38 by 21% (0.21) Trust as checkile or Schedule D (Form 1041) Proxy tax. See instructions Tax cate schedule or Schedule D (Form 1041) Proxy tax. Credit (corporations atach Form 1116; trusts attach Form 111	Image: Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) Amounts paid for disalowed fringes Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Total d'unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34. Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36. V Tax Computation Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) Trusts Taxable as Corporations. Total to an one momphilant Facility mome. See instructions Total Add lines 41 rust Rates. See instructions Tota on Noncompilant Facility income. See instructions Total redits (corporations attach Form 1118; trusts attach Form 1116) 45a Other credits (see instructions) 45b Credit for prior yaar minimum tax (tatach Form 4801 or 8827) 45c Credit for prior yaar minimum tax (tatach Form 4861 or 8801 or 8827) 45c Credit for small employer health insurance premiums (attach Form 8697 ir Form 8866 ir Total tax. Add lines 45 and 47 (see instructions) 50b 2018 ent 665 tax liability paid from F	II Total Unrelated Business Taxable Income computed from all unrelated trades or businesses (see instructions) Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 Bines 35 and 34 Bines	III Total Unrelated Business Taxable Income Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 Anounts paid for disalowed rings 34 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35 Total of unrelated business taxable income before specific deduction. Subtract line 35 form the sum of lines 33 and 34 36 Specific deduction (Generally \$1,000, but see line 37 from time 36, if file 37 is greater than line 80, enter the smaller of zaro or line 38 37 Unrelated business taxable income. Subtract line 37 from time 36, if file 37 is greater than line 30, enter the smaller of zaro or line 38 38 VC Tax Computation 40 Organizations Trable as Corporations. Multiply line 38 by 21% (0.21) 40 Tax one Mencompilant Facility income. See instructions 41 Atternative minimum tax (tratis only) 41 Tax one Anoncompilant Facility income. See instructions 43 Total. And lines 41. Yourn 1118; trusts attach Form 1116; 45a Other crafts (see instructions) 46 Other taxes. Check Horm 200 45c Tax and Payments 46 Other crafts (see instructions) 46 Other taxes. Check Horm 380 or 8827) <

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

EMPLOYER PAID PARKING FOR EMPLOYEES

TO FORM 990-T, PAGE 1

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

•	File a	senarate	application	for ea	ch return	

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyir	ng number	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identificatio	n number (EIN) or	
print			777		20 017	70564	
File by the	ROTARY CHARITIES OF TRAVERS			38-2170564			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 202 E GRANDVIEW PKW STE 200		tions.	Social se	curity numbe	er (SSN)	
instructions	TRAVERSE CITY, MI 49684	J. J	-				
Enter the	Return Code for the return that this application is for (file	e a separa	ate application for each return)				
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990) or Form 990-EZ			07			
Form 990)-BL			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	D-T (trust other than above) STACEY FOSTER	06	Form 8870			12	
box ► 1 I re the ►	is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org. calendar year or tax year beginning JUL 1, 2018 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	and atta	Ach a list with the names and EINs on the second structure of the second struc	f all memb	ers the extern npt organizati	ision is for.	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less		^	0.	
	y nonrefundable credits. See instructions.) optor co	v refundable credite and	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069			015	¢	0.	
	timated tax payments made. Include any prior year overp			3b	\$		
	lance due. Subtract line 3b from line 3a. Include your pa ng EFTPS (Electronic Federal Tax Payment System). See		, I , ,	3c	¢	0.	
					⊅ ad Farm 887(
instructio	If you are going to make an electronic funds withdrawal ons.			HJJ-EU al			
	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions		Form 9	868 (Rev. 1-2019)	