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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public
Inspection

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pending

C Name of organization

ROTARY CLUB OF YORK-EAST

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

P.O. BOX 3491

City or town, state or country, and ZIP + 4

YORK, PA 17402-0491

D Employer identification number

23-2484981

E Telephone number

7178439499

F Group Exemption

Number ►

H Check ► if the organization is not required to attach Schedule B

(Form 990, 990-EZ, or 990-PF).

G Accounting Method: Cash Accrual Other (specify) ►I Website: ► WWW.YORKEASTROTARY.ORGJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 59,296.

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

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

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	1,777.
3 Membership dues and assessments	3	39,942.
4 Investment income	4	12.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	3,450.
b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13,420.
c Less: direct expenses from gaming and fundraising events	6c	7,963.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8 Other revenue (describe in Schedule O)		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8,907.
SEE SCHEDULE O		
10 Grants and similar amounts paid (list in Schedule O)	10	27,652.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	452.
16 Other expenses (describe in Schedule O)	16	31,066.
17 Total expenses. Add lines 10 through 16	17	59,170.
SEE SCHEDULE O		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<7,837.>
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	20,153.
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	12,316.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	20,153.	22 12,316.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	20,153.	25 12,316.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,153.	27 12,316.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? **PUBLIC SERVICE**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28 PROVIDES SERVICE TO THE YORK COMMUNITY THROUGH VARIOUS PROJECTS AND EVENTS. PROCEEDS FROM THE EVENTS ARE DONATED TO VARIOUS NONPROFIT AND INTERNATIONAL ORGANIZATIONS.

(Grants \$ 15,683.) If this amount includes foreign grants, check here 28a 15,683.

29

(Grants \$) If this amount includes foreign grants, check here 29a

30

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

31 Other program services (describe in Schedule O)

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

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

32 15,683.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
JAMES WALTERS PO BOX 3491, YORK, PA 17402	PAST-PRESIDENT 6.00	0.	0.	0.
ELIZABETH WOLF PO BOX 3491, YORK, PA 17402	PRESIDENT 4.00	0.	0.	0.
JOSEPH HACKETT PO BOX 3491, YORK, PA 17402	PRESIDENT-ELECT 2.00	0.	0.	0.
ANGELA HARTMAN PO BOX 3491, YORK, PA 17402	SECRETARY 3.00	0.	0.	0.
THOMAS ZELLERS PO BOX 3491, YORK, PA 17402	TREASURER 1.00	0.	0.	0.
THOMAS POKOPEC PO BOX 3491, YORK, PA 17402	BOARD MEMBER 1.00	0.	0.	0.
CONNIE SPARK PO BOX 3491, YORK, PA 17402	BOARD MEMBER 1.00	0.	0.	0.
JOHN SCHRIVER PO BOX 3491, YORK, PA 17402	BOARD MEMBER 1.00	0.	0.	0.
LINDA GORTER PO BOX 3491, YORK, PA 17402	BOARD MEMBER 1.00	0.	0.	0.
ROGER DICK PO BOX 3491, YORK, PA 17402	BOARD MEMBER 1.00	0.	0.	0.
ROBERT STRAW PO BOX 3491, YORK, PA 17402	BOARD MEMBER 1.00	0.	0.	0.
STEVE ALTLAND PO BOX 3491, YORK, PA 17402	BOARD MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V

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

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

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

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A

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

a Initiation fees and capital contributions included on line 9 39a N/A

b Gross receipts, included on line 9, for public use of club facilities 39b N/A

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

section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b X

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c 0.

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d 0.

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

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f 0.

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► THOMAS ZELLERS, TREASURER Telephone no. ► (717) 843-9499
Located at ► PO BOX 3491, YORK, PA ZIP + 4 ► 17402

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

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

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 0.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b 0.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

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

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

► Yes No

Sign Here

Signature of officer

Date

JOSEPH HACKETT, PRESIDENT

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DOUGLAS L BERMAN	DOUGLAS L BERMAN			P01269555
	Firm's name ► REINSEL KUNTZ LESHER LLP			Firm's EIN ► 23-2108173	
	Firm's address ► 1601 SOUTH QUEEN STREET YORK, PA 17403-4630			Phone no. (717) 843-3804	

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

► Yes No

Form 990-EZ (2011)

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number
23-2484981

ROTARY CLUB OF YORK-EAST

23-2484981

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

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

Total

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 GOLF EVENT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts		8,570.		8,570.
2 Less: Charitable contributions				
3 Gross income (line 1 minus line 2)		8,570.		8,570.
4 Cash prizes				
5 Noncash prizes		378.		378.
6 Rent/facility costs		3,210.		3,210.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses		150.		150.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (3,738)
11 Net income summary. Combine line 3, column (d), and line 10				► 4,832.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a

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

9 Enter the state(s) in which the organization operates gaming activities: **PA**

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

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

13a
 13b

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

Name ► _____

Address ► _____

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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Name of the organization

ROTARY CLUB OF YORK-EAST

Employer identification number
23-2484981

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY: _____ **AMOUNT:** _____

INTEREST INCOME **12.**

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE: _____ **AMOUNT:** _____

MISCELLANEOUS **695.**

FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:

AFFILIATE NAME: ROTARY INTERNATIONAL

AFFILIATE ADDRESS: 1560 SHERMAN AVE EVANSTON, IL 60201

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: **4,394.**

AFFILIATE NAME: ROTARY DISTRICT 7390

AFFILIATE ADDRESS: 515 S GEORGE ST YORK, PA 17401

PURPOSE OF PAYMENT: DUES

AMOUNT OF PAYMENT: **3,346.**

AFFILIATE NAME: ROTARY FOUNDATION

AFFILIATE ADDRESS: 1560 SHERMAN AVE EVANSTON, IL 60201

PURPOSE OF PAYMENT: MATCHING CONTRIBUTION-PAUL HARRIS FELLOWSHIP

AMOUNT OF PAYMENT: **4,229.**

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 **11,969.**

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Supplemental Information to Form 990 or 990-EZ

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ACTIVITY CLASSIFICATION: SCHOLARSHIPS PAID TO STUDENTS

GRANTEE NAME:

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION: SCHOLARSHIPS PAID TO STUDENTS-ROTARY LEADERS'

CONFERENCE

GRANTEE NAME:

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 1,275.

ACTIVITY CLASSIFICATION: THAILAND MISSION

GRANTEE NAME: THAILAND MISSION

GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 3,000.

ACTIVITY CLASSIFICATION: JOINING HANDS

GRANTEE NAME: JOINING HANDS

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN: 500.

ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTION

GRANTEE NAME: NORTHEASTERN FOOD PANTRY

GRANTEE ADDRESS: 4832 N SHERMAN STREET MOUNT WOLF, PA 17347

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
132211
01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Supplemental Information to Form 990 or 990-EZ

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GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

850.

ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTION

GRANTEE NAME: AUTISM YORK

GRANTEE ADDRESS: P.O. BOX 7322 YORK, PA 17404

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTION

GRANTEE NAME: YORK DAY NURSERY

GRANTEE ADDRESS: 450 EAST PHILADELPHIA STREET YORK, PA 17403

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

1,000.

ACTIVITY CLASSIFICATION: CHARITABLE CONTRIBUTION

GRANTEE NAME: PEACE GARDEN

GRANTEE ADDRESS: 10939 HIGHWAY 281 DUNSEITH, ND 58329

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

3,000.

ACTIVITY CLASSIFICATION: POLIO PLUS

GRANTEE NAME: POLIO PLUS

GRANTEE ADDRESS: 1560 SHERMAN AVENUE EVANSTON, IL 60201

GRANTEE RELATIONSHIP: NONE

AMOUNT GIVEN:

58.

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

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TOTAL INCLUDED ON FORM 990-EZ, LINE 10 15,683.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>MEALS</u>	<u>27,196.</u>
<u>CONFERENCES</u>	<u>885.</u>
<u>MISCELLANEOUS</u>	<u>507.</u>
<u>INSURANCE</u>	<u>1,312.</u>
<u>WEBSITE HOST FEE</u>	<u>95.</u>
<u>SOCIALS</u>	<u>1,071.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>31,066.</u>

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Name of the organization

ROTARY CLUB OF YORK-EAST

Employer identification number

23-2484981

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