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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2012**Open to Public
Inspection**

A For the 2012 calendar year, or tax year beginning <u>7/1/2012</u> , and ending <u>6/30/2013</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Lions International Manchester</u> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <u>PO Box 1189</u> City or town state or country ZIP + 4 <u>Manchester Center VT 05255</u> D Employer identification number <u>03-6010670</u> E Telephone number <u>(802) 362-4153</u> F Group Exemption Number ▶
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ I Website: ▶ <u>None</u> J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization 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. ▶ \$ 123,516

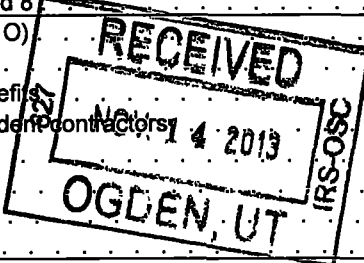
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	9,473
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,025
	4	Investment income	4	32
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	7,822
Expenses	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	102,505
	c	Less: direct expenses from gaming and fundraising events	6c	46,784
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	63,543
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	659
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	76,732
	10	Grants and similar amounts paid (list in Schedule O)	10	54,620
Net Assets	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	518
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	9,972
	17	Total expenses. Add lines 10 through 16	17	65,110
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,622	
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	14,427	
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,049	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA



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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	14,427	22 26,048
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	14,427	25 26,048
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,427	27 26,048

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? Sight and Hearing assistance.

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 Providing grants and donations to various organizations and individuals for help with hearing and sight issues.		
(Grants \$ 54,260) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,110
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	65,110

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 title	(b) 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
Bruce Murtaugh President	Hr/WK As Required	0		
Ed Sossi VP	Hr/WK As Required	0		
Debbie Post Secretary	Hr/WK As Required	0		
Rebecca Counsel Treasurer	Hr/WK As Required	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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 Schedule O to respond to any question in this Part V. ☐

	Yes	No
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.		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).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		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.		
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.		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.		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a None		
b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9. 39a		
b Gross receipts, included on line 9, for public use of club facilities. 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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.		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <input type="checkbox"/> None		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <input type="checkbox"/> None		
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.		X
41 List the states with which a copy of this return is filed. <input type="checkbox"/> NONE - NOT REQUIRED		
42 a The organization's books are in care of <input type="checkbox"/> Becky Counsel Telephone no. <input type="checkbox"/> (802) 362-4344 Located at <input type="checkbox"/> Read Farm Road City <input type="checkbox"/> Dorset Manchester Center ST VT ZIP + 4 <input type="checkbox"/> 05251 05255		
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: <input type="checkbox"/>	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/>		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. <input type="checkbox"/> 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.		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.		X
c Did the organization receive any payments for indoor tanning services during the year?		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.		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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).		X

- 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 only

All section 501(c)(3) organizations 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 ☐

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

	Yes	No
47		
48		
49a		
49b		

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

- 49 a Did the organization make any transfers to an exempt non-charitable related organization?

- b If "Yes," was the related organization a section 527 organization?

- 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 title of each employee paid more than \$100,000	(b) 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
Name None				
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			
Name	Hr/WK .00			
Title	Hr/WK .00			

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

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

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

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

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

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

Sign Here	Signature of officer <i>Rebecca S Counsell</i>	Date <i>10/5/13</i>
	Type or print name and title <i>Rebecca S Counsell, Treasurer</i>	

Paid Preparer Use Only	Print/Type preparer's name Norman E Favor III	Preparer's signature <i>Norman E Favor III</i>	Date 10/28/2013	Check <input type="checkbox"/> if self-employed	PTIN P01237317
	Firm's name <i>Favor & Co.</i>	Firm's EIN <i>20-0484110</i>			
	Firm's address <i>PO Box 1586, Manchester Center, VT 05255</i>	Phone no <i>(802) 362-2691</i>			

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Lions International Manchester

Employer identification number

03-6010670

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Elf Train (event type)	Maple Leaf Race (event type)	Auction (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	63,919	20,316	18,270	102,505
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	63,919	20,316	18,270	102,505
Direct Expenses	4 Cash prizes		10,400	0	10,400
	5 Noncash prizes			0	0
	6 Rent/facility costs	12,150		2,270	14,420
	7 Food and beverages			91	91
	8 Entertainment			1,563	1,563
	9 Other direct expenses	20,310		0	20,310
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(46,784)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				55,721

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				0
Direct Expenses	2 Cash prizes			0
	3 Noncash prizes			0
	4 Rent/facility costs			0
	5 Other direct expenses			0
	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) ▶				(0)
8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				0

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

- 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 ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0.
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

- 16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

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 ▶ \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) 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
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.

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number

Lions International Manchester

03-6010670

Part I - Line 8: Other Revenue

Web income, Shires race and Dinner donations.

Part I - Line 10: Donations

See attached schedule.

Part I - Line 16: Other Expenses

Club dues - \$3,465

Supplies - \$2,924

Event expenses - \$1,735

Guest meals - \$877

Insurance - \$603

Miscellaneous - \$368

**Manchester Lions Club
Donations**

Date	Check	Payee	Description	Amount
1/09/13	6235	American Legion Post 69	Donation	1,000.00
12/06/12	6203	Arlington Food Shelf	Donation	500.00
1/09/13	6237	Arlington Food Shelf	Donation	1,000.00
4/05/13	6274	Arlington Food Shelf	Donation	500.00
3/13/13	6265	Bart Center	Donation	1,000.00
5/08/13	6282	The Bart Center	Donation - Hole Sponsor	100.00
10/24/12	6163	BBA - Football	Donation - Auction	300.00
10/25/12	6164	BBA - Performing Arts	Donation	1,000.00
12/17/12	6213	BBA - Performing Arts	Donation - Train	5,000.00
1/08/13	6226	Big Brothers Big Sisters	Donation	250.00
1/08/13	6227	Boy Scout Troop 332	Donation - Train	1,000.00
3/20/13	6266	Brook Valley	Donation -Pool House TV	1,869.95
8/10/12	6120	Community Sharing Project	Donation - Auction Ad	25.00
9/12/12	6139	Community Sharing Project	Donation	500.00
5/08/13	6287	Cub Scout Pack 333	Donation - Camp for 2	600.00
12/06/12	6195	Dorset Nursing	Donation	150.00
1/08/13	6228	East Dorset Fire Department	Donation - Train	500.00
11/08/12	6177	ED Fire Dept pd to Reynolds & Sons	Donation	5,000.00
3/13/13	6257	Empty Bowls at LTS	Donation	250.00
5/06/13	6281	Fourth Grade Foresters	4th Grade Tree Program	174.00
12/06/12	6197	Friends of MEMS	Donation	250.00
3/13/13	6259	Happy Days Preschool	Donation	450.00
10/04/12	6152	Home Away From Home	Donation	200.00
4/05/13	6273	Hunter Park	Donation	250.00
12/06/12	6202	Interfaith Council Holiday Project	Donation	500.00
12/19/12	6214	Interfaith Council Holiday Project	Donation	2,000.00
5/08/13	6283	Interfaith Council - Summer Lunch	Donation	500.00
12/06/12	6198	Kurn Hattin Homes	Donation	250.00
11/05/12	6172	Ladies Aux VFW - Vet Homes Gifts	Donation	500.00
11/14/12	6179	LCIF Disaster Relief/Hurricane Sandy	Donation	1,000.00
3/13/13	6258	Lions Twin State Soccer	Donation	100.00
4/05/13	6275	Manchester Chamber Car Show	Donation	100.00
10/02/12	6151	Manch Community Christmas Dinner	Donation	300.00
10/11/12	6154	Manch Community Food Cupboard	Donation	2,000.00
11/05/12	6173	Manch Community Food Cupboard	Donation	500.00
12/06/12	6201	Manch Community Food Cupboard	Donation	500.00
1/09/13	6236	Manch Community Food Cupboard	Donation	2,000.00
3/13/13	6263	Manch Community Food Cupboard	Donation	2,000.00
6/03/13	6294	Manch Community Food Cupboard	Donation	500.00
10/22/12	6161	Manchester Fire Department	Donation-Nov Breakfast	400.00
3/22/13	6268	Manchester Fire Department	Donation-Feb Breakfast	400.00
4/24/13	6278	Manchester Firefighters Assoc	Donation - Dormy Grill	100.00
12/06/12	6196	Manchester Health Services	Donation	150.00
2/21/13	6253	Manchester Health Services	Donation	1,000.00
1/08/13	6229	Manchester Leos	Donation - Train	300.00

8/29/2013

**Manchester Lions Club
Donations**

Date	Check	Payee	Description	Amount
9/28/12	6150	Manch Power House - for batteries	Donation - MS patient	277.85
7/18/12	6109	Manchester Rescue Squad	Donation	500.00
1/09/13	6234	Manchester Rescue Squad	Donation	1,000.00
3/13/13	6264	Manchester Youth Baseball	Donation	600.00
1/08/13	6225	Mark Skinner Library	Donation	200.00
12/06/12	6194	Neighbor to Neighbor	Donation	250.00
8/10/12	6121	Race for the Cure	Donation - add'l for table	50.00
7/30/12	6111	Reinhart Food Service	Austine Camp	261.35
8/10/12	6127	Riley Rink	Donation	250.00
10/11/12	6155	Riley Rink	Donation - Auction	250.00
9/12/12	6140	Second Chance	Donation	250.00
5/08/13	6284	Second Chance Animal Center	Donation - Summer Camp	350.00
12/06/12	6193	Ski For Heat/BROC	Donation	500.00
7/18/12	6108	Sunrise Family Resource Center	Donation	500.00
6/03/13	6293	Trout Unlimited of SW Vermont	Donation	150.00
7/18/12	6104	United Counseling Service	Donation	300.00
3/13/13	6260	Vt Disaster Relief Fund	Donation	500.00
12/06/12	6199	VT Lions Charities	Donation - D45 Raffle	200.00
1/09/13	6233	VT Lions Charities	Austine Camp	1,000.00
4/01/13	6272	VT Lions Charities Walkathon	Donation	500.00
8/10/12	6122	Washington County Band	Donation	350.00
6/03/13	6292	Wounded Warriors Event - 2013	Donation	250.00
6/03/13	6295	You Are Never Alone Foundation	Donation	250.00
		Scholarships	Scholarships	8,000.00
		Sight & Hearing	Sight & Hearing	912.00
				54,620.15

8/29/2013