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## Form 990-EZ

### Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2012

non to Dubli

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	2012 calend	ar year, or tax year beginning	July 1	, 2012, and endin	<u>g</u>	une 30	, 20	13
В	Check if ap	plicable	C Name of organization			D Empl	loyer ider	ntification number	er
	Address c	hange	ROTARY NORTHEAST PETS INC			l	27-	1151463	
$\vdash$	Name cha	nge	Number and street (or P O box, if mail is not de	elivered to street address)	Room/surt	e E Telep	hone nun	nber	
H	Initial retur		608 Birdie Drive			l	203	881 8186	
H	Terminate Amended		City or town, state or country, and ZIP + 4			F Gro	up Exem	ption	
Ħ	Application		OXFORD CT 06478			Nun	nber 🕨		
G	Account	ing Method:	☐ Cash ☐ Accrual Other (specific	v) <b>&gt;</b>		H Check	▶ ☐if1	the organization	n is <b>not</b>
	Websit	-						ch Schedule B	
			eck only one) - 501(c)(3) 501(c) (	1 ) ◀ (insert no.) 4947	(a)(1) or 527			EZ, or 990-PF).	
	Check ▶		e organization is not a section 509(a)(3) supp			zation <b>and</b> if	ts gross i	receints are nor	mally
			0. A Form 990-EZ or Form 990 return is no						
			oses to file a return, be sure to file a comple		(- <b>(</b> - <b>(</b>	, .,		,	
	_		b, to line 9 to determine gross receipts. If gro		r more, or if total a	ssets (Part II,			
1	ine 25, c	olumn (B) belo	ow) are \$500,000 or more, file Form 990 instea	ad of Form 990-EZ			<b>▶</b> s		
_	art I		e, Expenses, and Changes in Ne		alances (see	the instru	ctions f	or Part I)	
	a. c.		the organization used Schedule O t						
	1		ons, gifts, grants, and similar amounts				11		760.61
	2		ervice revenue including government f				2	172,	700.01
	3	-	nip dues and assessments				3		
	4	investmen	•				4		
	5a		ount from sale of assets other than inve		5a		<del>  -  </del>		
	1 .		or other basis and sales expenses.	•	5b		1 1		
	b		ss) from sale of assets other than inve				5c		
	6	-	nd fundraising events	Intory (Subtract line Sb	non me sa, .		136		<del></del>
	-	_	ome from gaining (attach > \$chequil	OFF of greater than					
ō	a		Sine from garring (actach 350) educ	e d'il gleater mair	6a				
Revenue			ome from fundraising events (not include	duna (S)	of contribu	tions.	}		
ě	b				OI COITIIIDE	ILIOIIS			
Œ	:	sum of sur	raising events reported on line 1) Jattá ch gross income and contributions exc	ceeds \$15,000)	6b				
	1 _				6c		<b>┤</b>		
	6	Not incom	ct expenses from gaming and fundrals ne or (loss) from gaming and fundrals	ing events		cubtract	-		
	d	line 6c)		ing events (add lines	oa and ob and	Subliact			
		•					6d		
	7a		es of inventory, less returns and allowa		7a   7b		1 1		
	b		of goods sold						
	ို		fit or (loss) from sales of inventory (Sub				7c		
	8		•				9	170	700.01
_	10		enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a d similar amounts paid (list in Schedule		· · · · · ·	· · · •	10	1/2	<u>,760.61</u>
	1						11		
	11		aid to or for members				12		
Expenses	12		other compensation, and employee be				13		
ë	13		nal fees and other payments to indepe				14		
×	14		ey, rent, utilities, and maintenance .						
س	٠, ١٠		sublications, postage, and shipping.				15		2760.35
	16		enses (describe in Schedule O)						,665.88
_	17	l otal exp	enses. Add lines 10 through 16		<u></u>	· · · P	17		,426.23
V.	18		(deficit) for the year (Subtract line 17 f				18	21	<u>,334.38</u>
V.	19		s or fund balances at beginning of year figure reported on prior year's return					= -	
Ä			_				19	32	<u>,031.90</u>
Net Assets	20		nges in net assets or fund balances (e.				20		
_	21	Net assets	s or fund balances at end of year. Com	ndine lines 18 through	20	<u> ▶</u>	21	53	<u>,366.28</u>

For Paperwork Reduction Act Notice, see the separate instructions.

**SCANNED AUG 0 1 2013** 

Cat No 10642I

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Pa	rt II Balance Sheets (see the instructions for					
	Check if the organization used Schedule	O to respond to ar	ny question in this	(A) Beginning of year		(B) End of year
00	Ocah course and acceptance			<del></del>	<del></del>	<del></del>
22 23	Cash, savings, and investments			32,031.90	23	53,366.28
24	Other assets (describe in Schedule O)				24	<del></del>
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column		n line 21)		27	
Par	t III Statement of Program Service Accomp	plishments (see th	e instructions for	Part III)		Expenses
	Check if the organization used Schedule				(Rec	uired for section
Wha	t is the organization's primary exempt purpose?				Š01(	c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplish neasured by expenses. In a clear and concise ma ons benefited, and other relevant information for ea	anner, describe the			4947	nizations and section 7(a)(1) trusts, optional thers)
28						
			<del></del>		1	}
	(Grants \$ ) If this amount	ıncludes foreign gra	ants, check here	▶ 🗍	28a	
29	10.000					
					ĺ	ĺ
	(Grants \$ ) If this amount	includes foreign gra	ants, check here	▶ ∐_	29a	<u> </u>
30	***************************************					
			·		ļ	1
	(Grants \$ ) If this amount	includes foreign gra	ants, check here	▶ □	30a	, [
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	
32	Total program service expenses (add lines 28a t				32	<del></del>
Pai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS (if not paid, enter -0	(d) Health benefits, contributions to employ C) benefit plans, and		Estimated amount of other compensation
Suc	an H Klock		(ii not paid, cittor o	, describe compositation		
	unset Ridge Dr, East Hartford CT 06118	- Chairman		o-	0-	-0
	olyn Johnson	- Cridarinan				<u>`</u>
	Drinkwater Point Rd, Yarmouth, ME 04096	Secretary		0	0-	-0
	lerick Brian Amey				- {	
<u>608</u>	Birdie Dr Oxford CT 06478	Treasurer	<del> </del>	0	0-	-0
		-				
			<del></del>		+	
		•				
		<del> </del>				
		1				
		<del> </del>	<u> </u>			
		4				
_		<del> </del>	<del> </del>	<del></del>	+	<del></del>
		<del>                                     </del>			1	
		1	<u> </u>		$\bot$	
			1			
		<del> </del>			+	
		-				

Part	·			
	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	33	162	<b>N</b> 0
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			
35a	change on Schedule O (see instructions)	34	ļ	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	<u> </u>	1
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a	-	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			<u> </u>
39	Section 501(c)(7) organizations. Enter:		ļ	
a b	Initiation fees and capital contributions included on line 9	1	[	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	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	100		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ► Telephone no. ► ZIP + 4 ►	<b>-</b>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	-	No
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	1	✓
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		Yes	► □
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		√ No
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		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c	-	1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		ļ	
AE-	explanation in Schedule O	44d 45a	+-	<b>√</b>
45a 45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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-F7 (see instructions)	45a		
	TOTAL SQUEET INSURABILIST CONTRACTOR CONTRAC	4.77	4 1	

Form 95	90-EZ (2)	U12)						<del></del>	Page 4
46	Did th	ne organization engage, directly or in	ndirectly in political o	ampaign activities	on hehalf of o	r in annositi	on [	Yes	No
		ndidates for public office? If "Yes," of						·	1
Part		Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51	s must answer que			omplete the	tables f	or line	es
		Check if the organization used Sch	nedule O to respond	to any question i	n this Part VI	<u> </u>	· · · ·	Yes	
47		he organization engage in lobbying If "Yes," complete Schedule C, Pari		section 501(h) elec	tion in effect	during the t	ax 47	res	No ✓
48	ls the	organization a school as described in	n section 170(b)(1)(A)(	i)? If "Yes," comple	te Schedule E		48	<del> </del>	1
49a		ne organization make any transfers to			inization?		49a		<b>✓</b>
b		es," was the related organization a se							L
50		olete this table for the organization's oyees) who each received more than							
		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-MIS	(d) Health contributions benefit plans	n benefits, s to employee , and deferred	(e) Estimate	ed amo	unt of
			devoted to position	( onle w 2 1000 wife	compe	nsation			
					<del>-  </del>				
f 51	Com	number of other employees paid ov plete this table for the organization, ,000 of compensation from the orga	s five highest comp	ensated independe	ent contractor	s who each	received	more	thar
(a) 	Name a	nd address of each independent contractor pa	ud more than \$100,000	(b) Type of	service	(c)	Compensat	ion	
					<del></del>				
				-					
				· <u> </u>					
d 52	Did t	number of other independent contra he organization complete Schedule a exempt charitable trusts must attach	A? Note: All section	501(c)(3) organizatio			► [] Yes	s 🗆	No
Under p	penalties	of perjury, I declare that I have examined this ad complete Desparation of preparer (other than	return, including accompai	nying schedules and stat	ements, and to th	e best of my kn			
						7/12/2	0/3		
Sign Here		Signature of officer Frederick Brian Amey Treasurer			Da	ite /			
		Type or print name and title							
Paid	arer	Print/Type preparer's name	Preparer's signature		Date	Check Self-employ	of PTIN		

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

Firm's name

Firm's address ▶

Paid Preparer

**Use Only** 

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Rotary NorthEast PETS Inc** 

#### 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.

90-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

27-1151463

Line 1:	
District Assessments ( See Schedule B)	\$118,800.00
Bank Interest	\$ 5.60
Contributions to cover Awards costs	\$ 800.00
Registration Meals Costs	\$ 51,905.01
Vendor Donation Income	\$ 1,250.00
Total Line 1:	\$172,760.61
Line 16:	
Food & Accommodation Costs	\$110,194.10
Bank and Credit Card Charges	\$ 1,651.59
Speakers and Dignatories Costs	\$ 1,962.71
Awards Scheme Purchases	\$ 864.57
Planning Meetings Costs	\$ 7,445.96
Supplies	\$ 13,806.11
Website and Computer Survey Costs	\$ 2,820.25
Training Costs	\$ 2,070.94
Refunds District Assessments and Reservations	\$ 7890.00
Total Line 16:	\$148,665.88

# Rotary N.E. PETS Transaction Detail By Account July 2012 through June 2013

Accrual Basis 07/10/13 11:13 PM

Type	Date	Num	Name	Memo	ច់	Split	Amount	Balance
Vendor Rental Incom	Ф							
Deposit	•	Pymt	Russell-Hampton Co	Donation		Rotary N E P	300 00	300 00
Deposit		Pvmt	All-American Speci	Donation		Rotary N E P	400 00	700 00
Deposit		Pymt	National Award Ser	Donation		Rotary N E P	320 00	1,050 00
Deposit	3/4/2013	Pymt	Infotech	Donation		Rotary N E P.	200.00	1,250 00
Total Vendor Rental Income	come						1,250 00	1,250 00
TOTAL							1,250.00	1,250.00

1,250.00

# Rotary N.E. PETS Transaction Detail By Account July 2012 through June 2013

Accrual Basis

11:12 PM 07/10/13

Туре	Date	Nca	Name	Memo	능	Split	Amount	Balance
District Assessments								
Invoice	11/30/2012	2012/	District 7780	PETS charge		Accounts Rec	11,000 00	11,000 00
Invoice	11/30/2012	2012/.	District 7850	PETS charge	•	Accounts Rec .	11,000.00	22,000.00
Invoice	11/30/2012	2012/	District 7870	PETS charge		Accounts Rec	16,500 00	38,500 00
Invoice	11/30/2012	2012/ .	District 7890 ∼	PETS charge		Accounts Rec	17,050 00	55,550 00
Invoice	11/30/2012	2012/	District 7910	PETS charge		Accounts Rec.	14,575 00	70,125 00
Invoice	11/30/2012	2012/	District 7930 ~	PETS charge		Accounts Rec	12,925 00	83,050.00
Invoice	11/30/2012	2012/	District 7950 /	PETS charge		Accounts Rec	18,425 00	101,475 00
Invoice	11/30/2012	2012/	District 7980 /	PETS charge		Accounts Rec	16,775 00	118,250 00
Stmt Charge	11/30/2012	2012/	District 7870	PETS charge		Accounts Rec .		118,250 00
Deposit	2/7/2013			D7910		Rotary N E P	00:0	118,250 00
Deposit	2/7/2013			Deposit		Rotary N.E. P.		118,250 00
Invoice	2/14/2013	2013/	District 7950	PETS charge		Accounts Rec	275.00	118,525 00
Invoice	2/21/2013	2013/	District 7780	PETS charge		Accounts Rec	275 00	118,800 00
Deposit	3/4/2013	Pymt	District 7780	Kittery After		Rotary N E P		118,800.00
Deposit	4/24/2013	Pymt	District 7780	EClub of Ne		Rotary N E P		118,800 00
Stmt Charge	4/24/2013	2013/	District 7950	PETS charge.		Accounts Rec		118,800 00
Deposit	5/31/2013			Error already		Rotary N E P		118,800 00
Check	5/31/2013	Trans		error should		Rotary N E P	000	118,800 00
Total District Assessments	ıts					•	118,800 00	118,800 00

118,800.00

118,800.00

TOTAL

### Rotary N.E. PETS Profit & Loss

July 2012 through June 2013

	Jul '12 - Jun 13
Ordinary Income/Expense	
Income District Assessments	118,800 00
Interest Raffle - Allocated	5 60 800 00
Registration / Meals	6,220 00 )
Registration / Meals - Online	45,685 01 }
Vendor Rental Income	1,250 00
Total Income	172,760 61
Expense	4 070 44 7
AG Food Cost Business Expenses	4,878 44 ✓
Credit Card Charges	1,651.59>
PETS Alliance	1,997.92
Webb Page	2,520 25
Total Business Expenses	6,169.76
Contract Services Outside Contract Services	300.00
Total Contract Services	300.00 <
Operations	
Postage, Mailing Service	40 35)
Supplies	613 40
Total Operations	653 75 /
PETS Conference	70.00
AG Training Expenses	73 02 2,921.82 <i>►</i>
Badges Food & Beverage (Thu, Fri, Sat)	85,315 66 <del>*</del> ✓
Gifts	1,300 00 /
Printing Expenses	
Program Books	2,720 00
Total Printing Expenses	2,720.00 ⊀
Registration Refunds	7,890.00
Speaker & Special Guest Exp Supplies	662 71 _
Copies, Tent Cards, Printer Ink	21.99 -
Flip Charts & Pens	895.60 ~
PE Supplies Goody Bag	9,000 00
Total PE Supplies	9,000 00 ~
Raffle Expenses & Supplies	864 57 /
SatA's Supplies	312.95 >
Total Supplies	11,095 11
PETS Conference - Other	20,000 00 🗸
Total PETS Conference	131,978 32
Planning Meeting Expense	7,445 96 ✓
Total Expense	151,426 23
Net Ordinary Income	21,334 38
Net Income	21,334.38

11:30 PM 07/09/13 Accrual Basis

#### Rotary N.E. PETS Balance Sheet As of June 30, 2013

	Jun 30, 13
ASSETS	
Current Assets	
Checking/Savings Rotary N.E. PETS Checking BOA	42,440.93
Rotary N.E. PETS Savings BOA	10,925.35
Total Checking/Savings	53,366 28
Total Current Assets	53,366 28
TOTAL ASSETS	53,366.28
LIABILITIES & EQUITY Equity	
Opening Balance Equity	36,020 71
Unrestricted Net Assets	-3,988 81
Net Income	21,334 38
Total Equity	53,366.28
TOTAL LIABILITIES & EQUITY	53,366.28