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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)

2012

OMB No 1545-1150

Sponsoning 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AI	or tne	2012 calendar year, or tax year beginning July 1 , 2012, and ending	<u> </u>	1e 30 , 20 13
В	Check if ap	plicable C Name of organization	D Employ	er identification number
<b></b> ✓	Address o			46-0722729
닏	Name cha	nge Number and street (or P.O box, if mail is not delivered to street address) Room/suite	E Telepho	ne number
$\overline{}$	Initial retui	13474 Duck Pond Drive NF		828-459-7617
=	Terminate Amended	Crty or town, state or country, and ZIP + 4	F Group	Exemption
== -		n pending Conover, NC 28613-8458	Numb	•
			Check ▶	☑ If the organization is not
	<b>Nebsit</b>			attach Schedule B
		1010110101010101010101010101010101010101	•	, 990-EZ, or 990-PF)
_		jum,		<del></del>
	Check ▶	***************************************		
		e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may nization chooses to file a return, be sure to file a complete return.	y ne requi	red (see instructions). Dut if
	_	.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	
			•	
_		olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 92,379
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the		
		Check if the organization used Schedule O to respond to any question in this Part I	<del></del>	<u> </u>
	1	Contributions, gifts, grants, and similar amounts received	<u> </u>	1 76,489
	2	Program service revenue including government fees and contracts		2
	3	Membership dues and assessments	· ·  _	3 15,890
	4	Investment income	· ·  _	4
	5a	Gross amount from sale of assets other than inventory		
	b	Less: cost or other basis and sales expenses		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	[5	ic
	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than		
, e	1	\$15,000)	}	
) <b>คอใช้เ</b> ก็บอ	ь	Gross income from fundraising events (not including \$ of contributions	5	
₹	1	from fundraising events reported on line 1) (attach Schedule G if the		
	l	sum of such gross income and contributions exceeds \$15,000)   6b		
60	С	Less: direct expenses from gaming and fundraising events 6c		
(r -s	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract	
JO	ļ	line 6c)		id l
	7a	Gross sales of inventory, less returns and allowances		
أزرا	b	Less, cost of goods sold		[
25	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		/c
	8	Other revenue (describe in Schedule O)	<b>⊢</b>	8
es:	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9 92,379
OTRIVES	10	Grants and similar amounts paid (list in Schedule 0) RECEIVE		25,150
	11	Benefits paid to or for members		
Ø	12	Salaries other compensation, and employee henefits		
Se	13	Salaries, other compensation, and employee benefits	13	
Expenses	14	Occupancy, rent, utilities, and maintenance		
នី	15	Printing, publications, postage, and shipping OGDEN, U		15
_	_	Other expenses (describe in Schedule O)	•	1
	16   17		<del> </del>	
	18	Total expenses. Add lines 10 through 16		7   62,545   8   29.834
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		29,834
28	'	end-of-year figure reported on prior year's return)		0
Net Assets	20			83,389
Š	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	. 🗩 🗆	21 113 223

rom	990-EZ (2012) JOIL RUIARS ECLUS	ONE		70-	0/	JZ JZY Page Z
Pa	Int II Balance Sheets (see the instructions	•				
	Check if the organization used Schedu	lle O to respond to a	ny question in this			
	•		ļ	(A) Beginning of year		(B) End of year
22	Cash, s'avings, and investments		]	79,426		123,899
23	Land and buildings			<del></del>	23	
24	Other assets (describe in Schedule O)			3,963		801
25	Total assets			83,389		124,700
26	Total liabilities (describe in Schedule O) .				26	<del></del>
27	Net assets or fund balances (line 27 of column			83,389	27	124,700
Pai	Statement of Program Service Acco	•		•	Ì	Expenses
A //	Check if the organization used Schedu	ile O to respond to a	ny question in this	Part III		juired for section
	it is the organization's primary exempt purpose?					c)(3) and 501(c)(4) nizations and section
as n	cnbe the organization's program service accomp neasured by expenses. In a clear and concise cons benefited, and other relevant information for	manner, describe the				7(a)(1) trusts; optional thers)
28	International, community, and vocational service p	rojects.				
				~		
	//				20-	
29	· · · · · · · · · · · · · · · · · · ·	nt includes foreign gra			28a	<del> </del>
29					i	
	(Grants \$ ) If this amount	nt includes foreign gra	ints chack hara	▶ □	29a	
30					234	<del> </del>
-						
	(Grants \$ ) If this amou	nt includes foreign gra	ints, check here .	▶ □	30a	
31	Other program services (describe in Schedule O					<del> </del>
	· •	nt includes foreign gra			31a	
32	Total program service expenses (add lines 28a				32	<del>                                     </del>
	List of Officers, Directors, Trustees, and K			<del></del>	struct	ions for Part IV)
	Check if the organization used Schedu			•		·—
		(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and		ther compensation
		devoted to position	(if not paid, enter -0-)		1	·
Debr	ah Brackney	President				
1799	Pennsylvania ST, Denver, CO 80203	5.0	-0	- 4	)-	-0-
Emn	nanuel Serriere	Secretary			-	
PO E	Box 66, Inverness, CA 94937	5.0	-0	(	)-	-0-
Trac	y Adams	VP		}		
509 E	East Franklin, Weatherford, OK 73096	5.0	-0		)-	0-
Jose	ph Spears	Treasurer		1	-	
<u>3474</u>	Duck Pond Drive NE, Conover, NC 28613	5.0	-0		}-	0-
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		<del> </del>			$\dagger$	
		. 1	ı	i		

1 01 1	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V .	. 🗆
	1		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		1
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		1
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		,
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		\ <u>\</u>
	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		<b>▼</b>
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 $\dots \dots \dots \dots \dots \dots \dots$	36		✓
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		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			,
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b	38a		✓
39	Section 501(c)(7) organizations. Enter:	1		j
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	]		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶; section 4912 ▶; section 4955 ▶	1		
	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			
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	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	_	✓
	List the states with which a copy of this return is filed ▶			
	The organization of poole to it out of the control	328-45		
	Located at ▶ 3474 Duck Pond Drive NE, Conover, NC  ZIP + 4 ▶  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	20013	-9458 Yes	
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	.00	<b>7</b>
	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.			
	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:	42c		✓
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		<b>.</b> .	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		✓
	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		<b>√</b>
	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
	explanation in Schedule O	44d		./
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<del></del>
	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		✓

Form 990	-EZ (2)	012)	2012	ROT	P24	ECCU	0	ONE					16-012	<u> </u>	<del>2</del> 7_		Page 4
																Yes	No
										ampaign activities					[		1
									e C	, Part I	· ·				46	L	✓
Part V						izations											
				01(c)(3	) orga	inizations	s m	ust answer c	que	stions 47-49b a	nd :	52, and c	omplete th	e tab	oles f	or lin	es
			nd 51					_					_				_
		Chec	ck if the	organiz	ation	used Sch	<u>nedu</u>	ule O to respo	ond	I to any question	in t	nis Part V	<u> </u>	<u> </u>	<u>· ·</u>	· -	<u>, U</u>
																Yes	No
						lobbying le C, Part				section 501(h) ele			t during the	tax	47		1
48	ls the	orga	nızation a	a school	l as de	scnbed in	n sec	tion 170(b)(1)(	(A)(i	i)? If "Yes," comple	ete S	Schedule E			48		1
		_								ritable related org					49a		1
ь	lf "Ye	s." w	as the re	lated or	raaniza	ation a se	ctio	n 527 organiz	atio	on?				.	49b		1
										sated employees				tors, t		es an	d key
										nsation from the o							
							_	(b) Average		(c) Reportable			th benefits,			_	
	(a)		and title of more than					hours per week		compensation			is to employee s, and deferred		stimate ier com		
		,				Ĭ	d	evoted to position	1	(Forms W-2/1099-MI	ISC)		ensation			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JU.,
None							_	<del></del>				<u>-</u>					
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	Total	numi	ner of oth	ner emn	lovees	s paid ove	er \$1	000		. ▶							
									_	ensated independ	ent	contracto	rs who eacl	ı rece	eived	more	than
J	\$100,	000	of compe	ensation	n from	the organ	niza	tion. If there is	s no	ne, enter "None."		00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ie iiiio cac.				
(-) )								45 6100 000		(b) Type of			- /-	Comp	onentic		
(a) iv	arne au	iu auu	ress or eac	ii iidepei	ident co	muactor par	U IIIU	re than \$100,000		(b) Type of			,,,	, сопр	erisain		
None							<b>.</b> .						1				
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										<u>L</u>			<u> </u>				
ď	Total	numt	per of oth	ner inde	pende	ent contra	ctor	s each receivi	ing ·	over \$100,000 .	. 1	<b>-</b>					
52	Did th	e org	janizatior	n compl	lete So	chedule A	? N	ote: All sectio	n 5	01(c)(3) organizati	ons	and 4947	(a)(1)				
	nonex	emp	t charitat	ble trust	ts mus	t attach a	CO	npleted Sche	dul	e A		<u> </u>	<u> </u>	<b>▶</b> 🗵	Yes	<u> </u>	No
										ying schedules and sta				nowled	ge and	belief,	rt is
true, com	ect, and	d comp	olete. Decla	ration of	preparer	(other than	office	er) is based on all	ınto	mation of which prepa	arer h	as any know	edge				
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Sign			Signature					-				Da	ate '	•			
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Prepa	rer					· <b>_</b>	<u> </u>				<u>L.</u>		self-emplo				
Use O		Firm's	name 🕨	<u> </u>								Fu	m's ElN ▶				
		Firm's	address >	<b>&gt;</b>								Pi	one no.				
May the	IRS	discu	iss this re	eturn wi	ith the	preparer	sho	wn above? Se	ee ii	nstructions	-	· · ·		$\overline{lack}$	Yes		No

#### SCHEDULE A (Form 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.

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

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Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Rotary eClub One 46-0722729 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Non-functionally integrated a 🗌 Type I b Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No 11g(i) 11g(u) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . 11g(iii) Provide the following information about the supported organization(s). (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (vi) Is the (vii) Amount of monetary (described on lines 1-9 in col. (i) listed in your the organization in organization in col. organization cal. (i) of your governing document? above or IRC section (i) organized in the (see instructions)) Yes No Yes Yes (A) (B) (C) (D) (E)

Total

17a

Schedule A (Form 990 or 990-EZ) 2012 2012 RUTARY ECLUR ONE Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2008 **(b)** 2009 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) (c) 2010 (d) 2011 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 5 The portion of total contributions by each person (other than a unit or governmental publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. Section B. Total Support (c) 2010 (f) Total Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (d) 2011 (e) 2012 Amounts from line 4 . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . Total support. Add lines 7 through 10 11 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . % Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . 15 % 15 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization 

10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support	ander the te	ioto iioto o ori	ov, piedec ec	simplete i alt	,	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees	<u>-,</u>	\			3,,,,,,,,	.,
	received. (Do not include any "unusual grants.")			}	}	).	<u> </u>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the		]		}	]	
	organization's tax-exempt purpose		i			}	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		1		İ		
	to or expended on its behalf						
5	The value of services or facilities					1	
	furnished by a governmental unit to the		ļ				
	organization without charge	<u> </u>	<u> </u>				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			j	)		
	received from disqualified persons .		ļ	ļ ———	<b> </b>		
b	Amounts included on lines 2 and 3						
	received from other than disqualified					[	
	persons that exceed the greater of \$5,000				l	i	1
	or 1% of the amount on line 13 for the year				<u> </u>		
	Add lines 7a and 7b		<u> </u>				<del> </del>
8	line 6.)		ĺ				
Secti	on B. Total Support		L	i	L	L	<u> </u>
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000	(2) 2000	(0, 20.0	(4) 20	(0,2012	(1) 10 (11)
10a	Gross income from interest, dividends,					-	
	payments received on securities loans, rents,					}	
	royalties and income from similar sources .		)	į	)	j	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses				]		
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		1			ĺ	
	activities not included in line 10b, whether		[				
	or not the business is regularly carned on					L	
12	Other income. Do not include gain or						
	loss from the sale of capital assets		1	}	-	1	
40	(Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)		1		)		
14	First five years. If the Form 990 is for the	e organization	n's first secon	d third fourth	or fifth tay w	ear as a section	n 501(c)(3)
17	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8			3, column (f))	<del> </del>	15	%
16	Public support percentage from 2011 Sch	* *				16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2012 (	ine 10c, colun	nn (f) divided b	y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2011						%
19a	331/a% support tests-2012. If the organi						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizati	on . ► 🗌
b	331/3% support tests—2011. If the organiz						
	line 18 is not more than 331/3%, check this l	-	_	-			
20	Private foundation. If the organization di	d not check a	box on line 14,	, 19a, or 19b, c	check this box	and see instru-	ctions 🕨 🔽

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).							
RO	TARS ECUS ONE	46-072272°						
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### 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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization			Employer identification number
Rotary eClub One			46-0722729
Form 990-EZ, Part 1, Li	ne 10 Grants and Similar Amounts Paid		
Purpose of Payment	Service Projects		
Class of Activity	Grantee's Name and Adddress	Grantee's Relationship	Amount Given
Grants	X Person		
	See Attached	N/A	25,150
	Various		
	Conover, NC 28613		
Form 990-EZ, Part 1, Lu	ne 16 Other Expenses		
Bank Serice Charges	2,356		
Membership Expenses	21,484		
Miscellaneous	511		
Postage	449		
Presidents Expense	495		
Public Relations	200		
Travel	3,334		
Website Expenses	3,220		
Total	32,050		
Form 990-EZ, Page 1 Page	art II, Line 24 Other Assets		
Accounts Receivable	801		

thedule O (Form 990 or 990-EZ) (2013) Ime of the organization	Employer identification number
	46-0722729
ROTARY ECLUB ONE	100102121
upporting Statement of Grants and Changes: Form 990-EZ/Amount Given	1
ommunity Services 7,125	
ternational Services 12,650	
saster Relief 5,000	
ervice Projects 375	
otal 25,150	·