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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www. rs. gov/form990 r tax year beginning JUL 1, 2013 and ending JUN 30, 2014

A	For the	2013 calendar year, or tax year beginning $$	JUN 30, 2014									
В	Check if applicable	C Name of organization	D Employer identific	cation number								
	Addres	ROCKLAND ROTARY CLUB										
	Name chang		01-6	018762								
	Initial return Termir ated	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1811	ulte E Telephone number) 5 94 -5001								
	Ameno return Applic	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	34,567.								
_	⊥ition pendir	F Name and address of principal officer:DAVE THERIAULT	H(a) Is this a group re for subordinates	77								
		SAME AS C ABOVE	H(b) Are all subordinates in									
		empt status:		list. (see instructions)								
		e: N/A		n number ► 0573								
			Year of formation: 19/8 N	State of legal domicile: ME								
P		Summary	DE CEDUTOE MO	OMUEDC								
စ္ပ	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE SERVICE TO	OTHERS								
ā		THROUGH FELLOWSHIP OF BUSINESS, PROFESSIONAL										
্যুদ্ Governance		Check this box if the organization discontinued its operations or disposed of		ssets.								
ညှှင့်	1	Number of voting members of the governing body (Part VI, line 1a)	3	13								
2015 s & Go	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	0								
		Total number of individuals employed in calendar year 2013 (Part V, line 2a)	. 5	40								
∌ ₹		Total number of volunteers (estimate if necessary)	6	0.								
<u>∵</u> 8		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.								
MEK 電子 Activitie	D	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year								
		DECENT.	21,861.	22,482.								
A Ni Charles	8	Contributions and grants (Part VIII, line 1h)	0.	0.								
彩 8	9	Program service revenue (Part VIII, line 2g)	45.	51.								
% & &	10	integrations income it are still column to by mise of the first the table of the first time of the fir	23,409.	8,685.								
CANIME Revenue		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2013	45,315.	31,218.								
1 <u>8</u>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ↑ Grants and similar amounts paid (Part IX, column (A), lines) ③ ☐ □ □ □ □ □	15,000.	17,000.								
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.								
	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.								
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.								
Dec	. loa	Total fundraising expenses (Part IX, column (D), line 25)	, , , ,									
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,946.	31,701.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	47,946.	48,701.								
		Revenue less expenses. Subtract line 18 from line 12	<2,631.									
<u> </u>	3	Trevende loss expenses, outstast line to from line te	Beginning of Current Year	End of Year								
Net Assets or	20	Total assets (Part X, line 16)	47,143.	29,660.								
Ass	21	Total liabilities (Part X, line 26)	0.	0.								
Set .	22	Net assets or fund balances Subtract line 21 from line 20	47,143.	29,660.								
Part II Signature Block												
Un	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.												
		N. O : 01/2										
Si	gn	Signature of yarder / (A)////	Date									
He	ere	DIANÉ ZOLLO/ TREASURER										
		Type or print name and tipe										
_	***	Print/Type preparer's name Preparer's signature		X PTIN								
Pa	id	ERIC H. KANGAS, CPA ERIC H. KANGAS, CPA	A 03/23/15 self-employ									
Pr	eparer	Firm's name KANGAS & ASSOCIATES, P.A.	Firm's EIN	46-0542493								
Us	e Only	Firm's address 75 ELM STREET										
		CAMDEN, ME 04843	Phone no. (2									
M	av the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No								

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Form 990 (2013) ROCKLAND ROT Part IV Checklist of Required Schedules

			Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>X</u>
2	is the organization required to complete Schedule B, Schedule of Contributors	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۱ ۵		
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	l		
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	يحكا		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	 	X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	<u> </u>	 ^
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	- 1.0		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12 a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	-	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-76	<u> </u>	┼╌╴
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	—	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	+	^^
19	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			n 990	(2013)

			Yes	No
21 、	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			3,5
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		х
07	complete Schedule L, Part II	20_	-	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		[
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			_v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	١.,	x	
25-	Part V, line 1	34	X	
35a	, , , , , , , , , , , , , , , , , , , ,	35a		
IJ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	┌┈		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	(2012)

Form **990** (2013

Par	Check if Schedule O contains a response or note to any line in this Part V							
					··		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			0[$\neg \neg$		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b			0	ı		ĺ
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble ga	ming				1.
	(gambling) winnings to prize winners?		٠.			1c	~	` ` ` `
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a			0		*	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?				2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-	er, a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?			4a		X
b	If "Yes," enter the name of the foreign country: ►						. >	,
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.				·	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					5a		X
b		ction?)			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?					5c		
6a		ne org	anızatı	on sol	ıcit			- T
	any contributions that were not tax deductible as charitable contributions?					6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions d	r gifts			ا ا		
_	were not tax deductible?					6b	,	
7	Organizations that may receive deductible contributions under section 170(c).		rouido	1 to the	navor?			****/* *****
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices t	oviue	J LO LIIE	payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		امماني	-		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uirea			70		
	to file Form 8282?	7d		••••		7c		╁
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		<u></u>	 		 7е		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the personal benefit contribution.				-	7f		\vdash
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		199 as	 reaun	ed?	7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			-		7h		\vdash
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di					<u> </u>		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at				ear?	8		
9	Sponsoring organizations maintaining donor advised funds.							\vdash
а	Did the organization make any taxable distributions under section 4966?					9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	•		•••	•	9b		
10	Section 501(c)(7) organizations. Enter:	_	_				3	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					,	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				, ,		
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	11a					,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against						,	1
	amounts due or received from them.)	11b	<u> </u>					~
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?			12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>		1
а	Is the organization licensed to issue qualified health plans in more than one state?					13a		
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b	ļ			1		
C	•	13c	<u> </u>			ļ	<u> </u>	47
14a	Did the organization receive any payments for indoor tanning services during the tax year?					14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O			<u> </u>	14b		

01-6018762 Form 990 (2013) ROCKLAND ROTARY CLUB Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7а more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No $\overline{\mathbf{x}}$ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ►ME

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Upon request X Another's website Other (explain in Schedule O) Own website

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DIANE ZOLLO - 207-593-7193 SOUTH THOMASTON, 04858 PO BOX 182,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

	week (list any hours for related	ctor				ıs boti or/trus		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) GENE REIL	2.00									
PRESIDENT		X		X	<u> </u>	Ш		0.	0.	0 .
(2) AMIE HUTCHISON	2.00	~~						0	•	0
PRESIDENT ELECT	2 00	X	Н	X	_	\vdash	_	0.	0.	0
(3) DORIS VERTZ	2.00	x		X				0.	0.	0
VICE PRESIDENT (4) SARAH GUPTILL	2.00	<u> </u>		Λ	\vdash	H		0.	0.	<u> </u>
VICE PRESIDENT	2.00	X		X				0.	0.	0
(5) DAVE THERIAULT	2.00		H		H	\vdash		1		
IMMEDIATE PAST PRESIDENT		х		x				0.	0.	0
(6) SCOTT FERNALD	2.00					П				
SECRETARY		X		X			'	0.	0.	0 .
(7) DIANE ZOLLO	5.00									
TREASURER		X		X	<u> </u>			0.	0.	0
(8) WALDEN CHANDLER	2.00									
DIRECTOR		X	Ш		╙	╙	_	0.	0.	0
(9) ROY HITCHINGS	2.00	7.7		ŀ				,	_	_
DIRECTOR	2.00	Х		_	⊢	┼		0.	0.	0
(10) BECKY GAMAGE ASST SECRETARY	2.00	х		х	l			0.	0.	О
(11) JACK GROSSBAUM	2.00	₽		^	├	┼		•		
ASST TREASURER	2.00	х		X				0.	0.	0
(12) DOUG CURTIS	2.00	Ë	\vdash		┢	一	-		<u> </u>	
DIRECTOR		x		l				0.	0.	0
(13) JOYCE BURNHAM	2.00				Г	\top				
DIRECTOR		x			1			0.	0.	0
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332007 10-29-13

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			((<u> </u>		(D)	(E)	T	(F)	
Name and title	Average	(do	not o	Pos	ition	than	000	Reportable	Reportable	Estimate		
•	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation		amount	of
	week	-	cer an	id a d	irecto	or/trus	itee)	from	from related		othe	•
	(list any	ector			ļ			the	organizations	.	compens	
	hours for related	or di	<u>ب</u>			ated		organization	(W-2/1099-MISC	"	from th	
	organizations	ıstee	truste	i		bens		(W-2/1099-MISC)			organiza	
	below	la II	onal	l	ploye	t com	١.				and rela organizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	10113
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1b Sub-total								0.		ö .		0.
c Total from continuation sheets to Part V	II, Section A							0.		ö :	 	0.
d Total (add lines 1b and 1c)										ــــــــــــــــــــــــــــــــــــــ	 	
2 Total number of individuals (including but r	not limited to tr	nose	IIST	ed a	DOV	e) w	no r	eceived more than \$ 1 00	J,000 of reportable	!		C
compensation from the organization							-		 -		Yes	_
0.5111					1 .			LL_ak			169	110
3 Did the organization list any former officer			e, K	ey e	mpic	oyee	, or	nignest compensated e	mployee on			X
line 1a? If "Yes," complete Schedule J for s											3	+^
4 For any individual listed on line 1a, is the s			-						tne organization		*	x
and related organizations greater than \$15											4	+^
5 Did any person listed on line 1a receive or	•				-	-	relat	ted organization or indiv	idual for services			- X
rendered to the organization? If "Yes," con	npiete Scheaui	e J	ror s	ucn	per	son					5	<u> </u>
Section B. Independent Contractors									\$100,000 of		-1	
1 Complete this table for your five highest co										Jens	auon irom	
the organization. Report compensation for	the calendar y	ear	ena	ing '	with	or w	VITNI		year		(0)	
(A) Name and business	address	M	ON:	r				(B) Description of s	services	С	(C) ompensati	on
Traine and basiness		74	OIV.								-	
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-				-			_					
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		-	-								· · · ·	
O Tatal aumb and and an and at a contract	المراجع والمراجع المراجع			د لم				d abaya) who recover =	noro there			
2 Total number of independent contractors in	_	iOt l	ımıte	ea to		ose II O	stec	above) who received n	nore man			
\$100,000 of compensation from the organ	ization >				_	<u> </u>					50m 990	(0040

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				AND ROTA	RY CLUB			01-6018	762 Page 9
Pa	1 V	/	-						
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines	ts, and ve 1f	12,097.	•		} * *	,
ခြဲ ပိ			Total. Add lines 1a-1f			22,482.		,	
Program Service Revenue	2	a b c			Business Code	RADOR - CONTROL		is and sanddanam me in	A STORAGE ADMINIST A MADE THERE
P. P.		e						<u>-</u>	
Ţ		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f					,	*
	3		Investment income (including other similar amounts) Income from investment of ta		>	51.			51.
	5		Royalties		.				
	6	b	Gross rents	(i) Real	(ii) Personal		\$ \$ \$	* * * * * * * * * * * * * * * * * * * *	× ×
			Rental income or (loss) Net rental income or (loss)			V	N		
	7		Gross amount from sales of assets other than inventory	(i) Securities	(II) Other			Š	
		_	Less: cost or other basis and sales expenses Gain or (loss)				,	, , , , , , , , , , , , , , , , , , ,	
		d	Net gain or (loss)						
Other Revenue	8	а	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of	12,034.	,	,	«	
Other	9	С	Less: direct expenses Net income or (loss) from func Gross income from gaming ac	b bdraising events	3,349.	8,685.		**	8,685
		b	Part IV, line 19 Less. direct expenses	. a b					, , , , , , , , , , , , , , , , , , ,
	10	a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less: cost of goods sold	-					
			Net income or (loss) from sale	es of inventory					
	 	_	Miscellaneous Revenu	Je	Business Code		-		
	11	a b					 	 -	
		c			<u> </u>				
		d	All other revenue						
		e	Total. Add lines 11a-11d		•	34 54 5			
33200 10-29	12 9 - 13		Total revenue. See instructions.		<u> </u>	31,218.	0.	0.	8,736 Form 990 (2013

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizatio n s must co	mplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in			
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22	17,000.	17,000.		
3	Grants and other assistance to governments,				
Ū	organizations, and individuals outside the			, ,	
	United States. See Part IV, lines 15 and 16			٠.,	
4	Benefits paid to or for members			\ /	•
5	Compensation of current officers, directors,		-		•
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
O	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	· · · · · · · · · · · · · · · · · · ·				
7 8	Other salaries and wages Pension plan accruals and contributions (include		<u> </u>		
O	section 401(k) and 403(b) employer contributions				
^					
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management			· · · · · · · · · · · · · · · · · · ·	
b	Legal				
ب 0	Accounting				
d e	Lobbying Professional fundraising services. See Part IV, line 17		×		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	195.		195.	- -
13	Office expenses				
14	Information technology	554.		554.	
15	Royalties				
16	Occupancy	530.		530.	
17	Travel				
18	Payments of travel or entertainment expenses		**		_
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,000.		4,000.	
20	Interest				
21	Payments to affiliates	7,455.	7,455.		
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	BENEFACTIONS & DISTRICT	16,174.	16,174.		
a b	EDUCATION & TRAINING	1,100.	10,114	1,100.	
C	CLUB & DISTRICT EVENTS	814.		814.	
d	SUPPLIES	628.		628.	
e	All other expenses	251.		251.	
25	Total functional expenses. Add lines 1 through 24e	48,701.	40,629.	8,072.	0.
26	Joint costs. Complete this line only if the organization		,	2,2.20	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if tollowing SOP 98-2 (ASC 958-720)				
_					

Pledges and grants receivable, net 4. Accounts receivable, net 5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6. Loans and other receivables from outrent designalified persons (as defined under section 4958()(1)), persons described in section 4958(o)(3)(B), and contributing employees and sponsoring organizations of section 501(o)(9) voluntary memployees beneficiary organizations (see instr). Complete Part II of Sch L 7. Notes and bians receivable, net 8. Inventories for sale or use 9. Prepaid expenses and deferred charges 10a. Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 1 b. Less: accumulated depreciation 1 investments - publicly traded securities 1 investments - publicly traded securities 1 investments - program-related. See Part IV, line 11 1 intangible assets 1 fortal assets. See Part IV, line 11 1 Total assets. Add lines 1 through 15 (must equal line 34) 1 7. Accounts payable and accrued expenses 1 8 grants payable 1 9 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here land complete lines 27 through 29, and lines 33 and 34. Unrestricted employees.	
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Organizations that follow SFAS 117 (ASC 958), check here ▶	
	0.
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27	
27 Unrestricted net assets 27	
₩ co	
Temporarily restricted net assets	
29 Permanently restricted net assets	
Organizations that do not follow SFAS 117 (ASC 958), check here	- <u>-</u> -
and complete lines 30 through 34.	w v
30 Capital stock or trust principal, or current funds	0.
31 Paid-in or capital surplus, or land, building, or equipment fund	0 .
32 Retained earnings, endowment, accumulated income, or other funds 47,143.32	9,660.
33 Total net assets of fund balances	9,660
	9,660

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047	2013	Open to Public	Inspection

Information about Schedule I (Form 990) and its instructions is at www irs gov/form990.

Employer identification number 01-6018762		[X Yes No		IV, line 21, for any		(h) Purpose of grant or assistance					Schedule I (Form 990) (2013)
		istance, and the selec			es" to Form 990, Part		(g) Description of non-cash assistance					
		y for the grants or ass			anization answered "Y		(f) Method of valuation (book, EMV, appraisal, other)					
		e grantees' eligibility	G	ed States.	Complete if the orga	ded.	(e) Amount of non-cash assistance			•		
		or assistance, th	;	funds in the Unite	e United States. (ional space is nee	(d) Amount of cash grant				listed in the line 1 table	
UB		amount of the grants	•	oring the use of grant	d Organizations in the	be duplicated if addit	(c) IRC section if applicable				SUOI	ions for Form 990.
ROTARY CLUB	nd Assistance	o substantiate the	tance?	cedures for monit	Governments and	55,000. Part II can	(p) EIN				nd government or	s listed in the line , see the Instructi
Name of the organization ROCKLAND ROTARY	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	criteria used to award the grants or assistance?	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government				Enter total number of section 501(c)(3) and government organizations	Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Name of	Part I	<u>-</u> ۵		2 De	Part II		1 (a)				1	HA H

332101 10-29-13

Page 2 (f) Description of non-cash assistance 01-6018762 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. EXPLANATION: THE ORGANIZATION REQUIRES PROOF OF GRADE-POINT AVERAGE FOR (d) Amount of non-cash assistance 0 FIRST SEMESTER OF COLLEGE PRIOR TO ISSUING SCHOLARSHIP CHECKS 17,000. (c) Amount of cash grant 17 (b) Number of recipients ROCKLAND ROTARY CLUB (a) Type of grant or assistance Schedule I (Form 990) (2013) PART I, LINE SCHOLARSHIPS Part IV Part III

Schedule I (Form 990) (2013)

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.

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization ROCKLAND ROTARY CLUB	Employer identification number 01-6018762
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
ROTARY INTERNATIONAL & DISTRICT DUES.	
EXPENSES \$ 7,455. INCLUDING GRANTS OF \$ 0. REVENUE \$	0
FORM 990, PART VI, SECTION B, LINE 11:	·
EXPLANATION: THE ORGANIZATION'S TREASURER REVIEWS THE 990	PRIOR TO FILING
THE RETURN.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ALL GOVERNING DOCUMEN	TS AND TAX RETURNS
AVAILABLE TO THE PUBLIC UPON REQUEST.	
	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

OMB No 1545-0047 2013

Employer identification number 01-6018762Open to Public Inspection ▶Information about Schedule R (Form 990) and its instructions is at www irs gov/form990 ROCKLAND ROTARY CLUB Name of the organization

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

Part

	(a)	(q)	(၁)	(p)	(e)	(J)
	Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
					•	,
Part II	Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34 because	e it had one or more re	elated tax-exempt

(a)	(q)	(2)	(D)	(e)	(£)	(6)	7/hV13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	controlled	lled
of related organization		foreign country)	section	status (if section	entity	entity?	13
	:			501(c)(3))		Yes	٩
	SUPPORT OF LOCAL						
ROCKLAND ROTARY CLUB CHARITABLE FUND -	DRGANIZATIONS IN THEIR						
26-2186898, PO BOX 1811, ROCKLAND, ME 04841 EXEMPT PURPOSE	EXEMPT PURPOSE	MAINE	501(C)(3)	170(B)(1)(A) N/A	1/A		×

Schedule R (Form 990) 2013

01-6018762

Page 2

Schedule R (Form 990) 2013 ROCKLAND ROTARY CLUB

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

(a)	(q)	(0)	(a)	(a)	(1)	(6)	(h)	(1)	6	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership
		foreign country)		sections 512-514)		433613	Yes No	K-1 (Form 1065)	Yes No	
								···		
	•									
								-		
							_			
							_			
Part IV Identification of Related Organizations Taxable as a Corporation	ganizations Taxable	as a Corpo		or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	on answered "Yes"	on Form 990, Pa	art IV, line 34	because it had or	or mo	re related

part IV organizations treated as a corporation or trust during the tax year

(9)	(p)	(0)	(b)	(e)	(£)	(6)	£	Ξ
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Type of entity	hai.	Share of	ge	Section 512(b)(13)
of related organization		(state or foreign country)	entity (C corp, S corp, or trust)	(C corp, S corp, or trust)	ілсоте	end-of-year assets	ownersnip	Yes No
	·							
	,							
					•			
								
								_
332162 09-12-13		17				Sche	Schedule R (Form 990) 2013	990) 2013

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

				7	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				i es	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a	×
b Gift, grant, or capital contribution to related organization(s)				1b	×
c Giff, grant, or capital contribution from related organization(s)				10	×
				19	×
				Ş	×
 Loans or loan guarantees by related organization(s) 				D	֟֟֟֝֟֝ <u>֟</u>
f Dividends from related organization(s)				#	×
q Sale of assets to related organization(s)				1g	×
				1h	×
				=	×
i Lease of facilities, equipment, or other assets to related organization(s)				1,	×
				•	:>
k Lease of facilities, equipment, or other assets from related organization(s)				¥	4 >
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınızatıon(s)			=	∢ :
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızation(s)			ᄠ	∝ :
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			Ę	×
 Sharing of paid employees with related organization(s) 				9	×
					Þ
p Reimbursement paid to related organization(s) for expenses				1	∢ ;
				-	×
					*
r Other transfer of cash or property to related organization(s)				+	×
				1s	×
If the answer to any of the above is "Yes," see the instructions for infor	who must complete tl	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(£)				:	
(2)					
(5)					
(4)					
(5)					
(9)					
332163 09-12-13	8.1		Schedule	Schedule R (Form 990) 2013	2013

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6

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

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

eg. <u>c</u> .				1	I	I	I	15
General or Percentage managing ownership								990) 20
(j) neral or Pe naging orther? s No								
General or partner?								
Code V-UBI Gamount in box 20 m of Schedule K-1								Schedule R (Form 990) 2013
Coc amour of Scl								
Dispropor- bonate allocations?		-	l					
<u> </u>								
(g) Share of end-of-year assets					:			
						·		
(f) Share of total income								
S. S.								
Are all partners sec 501(c)(3) orgs?								
Are all partners sec 501(c)(3) orgs?								
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)								
(d) unant ii d, unre ded froi ction 5								
redorr (relate excluc			<u> </u>				ı:	
e F	<u>.</u>							
(c) Legal domicile (state or foreign country)					ļ.			
(c egal d tate or cour								
(st					 			
vity								
(b) Primary activity								
Prima								
Z Z								
(a) Name, address, and EIN of entity								
(a) ddress of entil								
me, ac								
N B								
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