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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter Social Security numbers on this form as it may be made public.**▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning <u>7/1/2013</u> , and ending <u>6/30/2014</u>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lions International Manchester Number and street (or P O box, if mail is not delivered to street address) Room/suite <u>PO Box 1189</u> City or town State ZIP code <u>Manchester Center VT 05255</u> Foreign country name Foreign province/state/county Foreign postal code
D Employer identification number <u>03-6010670</u>	
E Telephone number <u>(802) 362-4153</u>	
F Group Exemption Number ▶	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶	
I Website: ▶ <u>None</u>	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <u>95,947</u>	

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5,492
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	1,000
	4 Investment income	4	26
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	89,429	
c Less: direct expenses from gaming and fundraising events	6c	42,625	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	46,804	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	53,322	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	48,145
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,760
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	7,821
	17 Total expenses. Add lines 10 through 16	17	59,726
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,404
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	26,048
	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	19,644

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

HTA

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	26,048	22 19,644
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	26,048	25 19,644
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	26,048	27 19,644

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III. ☐**Expenses**

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

What is the organization's primary exempt purpose? Sight & hearing assistance

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

28 Provided grants and donations to various organizations and individuals for help with hearing and sight issues		
(Grants \$ 48,145) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	59,726
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses. (add lines 28a through 31a)	32	59,726

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Bruce Murtaugh President	Hr/WK As Necessary	0		
Ed Sossi VP	Hr/WK As Necessary	0		
Debbie Posa Secretary	Hr/WK As Necessary	0		
Rebecca Counsel Treasurer	Hr/WK As Necessary	0		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a None		
b Did the organization file Form 1120-POL for this year?	37b	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; 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	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ None		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ None		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed. ▶ NONE - NOT REQUIRED		
42 a The organization's books are in care of ▶ Becky Counsel Telephone no. ▶ (802) 362-4344 Located at ▶ Read Farm Road City Dorset ST VT ZIP + 4 ▶ 05251		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country ▶	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

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

	Yes	No
47		
48		
49a		
49b		

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

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

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

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK .00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK .00			

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None		
City		
Name		
City		
Name		
City		
Name		
City		
Name		
City		

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

- 52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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

Sign Here ☒ Signature of officer ☒ Date 5/14/15
☒ Type or print name and title Rebecca S Counsel, Treasurer

Paid Preparer Use Only
 Ppnt/Type preparer's name Norman E Favor III
 Preparer's signature *Norman E Favor III*
 Date 5/10/2015
 Check ☐ if self-employed PTIN P01237317
 Firm's name Favor & Co
 Firm's EIN 20-0484110
 Firm's address PO Box 1586, Manchester Center, VT 05255
 Phone no (802) 362-2691

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public
Inspection

Employer identification number

Lions International Manchester

03-6010670

Part I

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

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

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

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

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

		(a) Event #1 Elf Train (event type)	(b) Event #2 Maple Leaf Race (event type)	(c) Other events Auction (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	59,214	19,587	9,347	88,148
	2 Less: Contributions			0	0
	3 Gross income (line 1 minus line 2)	59,214	19,587	9,347	88,148
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs	12,150		0	12,150
	7 Food and beverages	1,104		0	1,104
	8 Entertainment			0	0
	9 Other direct expenses	24,729		3,935	28,664
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(41,918)
	11 Net income summary. Subtract line 10 from line 3, column (d)				46,230

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
	2 Cash prizes				0
Direct Expenses	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				0

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party.

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 0

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

Lions International Manchester

03-6010670

Part I, Line 16 - Other Expenses

Supplies: \$3,447

Guest Meals: \$542

Dues: \$2,772

Insurance: \$1,060

Part I, Line 10 - Grants

See attached schedule of grants and donations.

Manchester Lions Club
Donations
2013-2014

Date	Check	Payee	Amount	
5/05/14	6419	Abby Li Ward - Equador Trip	300.00	
10/15/13	6347	Arlington Area Childcare	250.00	
12/05/13	6368	Arlington Food Shelf	1,000.00	
11/17/13	6360	Arlington Lions Club	100.00	
1/06/14	6377	Arlington Memorial HS - Music Tech	300.00	
5/05/14	6422	Bart Center - Hole Sponsor	100.00	
1/05/14	145	BBA	6,000.00	
5/05/14	6424	BBA - SRAC	250.00	
5/14/14	6425	BBA - Theater Department	1,000.00	
10/07/13	6344	BBA Hockey Team - Auction Help	150.00	
4/24/14	131	Bennington Lions Club	75.00	
3/27/14	6405	Big Bros Big Sisters of Benn County - Bowlathon	350.00	
1/05/14	151	Boy Scouts Troop 332	1,500.00	
4/18/14	6412	Brattleboro Area Lions Club	250.00	
4/18/14	6415	Bromley Outing Club	500.00	
3/10/14	6402	Chamber of Commerce - Car Show	100.00	
10/07/13	6341	Chrst Our Savior-Community Dinner	250.00	
12/05/13	6366	Community Sharing Project	500.00	
1/05/14	152	Cub Scouts Pack 333	500.00	
9/09/13	6334	David Kutchukian	500.00	
1/05/14	146	Dorset Fire Department	200.00	
11/04/13	6356	Dorset Nursing	150.00	
3/27/14	6408	Fourth Grade Foresters	170.05	
6/03/14	6432	Grateful Hearts	500.00	
9/09/13	123	Hildene (in Memory of G Kouwenhoven)	50.00	
9/09/13	6332	Hunter Park - for use of auction chairs	250.00	
1/06/14	6378	Hunter Park Annual Fund	250.00	
12/05/13	6369	Interfaith Council Holiday Project	2,500.00	
1/06/14	6381	Kum Hattin	250.00	
6/03/14	6431	Lan Ann Hayes	500.00	
8/05/13	121	Lions Club Int'l Foundation - Melvin Jones	250.00	
2/19/14	6340	Lions Twin State Soccer - tickets	100.00	
12/30/13	128	Londonderry Rescue Squad - in Memory of J Gildea	50.00	
1/05/14	150	Long Trail School	300.00	
2/19/14	6399	LTSSA Sponsorship Program	200.00	
10/07/13	6342	Manch Community Chrstmas Dinner	300.00	
10/15/13	6348	Manch Community Food Cupboard	2,500.00	
12/05/13	6367	Manch Community Food Cupboard	2,500.00	
1/06/14	6383	Manch Community Food Cupboard	500.00	
3/26/14	6404	Manch Community Food Cupboard	2,000.00	
4/18/14	6414	Manch Community Food Cupboard	500.00	
1/05/14	147	Manchester Leos	1,500.00	
7/01/13	6304	Manchester Rec - Scholarship	500.00	
1/13/14	6389	Manchester Rescue Squad	2,000.00	
4/17/14	6411	Manchester Youth Baseball - Sponsorship	600.00	
5/05/14	6423	MCC - Wounded Warriors 2014 - Golf Tournament	250.00	
1/06/14	6379	Meals on Wheels	300.00	
9/09/13	124	Neighbor to Neighbor - in Memory of B.Hahn	50.00	
12/05/13	6365	Neighbor to Neighbor	250.00	
1/05/14	148	Norshaft Lions	100.00	
5/05/14	6420	Northshire Day School - Spagetti Dinner	200.00	
1/06/14	6380	Second Chance	250.00	
5/05/14	6421	Second Chance Animal Center - Camp Scholarships	350.00	
1/06/14	6382	Ski for Heat	500.00	
7/06/13	6309	Sunnse Family Resource Center	500.00	
6/03/14	6430	SW VT Trout Unlimited - Hapgood Derby	150.00	
2/19/14	6398	The Bart Center	1,000.00	
4/18/14	6413	United Counseling Service	300.00	
10/07/13	6345	VT Lions Chanties - 6 Raffle Tickets	100.00	
1/06/14	6385	VT Lions Chanties - Austine Camp	1,500.00	
11/04/13	6355	VT Lions Chanties - District 45 - 2 Raffle Tickets	200.00	
6/03/14	6434	VT Lions Chanties Walkathon	250.00	
1/05/14	149	VT Reading Partners	1,000.00	
7/06/13	6307	VT-NH Affiliate of Komen	250.00	
		Glasses	50.00	
		Scholarships - 4 checks	8,000.00	
			48,145.05	
				Main Account 36,570.05
				Train Account 11,100.00
				Admin Account 475.00
				48,145.05