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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 private foundations)

OMB No 1545-1150

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

Open to Public

For the 2013 callendar year, or tax year beginning	Inter	nal Reve	enue Service		► Informatio	n about Forr	n 990-EZ ar	nd its instr	uctions	is at www.	irs.gov/for	m990.		Insp	ection
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Column (3) below) are \$500,000 or more, file Form 990 instead of Form 990. Instead of Form			-						000 or mo	ore, or if tota	assets (Par	t II,			
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Form 990-EZ (2013) ROTARY CLUB			30-0026	823 Page 2
Part II Balance Sheets (see the instructions for Part				-
Check if the organization used Schedule O to	respond to any questi	on in this Part II		
		(A) Beginning of year) End of year
22 Cash, savings, and investments		87,555	22	85,155.
23 Land and buildings			23	
24 Other assets (describe in Schedule 0)		·· 	24	
25 Total assets		87,555.	25	<u>85,155.</u>
26 Total liabilities (describe in Schedule 0)		0.		0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 2	21)	<u>87,555</u> .	27	<u>85,155.</u>
Part III Statement of Program Service Accomplishing			_	Expenses
Check if the organization used Schedule O to	respond to any quest	on in this Part III	X (Requir	red for section (3) and 501(c)(4)
What is the organization's primary exempt purpose? COMMUNITY PH	ILANTHROPIC AC	TIVITIES	, ,	ations and section
Describe the organization's program service accomplishments for each of its three largest prog	ram services, as measured by expen	ses in a clear and concise)(1) trusts; optional
manner, describe the services provided, the number of persons benefited, and other relevant in	formation for each program title		for other	ers.)
28 PROVIDE SCHOLARSHIPS TO HIGH SCHOOL	OL SENIORS ATT	ENDING		
COLLEGE.			_	
			_	
(Grants \$ 14,500.) If this amount includes foreign	n grants, check here	>	28a	14,500.
29 COMMUNITY PROJECT SUPPORT			1 1	
(Grants \$ 1,750.) If this amount includes foreign	n grants, check here	>	29a	6,716.
30 REGIONAL SCHOOL SUPPORT				
			_	
			_	
(Grants \$ 0 •) If this amount includes foreign	an grants, check here	>	30a	2,466.
	HEDULE Q			
(Grants \$) If this amount includes foreign		•	31a	1,870.
32 Total program service expenses (add lines 28a through 31a)	gri granto, orioottitoro		▶ 32	25,552.
Part IV List of Officers, Directors, Trustees, and Key	y Employees (list each one	even if not compensated - s	see the instruction	ins for Part IV)
Part IV List of Officers, Directors, Trustees, and Ke				ins for Part IV)
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to	respond to any quest	ion in this Part IV		
Part IV List of Officers, Directors, Trustees, and Kerner Check if the organization used Schedule O to		(c) Reportable compensation (Forms	(d) Health beneficontributions t	fits, (e) Estimated
Part IV List of Officers, Directors, Trustees, and Ke	respond to any quest (b) Average hours	(c) Reportable compensation (Forms	(d) Health bener contributions t employee bene plans, and defer	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Kenner Check if the organization used Schedule O to (a) Name and title	respond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficontributions temployee bene	(e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Kenne Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE	respond to any quest (b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health beneficontributions to employee bene plans, and deferming compensation	fits. (e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Kenneck if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT	respond to any quest (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health beneficontributions to employee bene plans, and deferming compensation	fits. (e) Estimated amount of other compensation
Part IV List of Officers, Directors, Trustees, and Kenne Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY	(b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT	respond to any quest (b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY	respond to any quest (b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	fits, (e) Estimated amount of other compensation O . O .
Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT	(b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	fits, (e) Estimated amount of other compensation O . O .
Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT	respond to any quest (b) Average hours per week devoted to position 10.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY	respond to any quest (b) Average hours per week devoted to position 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	(e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 10.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER	respond to any quest (b) Average hours per week devoted to position 10.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health bener contributions t employee bene plans, and defer compensation	(e) Estimated amount of other compensation 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 10.00 5.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
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Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
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Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health beneficontributions to employee benefications to employee benefication compensation (d)	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.
Check if the organization used Schedule O to (a) Name and title BRENDAN O'DONAGHUE PRESIDENT DAVID RAY PRESIDENT ELECT BRIDGET MURRAY VICE PRESIDENT JOAN PLATT SECRETARY SARAH WILLWERTH-DYER TREASURER DAVE SINGLETON	respond to any quest (b) Average hours per week devoted to position 10.00 10.00 5.00 5.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health bener contributions temployee bene plans, and defer compensation	fits, (e) Estimated amount of other compensation 0. 0. 0. 0. 0. 0. 0.

ROTARY INTERNATIONAL MANCHESTER ESSEX

Form	990-EZ (2013) ROTARY CLUB 80-00	26823	1	Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement)			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in	ı this Par	t V	X
			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 repor	ted		
	on lines 2, 6a, and 7a, among others)?	35a		<u>X</u> _
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	<u>A</u>
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		<u>X</u>
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
	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		7.7
	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	382		x
L	in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L. Part II and enter the total amount involved 38b N/A	304		
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
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			
		<u>).</u>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	,		
		<u>) </u>		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		х
4.4	transaction? If "Yes," complete Form 8886-T	40e		<u> </u>
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► SARAH WILLWERTH-DYER Telephone no. ► 978-	-468-7	338	
42 a		▶ 0198		
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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia! Accounts			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u> </u>
	If "Yes," enter the name of the foreign country:		_	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	IN/A	<u></u>	
			Ves	No
440	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
770	Form 990-EZ	44a	İ	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		х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın 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	L	(02.45)
3321	173	Form 9	190-EZ	(2013)

Form 990-EZ (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047

Quito Public

Name of the organization

ROTARY INTERNATIONAL MANCHESTER ESSEX ROTARY CLUB

Inspection
Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

 		ROTARY							8	0-0026	<u>823</u>	
Part I	Reason f	for Public Chari	ty Status (All organiza	ations mus	t complet	e this part	.) See inst	ructions.				
The organi	zation is not a	private foundation l	pecause it is: (For lines 1	through 1	1, check of	only one b	ox.)					
1 🔲	A church, cor	vention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i).					
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E)								
з 🔲	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical res	earch organization o	perated in conjunction v	with a hosi	oital descr	ıbed ın se	ction 170((b)(1)(A)(iii). Enter	the hospital	's nam	ıe,
	city, and state		 					_		- .		
5	An organization	on operated for the	benefit of a college or un	niversity ov	rned or op	erated by	a governn	nental unit	describ	ed in		
	section 170((b)(1)(A)(iv). (Comple	ete Part II)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 📖	-		eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general	public desc	rıbed ı	n
	section 170(l	b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	•		ection 170(b)(1)(A)(vi). (· ·	-							
9 LXJ	•	•	eives. (1) more than 33 1									
			nctions - subject to certa									
			axable income (less sect	ion 511 tax	k) from bu	sinesses a	cquired b	y the orga	nization	after June 3	0, 197	' 5
		509(a)(2) . (Complete	•									
10	•	•	perated exclusively to tes	•	-		• • • •	•			_	
11	•	•	perated exclusively for th		•							or
		• • •	ations described in section				e) See sec	tion 509(a	a)(3). Ch	eck the box	tnat	
			organization and comple		_			· —	- III - NI-			
	a Type I		•	pe III · Fur	•	-		-		n-functional	•	_
e 🗀			t the organization is not									
		-	han one or more publicly						(a)(1) Or	Section 508	(a)(2).	
f	_		ten determination from t	ino ino	шизату	pe i, i ype	ii, oi Type	7 111				
~		rganization, check th	iis box organization accepted an	w aft or co	antribution	from any	of the follo	nwing ners	one?			<u> </u>
g	•		rectly controls, either ale					-		,	Yes	No
	• •	· ·	upported organization?	one or reg	oution with	pordona		() a	, 50.01	11g(ı)	1.05	<u> </u>
	-	• •	n described in (i) above?							11g(II)		
	. ,	•	person described in (i) of		97					11g(iii)	1	
h	• •	•	about the supported org							<u> </u>		
••		••g		3-	,							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did yo	u notify the	(vi) Is	the	(vii) Amoun	t of mo	netary
• •	anization	(11) = 114	(described on lines 1-9	in col. (i) lis		organizat	ion in col.	organizatio (i) organiz	on in col. ed in the		port	,,,,,
J			above or IRC section	governing	document?	(i) ot you	r support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
									ļ			
						:						
								-		 		
				1				 				
							-					
Total		<u> </u>		1		L	<u> </u>	I .	<u> </u>	<u> </u>		

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Pa	rt II Support Schedule for						
	(Complete only if you checke				on failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	ise complete Part	111.)			
Sec	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·		·		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	-			· · · · · · ·		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	1					
	supported organization) included	ļ					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					1	
_	column (f)				-		
<u>6</u>	Public support. Subtract line 5 from line 4 ction B. Total Support			l	1	<u> </u>	1
	· · · · · · · · · · · · · · · · · · ·	(=) 0000	(h) 2010	(-) 0011	(4) 2012	(=) 2012	(6 Total
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Gross income from interest,						
8	•		1				
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources		ļ				
_							·-·
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income Do not include gain				1		
10	or loss from the sale of capital	ľ					
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10						
10	Gross receipts from related activities	etc (see instructi	ions)	_1,	-1	12	·
12	First five years. If the Form 990 is fo			ird fourth or fifth t	 tax vear as a secti		.
	organization, check this box and sto	•	oo., 0000a, a	, , , , , , , , , , , , , , , , , ,			▶□
Se	ction C. Computation of Pub	ic Support Pe	rcentage		· · ·		
14	5 1 1			column (f))		14	%
15						15	%
	a 33 1/3% support test - 2013. If the			on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies						ightharpoons
	b 33 1/3% support test - 2012. If the		_		d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua					•	ightharpoons
17	a 10% -facts-and-circumstances tes				ne 13, 16a, or 16b	, and line 14 is 10%	or more,
	and if the organization meets the "fa						
	meets the "facts-and-circumstances"						▶□
	b 10% -facts-and-circumstances tes					r 17a, and line 15 is	10% or
	more, and if the organization meets t						

Schedule A (Form 990 or 990-EZ) 2013

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2013 ROTARY CLUB

80-0026823 Page 3

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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
. 1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1		ŀ			
	include any "unusual grants ")	5,918.	2,673.	253.		2,929.	11,773.
2	Gross receipts from admissions,						
	merchandise sold or services per-	1					
	formed, or facilities furnished in any activity that is related to the	,					
	organization's tax-exempt purpose	,					
3	Gross receipts from activities that						
Ī	are not an unrelated trade or bus-						
	iness under section 513					1	
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to						
	or expended on its behalf						
_	•				.	 	
5	The value of services or facilities						
	furnished by a governmental unit to	,					
	the organization without charge	5 010	0 653			2 222	11 000
	Total. Add lines 1 through 5	5,918.	2,673.	253.		2,929.	11,773.
7:	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons	ļ					0.
ı	Amounts included on lines 2 and 3 received	1				1	
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						<u> </u>
(Add lines 7a and 7b					<u> </u>	0.
_8	Public support (Subtract line 7c from line 6)						11,773.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	5,918.	2,673.	253.		2,929.	11,773.
10	a Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ļ	Ì				
	acquired after June 30, 1975						
	c Add lines 10a and 10b	<u> </u>		·			
	Net income from unrelated business						
•	activities not included in line 10b,					1	
	whether or not the business is					110.	110.
12	regularly carried on Other income Do not include gain					110.	
12	or loss from the sale of capital						
	assets (Explain in Part IV.)	E 010	2,673.	253.		3,039.	11,883.
	Total support. (Add lines 9, 10c, 11, and 12)	5,918.					
14	First five years. If the Form 990 is for	r the organization's	first, second, third	i, fourth, or fifth tax	x year as a secti	on 501(c)(3) organiza	ation,
	check this box and stop here	i- Command Day					
<u> 26</u>	ction C. Computation of Publ					T T	00 07 %
15	,, ,		-	olumn (f))		15	99.07 %
16						16	<u>%</u>
Se	ction D. Computation of Inve					-	0.0
17	Investment income percentage for 20)13 (line 10c, colum	n (f) divided by lin	e 13, column (f))		17	.00 %
18			•			18	%
19	a 33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						►LX
	b 33 1/3% support tests - 2012. If the	organization did n	ot check a box on	line 14 or line 19a,	and line 16 is m	nore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly sup	ported organization	. ▶□
20	Private foundation. If the organization	on did not check a l	oox on line 14, 19a	a, or 19b, check th	ıs box and see ıı	nstructions	<u>▶□</u>
3320	023 09-25-13			-	Sc	hedule A (Form 99	or 990-E Z) 2013

ROTARY INTERNATIONAL MANCHESTER ESSEX Schedule A (Form 990 or 990-EZ) 2013 ROTARY CLUB 80-0026823 Page 4 Part IV Supplemental Information. 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)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 Open to Public Inspection

Name of the organization

ROTARY INTERNATIONAL MANCHESTER ESSEX ROTARY CLUB

Employer identification number 80-0026823

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	110.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: VARIOUS CHARITIES	
GRANTEE ADDRESS: MANCHESTER, MA 01944	
<u> </u>	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 01/15/14	
AMOUNT GIVEN:	1,550.
ACTIVITY CLASSIFICATION: CONTRIBUTION	
GRANTEE NAME: VARIOUS CIVIC PROJECTS	
GRANTEE ADDRESS: ESSEX, MA 01929	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	5,166.
AMOUNT GIVEN.	3,100.
ACTIVITY CLASSIFICATION:	1
GRANTEE NAME: MANCHESTER-ESSEX SCHOOL DISTRICT	
GRANTEE ADDRESS: MANCHESTER, MA 01944	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: VARIOUS	
AMOUNT GIVEN:	2,466.
	ule O (Form 990 or 990-EZ) (2013)

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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 ROTARY INTERNATIONAL MANCHESTER ESSEX

ROTARY CLUB

Name of the organization

Employer identification number 80-0026823

ACTIVITY CLASSIFICATION: SCHOLARSHIP PROPERTY DESCRIPTION: CASH DATE OF GIFT: 08/21/13 AMOUNT GIVEN: 1,500. ACTIVITY CLASSIFICATION: SCHOLARSHIP PROPERTY DESCRIPTION: CASH DATE OF GIFT: 12/31/13 AMOUNT GIVEN: 3,000. ACTIVITY CLASSIFICATION: SCHOLARSHIP PROPERTY DESCRIPTION: CASH DATE OF GIFT: 12/31/13 AMOUNT GIVEN: 3,000. ACTIVITY CLASSIFICATION: SCHOLARSHIP PROPERTY DESCRIPTION: CASH DATE OF GIFT: 01/15/14 AMOUNT GIVEN: 1,500. ACTIVITY CLASSIFICATION: SCHOLARSHIP PROPERTY DESCRIPTION: CASH DATE OF GIFT: 01/15/14 AMOUNT GIVEN: 1,500.		
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ACTIVITY CLASSIFICATION: SCHOLARSHIP PROPERTY DESCRIPTION: CASH	DATE OF GIFT: 01/15/14	
PROPERTY DESCRIPTION: CASH	AMOUNT GIVEN:	1,500.
PROPERTY DESCRIPTION: CASH		
	ACTIVITY CLASSIFICATION: SCHOLARSHIP	
DATE OF GIFT: 01/23/14	PROPERTY DESCRIPTION: CASH	
	DATE OF GIFT: 01/23/14	
AMOUNT GIVEN: 3,000.	AMOUNT GIVEN:	3,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

332211 09-04-13

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Name of the organization ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ROTARY INTERNATIONAL MANCHESTER ESSEX ROTARY CLUB

Employer identification number 80-0026823

ROTARY CLUB	80-0026823
ACTIVITY CLASSIFICATION: SCHOLARSHIP	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 03/04/14	
AMOUNT GIVEN:	1,500.
ACTIVITY CLASSIFICATION: SCHOLARSHIP	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 03/11/14	
AMOUNT GIVEN:	500.
ACTIVITY CLASSIFICATION: SCHOLARSHIP	
PROPERTY DESCRIPTION: CASH	
DATE OF GIFT: 05/14/14	
AMOUNT GIVEN:	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10	23,682.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	
DUES & MEMBERSHIPS	5,104.
OFFICE EXPENSE	575.
ADVERTISING	80.
SEMINARS & MEETINGS	19,685.
BANK CHARGES & CREDIT CARD FEES	295.
SUPPLIES	1,254.
FILING FEE	
TOTAL TO FORM 990-EZ, LINE 16	27,023.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2013)

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

omplete 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.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

ROTARY INTERNATIONAL MANCHESTER ESSEX ROTARY CLUB

Employer identification number 80-0026823

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
MAITAIN AFFILIATION WITH NATIONAL ORGANIZATION
GRANTS \$ 0. EXPENSES \$ 1,870.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.
,

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990-EZ PAGE 1

990-EZ

Current Year Deduction	0 0
Current Sec 179	•
Accumulated Depreciation	629.
Basis For Depreciation	629.
Reduction In Basis	•
Bus % Excl	
Unadjusted Cost Or Basis	629.
Line	17
Life	00
Method	200DB
Date Acquired	010506200DB5.
Description	1PROJECTOR * TOTAL 990-EZ PG 1 DEPR
Asset No	

8.1 (D) - Asset disposed

328102 05-01-13

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction