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

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
ROTARY INTERNATIONAL MANCHESTER ESSEX ROTARY CLUB
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P.O. BOX 403
 City or town, state or province, country, and ZIP or foreign postal code
MANCHESTER, MA 01944

D Employer identification number
80-0026823

E Telephone number
978-468-7338

F Group Exemption Number ▶ **0573**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.MANCHESTERESSEXROTARY.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other **DISREGARDED ENTITY**

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. ▶ \$ **50,569.**

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

1	Contributions, gifts, grants, and similar amounts received	1	2,074.	
	2	Program service revenue including government fees and contracts	2	
		3	18,672.	
	4	Membership dues and assessments	3	
		4	107.	
	5a	Investment income SEE SCHEDULE O	5a	
			5b	
			5c	
	6	Gaming and fundraising events	6a	
6b				
			6c	15,039.
6d				
7a	Gross sales of inventory, less returns and allowances	7a		
		7b		
				7c
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	35,530.	
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O	10	20,644.
			11	
			12	
			13	625.
			14	3,193.
			15	166.
			16	22,304.
17	Total expenses. Add lines 10 through 16	17	46,932.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<11,402.>
	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	79,257.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	67,855.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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 [X]

Table with columns for (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 [X]

What is the organization's primary exempt purpose? COMMUNITY PHILANTHROPIC ACTIVITIES

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

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

Table with 3 columns: Program Service, Expense Amount, and Line Number. Rows include: PROVIDE SCHOLARSHIPS TO HIGH SCHOOL SENIORS ATTENDING COLLEGE (10,000); COMMUNITY PROJECT SUPPORT (8,168); REGIONAL SCHOOL SUPPORT (2,475); Other program services (SEE SCHEDULE O); Total program service expenses (20,643).

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 []

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Lists officers including BRIDGET MURRAY, JOSEPHINE MCCULLOUGH, DOROTHY SIERADZKI, SARAH WILLWERTH-DYER, MICHAEL STORELLA, and CHRISTOPHER SHEA.

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 Sch. 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		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)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	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		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		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	39a	N/A
39b	b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
40b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
40c	c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
40e	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 <input type="checkbox"/> NONE		
42a	The organization's books are in care of <input type="checkbox"/> SARAH WILLWERTH-DYER Telephone no. <input type="checkbox"/> 978-468-7338 Located at <input type="checkbox"/> 227 WILLOW STREET, S. HAMILTON, MA ZIP + 4 <input type="checkbox"/> 01982		
42b	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: <input type="checkbox"/>	42b	X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/>	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 <input type="checkbox"/> 43 <input type="checkbox"/> N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
44b	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
44c	c Did the organization receive any payments for indoor tanning services during the year?	44c	X
44d	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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	

ROTARY INTERNATIONAL MANCHESTER ESSEX
 ROTARY CLUB

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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

	Yes	No
47		
48		
49a		
49b		

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

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

49a 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
N/A				

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." **N/A**

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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: *Sarah Willwerth-Dyer* Date: 11/11/16
SARAH WILLWERTH-DYER, TREASURER
 Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	FREDRIC C. LABEL	<i>[Signature]</i>	11/10/16		P00672039
	Firm's name ▶ LEBEL & ASSOCIATES, P.C.	Firm's address ▶ 74 ELM STREET DANVERS, MA 01923		Firm's EIN ▶ 04-3227388	Phone no. 978-774-8290

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

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Complete to provide information for responses to specific questions on
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▶ 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.

Name of the organization	ROTARY INTERNATIONAL MANCHESTER ESSEX ROTARY CLUB	Employer identification number	80-0026823
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FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	107.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: VARIOUS CHARITIES

GRANTEE ADDRESS: MANCHESTER, MA 01944

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 6,325.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: VARIOUS CIVIC PROJECTS

GRANTEE ADDRESS: ESSEX, MA 01929

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 1,843.

ACTIVITY CLASSIFICATION: CONTRIBUTION

GRANTEE NAME: MANCHESTER-ESSEX SCHOOL DISTRICT

GRANTEE ADDRESS: MANCHESTER, MA 01944

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 2,476.

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Name of the organization **ROTARY INTERNATIONAL MANCHESTER ESSEX
ROTARY CLUB** Employer identification number
80-0026823

ACTIVITY CLASSIFICATION: SCHOLARSHIP

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: VARIOUS

AMOUNT GIVEN: 10,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 20,644.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES: AMOUNT:

DUES & MEMBERSHIPS 4,169.

OFFICE EXPENSE 85.

SEMINARS & MEETINGS 16,507.

SUPPLIES 1,543.

TOTAL TO FORM 990-EZ, LINE 16 22,304.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION BEG. OF YEAR END OF YEAR

DUE TO ROTARY INTERNATIONAL 0. 675.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:

MAINTAIN AFFILIATION WITH NATIONAL ORGANIZATION

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,

SCHEDULE O
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OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Multiple horizontal lines for providing supplemental information.