Department of the Treasury Internal Revenue Service

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)

► 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.

OMB No. 1545-1150

Open to Public Inspection

		ne 2013 calendar year, or tax year beginning 7/01 , 2013, and ending 6/30		2014
			Employer ide	ntification number
-	Name of	s change ROTARY CLUB OF THE TORRINGTON AND	06-603	7788
H	Initial r	WINCTED AREAS INC	Telephone nu	ımber
H	Termin	PO BOX 123	860-48	9-3133
П	Amend	TORRINGTON, CT 06790	Group Exe	emption
	Applica		Number	
G	Acco			organization is not
1	Webs	WWW.IOIdillioIoillioi.org		Schedule B (Form
J	Tax-ex	empt status (check only one) — $\boxed{501(c)(3)}$ \boxed{X} $501(c)$ (4) \blacktriangleleft (insert no.) $\boxed{4947(a)(1)}$ or $\boxed{527}$ 990, 990-f	=2, or 990	J-PF).
		of organization: X Corporation Trust Association Other		
L	Add I asset	ines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to s (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ Ş	93,736.
Pa	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc		
		Check if the organization used Schedule O to respond to any question in this Part I		
	1	Contributions, gifts, grants, and similar amounts received		12,550.
	2	Program service revenue including government fees and contracts		58,603.
	3	Membership dues and assessments		18,647.
	4	Investment income.	. 4	
	1	Gross amount from sale of assets other than inventory 5a	_	
	1	Less: cost or other basis and sales expenses		
	_	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5 c</u>	
ь	6	Gaming and fundraising events		
R E V E		Gross income from gaming (attach Schedule G if greater than \$15,000) 6a of contributions	-	
Ě	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum		
N U E		of such gross income and contributions exceeds \$15,000)		
	С	Less: direct expenses from gaming and fundraising events 6c 4,525	0.0000000000000000000000000000000000000	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	. 6d	-589.
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a).	. 7с	
	8	Other revenue (describe in Schedule O)	. 8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.Grants and similar amounts paid (list in Schedule 0). See Schedule 0	▶ 9	89,211.
	10			42,511.
	11	Benefits paid to or for members		
E	12	Salaries, other compensation, and employee benefits		
X P E N	13	Professional fees and other payments to independent contractors		415.
N S	14	Occupancy, rent, utilities, and maintenance	h	
S E S	15	Printing, publications, postage, and shipping		46.
	16	Other expenses (describe in Schedule O). See Schedule O	. 16	62,796.
	17	Total expenses. Add lines 10 through 16	▶ 17	105,768.
А	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	20000000000	-16,557.
A S S E E T S	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)	ar . 19	49,552.
ΤĘ	20	Other changes in net assets or fund balances (explain in Schedule O).		15,002.
3	21	Net assets or fund balances at end of year. Combine lines 18 through 20		32,995.
		,		22,3301

rai	Check if the organization used Sche	ructions for Part II) edule 0 to respond to any qu	estion in this Part II					X
					Beginning of ye			(B) End of year
22	Cash, savings, and investments				55,057	•	22	38,500.
23 24	Land and buildings Other assets (describe in Schedule O)					\rightarrow	23 24	
25	Total assets				55,057		25	38,500.
26	Total liabilities (describe in Schedule O)	See Schedul	e. 0.		5,505		26	5,505.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)		49,552		27	32,995.
Par	t III Statement of Program Service Ac	complishments (see the inst	tructions for Part III)		X	1 /-		Expenses
What	Check if the organization used Sc is the organization's primary exempt purpose? See	nedule O to respond to any o	question in this Part	111	Λ	o))(3)	ired for section 501 and 501(c)(4)
Desc	cribe the organization's program service a	ccomplishments for each of	its three largest prog	gram s	services, as	or 40	gan 1476	izations and section a)(1) trusts; optional
mea: bene	ribe the organization's program service a sured by expenses. In a clear and concise fited, and other relevant information for e	e manner, describe the servi	ces provided, the nu	īmber	of persons	fo	r oth	ners.)
28						\top		
	(Grants \$ 42,511.) If th	is amount includes foreign g				1 2		105 560
29	(Grants \$ 42,511.) I tri	is amount includes loreign g	rams, check here			4	8 a	105,768.
<i></i>						+		
	(Grants \$) If th	is amount includes foreign g	rants, check here			2	9 a	
30								
						_		
	(Grants \$) If th	is amount includes foreign g	rants, check here			3	0 a	
31	Other program services (describe in Sch	edule O)						
	(Grants \$) If th	is amount includes foreign g	rants, check here				1 a	
	Total program service expenses (add lin					3		105,768.
Par	t IV List of Officers, Directors, Check if the organization used Sc							
	Oliosk II the organization adda do	(b) Average hours per	T		(d) Health benef	its,		
	(a) Name and Title	week devoted to position	(c) Reportable compensa (Forms W-2/1099-MISO (If not paid, enter -0-)	(S)	contributions to emp enefit plans, and de compensation	eferre	e ed	(e) Estimated amount of other compensation
500	Schedule_O				Compensation			
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BAA		TEEA0812L 1	1/27/12					F 000 F7 (0013)
DAA		IEEAU812L I	112/113					Form 990-EZ (2013)

the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	t V		🔲
33 Did the organization engage in any significant activity not previously reported to the IRS?		Ye	
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 the			
a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)			X
(such as those reported on lines 2, 6a, and 7a, among others)?	35	a	X
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Sched		b	
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			
reporting, and proxy tax requirements during the year? It 'Yes,' complete Schedule C, Part III	35	С	X
disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37 a	0.		
b Did the organization file Form 1120-POL for this year?		b	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?			
b If 'Yes,' complete Schedule L, Part II and enter the total	30	a	Х
amount involved	N/A		
39 Section 501(c)(7) organizations. Enter:	27.72		
a Initiation fees and capital contributions included on line 9	N/A		
	N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ► N/A; section 4912 ► N/A; section 4955 ►	NI / 7\		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	N/A		
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	40	b	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 ▶	0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed			
by the organization	0.		
• All organizations. At any time during the tay year, was the organization a party to a prohibited tay	ı		
shelter transaction? If 'Yes,' complete Form 8886-T	40	e	X
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	40	е	X
	40	е	X
41 List the states with which a copy of this return is filed None	40	е	X
41 List the states with which a copy of this return is filed None 42a The organization's	N		
41 List the states with which a copy of this return is filed None 42 a The organization's books are in care of GREG BRISCO Telephone no. 8	360-489-		
42 a The organization's books are in care of Series BRISCO Coated at Series 259 PROSPECT STREET TORRINGTON CT Located at Series with which a copy of this return is filed None None Telephone no. Series 259 PROSPECT STREET TORRINGTON CT ZIP + 4 Series 259 PROSPECT STREET TORRINGTON CT	360-489-		3
41 List the states with which a copy of this return is filed None 42 a The organization's books are in care of GREG BRISCO Telephone no. 8	360-489- 06790	-313 Ye	3
42 a The organization's books are in care of Series BRISCO Located at Series 259 PROSPECT STREET TORRINGTON CT B At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	360-489- 06790	-313 Ye	3s No
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Page 4

46 Dit the organization engage, directly or indirectly, in political campeling activities on behalf of or in opposition. 1 46								Yes	No	
All section 50 (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 Pert VI. 7 Did the organization engage in lobbying activities or have a section 50 (n) election in effect during the tax year? If Yos,' complete Schedule C, Part III. 8 Is the organization as school as described in section 1705(b)(1)(A)(0)? If Yos,' complete Schedule E. 43 a Bid the organization as school as described in section 1705(b)(1)(A)(0)? If Yos,' complete Schedule E. 44 a Bid the organization as school as described in section 1705(b)(1)(A)(0)? If Yos,' complete Schedule E. 45 bif Yes,' was the related organization as section 5.27 organization?. 46 bid Yes,' was the related organization as section 5.27 organization?. 47 a bid the organization in the section of the school of the organization of the organization. If there is none, enter Yes,' complete Schedule P. 48 a bid the organization of the organization from the organization. If there is none, enter Yes, organization of the organization organization of the organizatio							46			
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," 48 Is the organization as chool as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E	Part VI	All section 501(c)(3) organization		questions 47	7-49b and	d 52, and complete	e the table	es		
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," 48 Is the organization as chool as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E		Check if the organization used Schedu	le O to respond to any	question in th	nis Part VI.			. <i>.</i>	. \square	
47 Dut the arganization engage in lobing activities of have a section S01(h) election in effect during the tax yea? If Yes, complete Schedule C, Pathalla (Pathalla C) and the organization as school as described in section 170(b)(1)(A)(h)(ii) If Yes, complete Schedule E. 48 a. 48 b. 48 b. 10th enganization as school as described in section 527 organization?	***************************************			······································						
49a Did the organization make any transfers to an exempt non-charitable related organization?. 50 Complete this table for the organization is springly as the related organization is proposed or the springly of the proposed of the propose							47			
b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest corperensated employees (other than officers, directors, fusices 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 amployee (b) Average hours preveal organization and the prevent of the preve	48 Is the	e organization a school as described in s	ection 170(b)(1)(A)(ii)?	? If 'Yes,' com	plete Sche	dule E	48			
Complete this table for the organization's five highest compensated employees (other than officers, directors, Insteas and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter Thoro: (a) Name and life at each employee (b) Name and life at each employee (c) Personal hours (d) Name and life at each employee and life	49 a Did t	he organization make any transfers to ar	exempt non-charitabl	e related orga	nization?		49 a			
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 of possible of the properties of the possible o										
d Total number of other independent contractors each receiving over \$100,000. (a) Normal dualiness address of each independent contractors each receiving over \$100,000. (b) Type of service (c) Estimated amount of other employees paid over \$100,000. (c) Rornal number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, onter None. (d) Normal dualiness address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, onter None. (e) Compensation (c) Rornal number of other independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, onter None. (d) Normal number of other independent contractors each receiving over \$100,000. (e) Compensation (e)	50 Comp	olete this table for the organization's five hig	hest compensated empl	loyees (other th	an officers,	directors, trustees and	key			
(a) Name and title of each employee Mark Web (1995 MSC) Compensation Compe	empi	oyees) who each received more than \$100,0	100 of compensation from	m the organizat	ion, it there	e is none, enter 'None.'	T			
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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 d Total number of other independent contractors each receiving over \$100,000. 252 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. Under pensities of pertury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is Signature of efficer Signature of efficer Oate PrientType preparer's name Robert E. King, CPA Rim's address > 170 HOLABIRD AVE Firm's address > 170 HOLABIRD AVE WINSTED, CT 06098-1727 May the IRS discuss this return with the preparer shown above? See instructions > X Yes No			·	pendent contra	ctors who e	ach received more than	\$100.000 of			
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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. 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 Treasurer Print/Type preparer's name Preparer's signature Print/Type preparer's name Robert E. King, CPA Robert E. King, CPA Robert E. King, CPA Robert E. King, CPA Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► Trim's address ► Firm's address ► Firm's address ► Trim's Eln Vince Control of the method of the trust of the best of my knowledge and belief, it is the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Treasurer Print/Type preparer's name Robert E. King, CPA Robert E. King, CPA Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► Trim's Eln Vince Check if self-employed P00083643 Firm's lame ► O6-1392255 Phone no. (860) 379-0215 May the IRS discuss this return with the preparer shown above? See instructions X Yes No										
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. 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 Treasurer Print/Type preparer's name Preparer's signature Print/Type preparer's name Robert E. King, CPA Robert E. King, CPA Robert E. King, CPA Robert E. King, CPA Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► Trim's address ► Firm's address ► Firm's address ► Trim's Eln Vince Control of the method of the trust of the best of my knowledge and belief, it is the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Treasurer Print/Type preparer's name Robert E. King, CPA Robert E. King, CPA Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► Trim's Eln Vince Check if self-employed P00083643 Firm's lame ► O6-1392255 Phone no. (860) 379-0215 May the IRS discuss this return with the preparer shown above? See instructions X Yes No				-						
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. 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 Treasurer Print/Type preparer's name Preparer's signature Print/Type preparer's name Robert E. King, CPA Robert E. King, CPA Robert E. King, CPA Robert E. King, CPA Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► Trim's address ► Firm's address ► Firm's address ► Trim's Eln Vince Control of the method of the trust of the best of my knowledge and belief, it is the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Date Treasurer Print/Type preparer's name Robert E. King, CPA Robert E. King, CPA Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► Trim's Eln Vince Check if self-employed P00083643 Firm's lame ► O6-1392255 Phone no. (860) 379-0215 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	- d Total	number of other independent contractor	s each receiving over	\$100,000		<u> </u>				
Charitable trusts must attach a completed Schedule A. 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 Creg Brisco		' '	3		ne and 19.					
Sign Here Signature of officer Date						······································	► Yes	; [No	
Sign Here Signature of officer Date	Under penaltie	es of perjury, I declare that I have examined this return	including accompanying sche	edules and stateme	nts, and to the	e best of my knowledge and be	elief, it is		12.2.111	
Here Greg Brisco Type or print name and title Print/Type preparer's name Preparer Robert E. King, CPA Robert E. King, CPA 4/28/15 Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► 170 HOLABIRD AVE WINSTED, CT 06098-1727 May the IRS discuss this return with the preparer shown above? See instructions Treasurer Date Check if PTIN PO0083643 Firm's EIN ► 06-1392255 Phone no. (860) 379-0215	true, correct, a	and complete. Declaration of preparer (other than office	er) is based on all information	of which preparer	nas any knowi	eage.				
Here Greg Brisco Type or print name and title Print/Type preparer's name Preparer Robert E. King, CPA Robert E. King, CPA 4/28/15 Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► 170 HOLABIRD AVE WINSTED, CT 06098-1727 May the IRS discuss this return with the preparer shown above? See instructions Treasurer Date Check if PTIN PO0083643 Firm's EIN ► 06-1392255 Phone no. (860) 379-0215	C!	Signature of officer				Date				
Type or print name and title Print/Type preparer's name Robert E. King, CPA Robert E. King, CPA 4/28/15 Firm's name ► KING, KING & ASSOCIATES, CPAS Firm's address ► 170 HOLABIRD AVE WINSTED, CT 06098-1727 May the IRS discuss this return with the preparer shown above? See instructions Print/Type preparer's name Robert E. King, CPA 4/28/15 Check if self-employed P00083643 PO0083643 Print's EIN ► 06-1392255 Phone no. (860) 379-0215	Sign									
Paid Preparer Use Only Robert E. King, CPA Robert E. King, CPA 4/28/15 Self-employed P00083643	Here				Ireasurer					
Preparer Use Only Robert E. King, CPA Robert E. King, CPA 4/28/15 Self-employed P00083643		Print/Type preparer's name	Preparer's signature		Date	I F	PTIN			
Preparer Use Only Firm's name ► KING, KING & ASSOCIATES, CPAS 170 HOLABIRD AVE Firm's EIN ► 06-1392255 WINSTED, CT 06098-1727 Phone no. (860) 379-0215 May the IRS discuss this return with the preparer shown above? See instructions ▼ X Yes No		Bobort E Ving CDA	Pohort F Vin	a CDV	1/20/1		20008361	3		
Use Only Firm's address \blacktriangleright 170 HOLABIRD AVE Firm's EIN \flat 06-1392255 WINSTED, CT 06098-1727 Phone no. (860) 379-0215 May the IRS discuss this return with the preparer shown above? See instructions \blacksquare X Yes \blacksquare No					4/40/1	. Jan-employed [1	. 0000304	ي:		
				<u> </u>		Firm's FIN ▶	06-1303	255		
May the IRS discuss this return with the preparer shown above? See instructions	Jac Only									
	May the IE			ructions	<u></u>					
					,		LI			

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.

OMB No. 1545-0047 2013

Open to Public Inspection

Employer identification number

Name of the organization ROTARY CLUB OF THE TORRINGTON AND 06-6037788 WINSTED AREAS, INC Form 990-EZ, Part III - Organization's Primary Exempt Purpose The primary purpose of Rotary is service above self. Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments The club is a member of Rotary International, an international service The local club raises funds for both local and international projects as detailed in the schedule of grants and allocations.

2013 Schedule O - Supplemental Information Page 2 ROTARY CLUB OF THE TORRINGTON AND WINSTED AREAS, INC. Client 101682 06-6037788 4/28/15 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid In Excess of \$5,000 Class of Activity: Donee's Name: Rotary Foundation of Torrington Winsted Donee's Address: PO Box 123 Torrington, CT 06790 Relationship of Donee: Common Management Cash Amount Given: \$ 42,511. Form 990-EZ, Part I, Line 16 Other Expenses \$ Conferences, Conventions, and Meetings..... 14,090. Dues/Memberships..... Flowers & Goodwill Expenses..... Information Technology..... Insurance..... 33,278. Meals Expense..... Membership expense..... Miscellaneous Office Expenses..... P.O. Box Rental 5,365. Pet Parade..... RYLA and Interact 1,315. 1,620. Storage..... Summer & Holiday Parties..... 3,823. Total ₹

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Form 990-EZ, Part II, Line 26 **Total Liabilities**

					Beg:	<u>inning</u>	 <u>inding</u>
Voluntary	Contributions	to	be	PaidTotal		5,505. 5,505.	5,505. 5,505.

Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
Roberta Lee August Director	2	\$ 0.	\$ 0.	\$ 0.
Matt Pagano Director	2	0.	0.	0.

2013

4/28/15

Schedule O - Supplemental Information ROTARY CLUB OF THE TORRINGTON AND WINSTED AREAS, INC.

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Client 101682

06-6037788 03:23PM

Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours <u>Per Week Devoted</u>	Comp sat:		Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
WILLIAM HARDING PRESIDENT ELECT	5	\$	0.	\$ 0.	\$ 0.
Timothy Cook Vice President	5		0.	0.	0.
BRIAN MATTIELLO Director	2		0.	0.	0.
Michael Magistrali Director	2		0.	0.	0.
Victor Muschell Director	2		0.	0.	0.
Cathy Coyle Director	2		0.	0.	0.
Kevin Purcell Director	2		0.	0.	0.
Barbara Spiegel President	5		0.	0.	0.
MARK MCEACHERN Director	2		0.	0.	0.
Tyson Chamberlin Director	2		0.	0.	0.
Maria Salamone Secretary	5		0.	0.	0.
MICHELE RAINVILLE Director	2		0.	0.	0.
JEANINE THIBAULT Director	2		0.	0.	0.
Greg Brisco Treasurer	5		0.	0.	0.
Steve Caruso Director	2		0.	0.	0.
BRIAN ZABRISKIE Director	2		0.	0.	0.

2013

4/28/15

Schedule O - Supplemental Information

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Client 101682

ROTARY CLUB OF THE TORRINGTON AND WINSTED AREAS, INC.

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Form 990-EZ, Part IV (continued) List of Officers, Directors, Trustees, and Key Employees

Name and Title	Average Hours Per Week Devoted	Compen- sation]	Health Benefits & Contrib- bution to EBP & DC	Estimated Amount Of Other Compen.
BILL RYAN Director	2 Total	\$ 0.	\$	0.	\$ 0.