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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 black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>ROTARY INTERNATIONAL KENNEBUNK</b>		<b>D</b> Employer identification number <b>01-6018712</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. BOX 888</b>		<b>E</b> Telephone number <b>207-985-1456</b>
		City or town, state or country, and ZIP + 4 <b>KENNEBUNK ME 04043</b>		<b>F</b> Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

<b>I</b> Website: ▶ <b>www.kennebunkrotary.org</b>	<b>G</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>4</b> ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>K</b> Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.	

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **52,367**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>690</b>
	2	Program service revenue including government fees and contracts	2	<b>3,564</b>
	3	Membership dues and assessments	3	<b>8,450</b>
	4	Investment income	4	<b>16</b>
	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	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	<b>33,079</b>
	b	Less direct expenses other than fundraising expenses	6b	<b>18,366</b>
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>14,713</b>	
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		
8	Other revenue (describe ▶ <b>See Statement 2</b> )	8	<b>6,568</b>	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	<b>34,001</b>	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	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	
	14	Occupancy, rent, utilities, and maintenance	14	<b>2,068</b>
	15	Printing, publications, postage, and shipping	15	<b>265</b>
	16	Other expenses (describe ▶ <b>See Statement 3</b> )	16	<b>33,084</b>
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶	17	<b>35,417</b>
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-1,416</b>
	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	<b>15,737</b>
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20 ▶	21	<b>14,321</b>

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

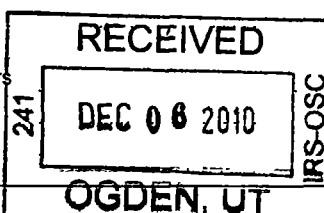
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>20,731</b>	<b>12,272</b>
23 Land and buildings		
24 Other assets (describe ▶ <b>See Statement 4</b> )	<b>294</b>	<b>2,049</b>
25 <b>Total assets</b>	<b>21,025</b>	<b>14,321</b>
26 <b>Total liabilities</b> (describe ▶ <b>See Statement 5</b> )	<b>5,288</b>	<b>0</b>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>15,737</b>	<b>14,321</b>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

SCANNED DEC 28 2010



**Part III • Statement of Program Service Accomplishments** (See the instructions for Part III.)

**What is the organization's primary exempt purpose?**

See Statement 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

## Expenses

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

28 CHRISTMAS EVENT TO PURCHASE CLOTHING, GIFTS AND LUNCH FOR  
UNDERPRIVELEGED CHILDREN OF THE COMMUNITY; SENIOR CITIZEN CHRISTMAS PARTY

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

28a	3,986
-----	-------

29 HIGH SCHOOL MENTORING PROGRAM; YOUTH LEADERSHIP; YOUTH FOREIGN EXCHANGE;  
HIGH SCHOOL SENIOR AND FRESHMAN BREAKFASTS.

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

29a	4,940
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30 LOCAL DIRECT SOLICITATIONS SUPPORT & NATIONAL/INTERNATIONAL SUPPORT (PAUL HARRIS) .

(Grants \$ ) If this amount includes foreign grants, check here

30a	12,238
-----	--------

**31 Other program services (attach schedule) See Statement 7**

(Grants \$ ) If this amount includes foreign grants, check here

31a	2,810
-----	-------

**32 Total program service expenses (add lines 28a through 31a)**

32	23,974
----	--------

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV )

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
PAMELA W. BOYLE 3 COTTAGEWOOD LANE	KENNEBUNK, ME 04043	DIRECTOR	0	0
MARK SUTTON 261 BEACHWOOD AVE	KENNEBUNKPORT, ME 04046	DIRECTOR	0	0
DAVID MORAVICK 6 HEATHER LANE	BIDDEFORD, ME 04005	TREASURER	0	0
ELAINE BRADY P.O. BOX 739	KENNEBUNK ME 04043	DIRECTOR	0	0
THOMAS BRADBURY P.O. BOX 7028	CAPE PROPRISE ME 04014	PRESIDENT	0	0
JESSICA MURRAY		SECRETARY	0	0
KIM CHILTON P.O. BOX 7460	CAPE PORPOISE, ME 04104	PRES ELECT	0	0
MARIE MORIN P.O. BOX 770	KENNEBUNK ME 04043	DIRECTOR	0	0
PATRICIA HUGHES 9 PARTRIDGE LANE	KENNEBUNK ME 04043	DIRECTOR	0	0
EDWARD BIBBER 6 SEA ROAD	KENNEBUNK. ME 04043	VP	0	0
NORMAN LABBE P.O. BOX 88	KENNEBUNK ME 04043	DIRECTOR	0	0
LEO MARTIN 10 TOWNE ST	KENNEBUNKPORT ME 04046	DIRECTOR	0	0
PAULA ABRAMSON 185 MAPLEWOOD DR	ARUNDEL ME 04046		0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> 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		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr <b>37a</b> 0		
<b>b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> 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 period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>40a</b> , section 4912 <b>40a</b> ; section 4955 <b>40a</b>		
<b>b</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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>c</b> 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 <b>40c</b> 0		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>40d</b> 0		
<b>e</b> 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 <b>40e</b>		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>41</b> None		
<b>42a</b> The organization's books are in care of <b>42a</b> DAVID MORAVICK Telephone no <b>42a</b> 207-985-9222 36 PORTLAND RD Located at <b>42a</b> KENNEBUNK, ME., ME ZIP + 4 <b>42a</b> 04043		
<b>b</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)?		<b>X</b>
If "Yes," enter the name of the foreign country <b>42b</b>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?		<b>X</b>
If "Yes," enter the name of the foreign country <b>42c</b>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>

Form 990-EZ (2009)

ROTARY INTERNATIONAL KENNEBUNK

01-6018712

Page 4

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization operating 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?		
49b	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."

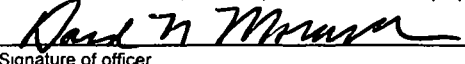
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	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.			
	 Signature of officer		12/1/10 Date	
Paid Preparer's Use Only	DAVID N. MORAVICK TREASURER Type or print name and title		Preparer's Identifying Number (See instr)	
	Preparer's signature		Date	
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed <input type="checkbox"/>	
	This tax return prepared by a non-paid preparer.		Preparer's Phone no	
May the IRS discuss this return with the preparer shown above? See instructions				
Yes <input type="checkbox"/> No <input type="checkbox"/>				

Form 990-EZ (2009)



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>PRESIDENT ROAD</b> (event type)	(b) Event #2 <b>CHICKEN BBQ</b> (event type)	(c) Other events <b>None</b> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	13,858	10,304		24,162
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	13,858	10,304		24,162
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,195	9,091		14,286
	10 Direct expense summary Add lines 4 through 9 in column (d)				14,286
11 Net income summary Combine line 3, column (d), and line 10				9,876	

**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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

- 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?
- b If "No," Explain
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- b If "Yes," Explain
- 11 Does the organization operate gaming activities with nonmembers?
- 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
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in

**a** The organization's facility

**b** An outside facility

<b>13a</b>	%
<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► **DAVID MORAVICK**  
**36 PORTLAND RD**

Address ► **KENNEBUNK, ME.**

**ME 04043**

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$  
amount of gaming revenue retained by the third party ► \$

and the

**c** If "Yes," enter name and address of the third party

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$

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?

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**15a**

**17a**

Form **4562**Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2009**Attachment  
Sequence No **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

**ROTARY INTERNATIONAL KENNEBUNK**

Identifying number

**01-6018712**

Business or activity to which this form relates

**Indirect Depreciation****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	168
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	168
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

There are no amounts for Page 2

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**Federal Statements**

FYE: 6/30/2010

**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

Description	Amount
MEMBERSHIP DUES	\$ 8,450
Total	\$ 8,450

**Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
WEEKLY LUNCHEON ASSESSMENT	\$ 21,793
SOCIAL EVENT INCOME	2,925
MISCELLANEOUS INCOME	2,499
MEETING	1,037
OVER/SHORT	91
SOCIAL EVENT EXPENSES	-1,302
LUNCH COSTS	-20,475
Total	\$ 6,568

**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
Expenses	\$
OFFICE EXPENSE	105
BANK FEES	30
CHAMBER OF COMMERCE DUES	125
DISTRICT CONFERENCE	210
DISTRICT DUES	2,352
MENTORING PROGRAM	2,000
PAUL HARRIS FELLOWS	1,988
POST OFFICE BOX RENTAL	188
PRESENTS-CHILDREN'S XMAS	3,886
PRESENTS-SENIOR'S XMAS	100
ROTARY INTERNATIONAL DUES	4,624
ROTARY INTERNATIONAL PROJ	1,465
SENIOR/FRESHMAN BREAKFAST	405
SOLICITATIONS/DONATIONS	250
SUPPLIES	338
TRAINING	269
WEBSITE/COMMUNICATIONS	719
RYLA PROGRAMS	600
YOUTH FOREIGN EXCHANGE	1,935
WORLD AFFAIR SEMINARS	985
COMMUNITY PROJECTS	360
CONTRIBUTIONS	10,000
RAFFLE EXPENSE	150
Total	\$ 33,084

01-6018712

**Federal Statements**

FYE: 6/30/2010

**Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
Accounts Receivable	\$ -75	\$ -150
Prepaid Expenses and Deferred Charges		2,000
Equipment	1,719	1,719
Less Accumulated Depreciation	1,352	1,520
Rounding	2	
	<u>294</u>	<u>2,049</u>

**Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
PRESIDENTIAL ROAD RACE	\$ 5,288	\$
	<u>5,288</u>	

**Federal Statements**

**Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

Description

TO PROVIDE SUPPORT SERVICES TO OUR COMMUNITY (LOCAL, STATE, NATIONAL, AND INTERNATIONAL) .

**Statement 7 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**

Description

COMMUNITY AND INTERNATIONAL PROJECTS; WORLD AFFAIRS SEMINAR