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### Form **990-EZ**

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 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

Open to Public

-	\ F	For the 2009 ca	<u>lendar</u>	year, or tax year beginning	Jul 1	, 2009, aı	nd en	ding Jun 30	)	, 2010
	<u>3</u> (	Check if applicable		C Name of organization					D Employe	r identification number
	/	Address change	Please use IRS	Rotary Internatio	nal of Wate	erville			01-6	018713
	ום	lame change	label or	Number and street (or P O box,			Rooi	m/suite	E Telephon	
		nitial return	print or type.	,						
	_]ı	Termination	See Specific	166 College Ave					(207	) 877-8996
		Amended return	Instruc-	City or town, state or country, ar	nd ZIP + 4				F Group I	Exemption
	7	Application pending	tions.	Waterville		ME	04	901	Numbe	
_	_	• Section .	501(c)(3 nust atta	B) organizations and 4947(a)( ach a completed Schedule A	– 1) nonexempt cha (Form 990 or 990	aritable trusts -EZ).		G Accounting Other (spec		X Cash Accrual
-			/A				·	H Check ► [>	If the o	rganization is <b>not</b>
•					74	Lagrana I I	-	990-EZ. or	990-PF)	edule B (Form 990,
-		Tax-exempt status		<del></del>		J 171.7	527			
  -		\$25,000. A For	m 990-E	anization is not a section 509 Z or Form 990 return is not r	equired, but if the	organization cho	oses	to file a return,	be sure to	file a complete return
l -	١	nstead of Form	1 990-EZ						<b>▶</b> \$	
	Pai	rt I Rev	enue, l	Expenses, and Change	s in Net Asse	<u>ts or Fund Ba</u>	lanc	es (See the	<u>instructio</u>	ons for Part I.)
		<ol> <li>Contribut</li> </ol>	ions, gif	ts, grants, and similar amour	nts received				1	
		2 Program	service	revenue including governmen	nt fees and contra	cts			2	
		3 Members	hip dues	s and assessments					3	20,912.
		4 Investme	nt incon	ne					4	6,764.
		5a Gross arr	ount fro	om sale of assets other than	nventorv .	. 1	5a		, , , , , , , , , , , , , , , , , , ,	,
				er basis and sales expenses		<u> </u>	5b		, r	
	R			ale of assets other than inventory (Si	intract line 5b from lin	<u> </u>		-	50	
	R E V	•	•	ctivities (complete applicable parts of		•	n checl	k here		
	ENU						g, ciicoi	K HOIC	□   ; , ,	
	<u>ซี</u>				3,514. of cont	1	اءه	72 (		,
	E	reported		•		<u> </u>	6a	73,5		•
			•	nses other than fundraising e	•		6Ь	34,6		20.000
				from special events and activities (S		1			60	38,892.
	ľ			ventory, less returns and allo	wances		7a			
		<b>b</b> Less cos	t of goo	ds sold			7 b			
	- 1	c Gross pro	ofit or (lo	oss) from sales of inventory (	Subtract line 7b fr	rom line 7a)			70	:
	- 1	8 Other reven	ue (descr	ibe ►					_) 8	
		9 Total rev	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c	and 8				- ▶ 9	66,568.
-				ar amounts paid (attach sche	•				10	52,540.
				or for members	uu.o,				11	1 02/0100
	Ē			ompensation, and employee	hanafite				12	
	<u> </u>			and other payments to inde		rc			13	
	Ñ				Jendent Contractor				14	
	S	·	-	utilities, and maintenance	1	RECEIV	En	1	15	
	s	_	-	ions, postage, and shipping		A COL	100 Col	*		10 207
	İ			ribe ► See Other Expenses S		11611		<del>-  &amp; </del>	) 16	18,307.
-	_			Add lines 10 through 16	190	NOV 15	<u>2010</u>	<u> 181 — </u>	▶ 17	70,847.
<b>=</b>				t) for the year (Subtract line			<b>⊸</b>	8	18	-4,279.
2010	ı A	19 Net asset	ts or fun	nd balances at beginning of you	ear (from line 27,	column (A)) (mus	st-agr	ee Wath end-of-v	ear	_
(N)	Ş	ilgule let	Joi lea o	if prior year 3 return)	i	Market Standard	UT	` <b> </b>	19	162,326.
	ן דַ	20 Other cha	anges in	net assets or fund balances	(attach explanation	on) · · · · · · · · · · · · · · · · · ·	و وستند ان ا	C01949	20	
0	8	21 Net asset	ts or fun	nd balances at end of year. C	ombine lines 18 th	rough 20			▶ 21	158,047.
DEC	Pa			heets. If Total assets on lin			r more	e, file Form 990	instead of	Form 990-EZ
	-			(See the instructions for				(A) Beginning		(B) End of year
	22	Cash, saving	c and u	•	,				291. 22	
ؿڗؖ ؽڗ		_		Heatinenta					0. 23	
Ž	23		-		`			ຄວ	, 035. 24	
2	24		aescrit	De ► See L-24 Stmt	,					
Se.	25	Total assets						102	326. 25	
SCAPIE E	26	Total liabilitie				_)			0.26	
<i>ع</i> ر -	27	Net assets o	r fund b	alances (line 27 of column (E	3) <b>must</b> agree with	n line 21)		162	, 326. <b>27</b>	158,047.

				ional of Watervill			-601	8713	Page 2
Par	t III	Statement o	<u>f Program Ser</u>	vice Accomplishments	(See the instruction	ons.)	,	Expens	ses
What i	s the orga	anızatıon's primary ex	empt purpose? Wo	rld Peace & Unders	tanding		(Reg   501 (	uired for se c)(3) and (4	1)
Descr descr progr	ribe what the the am title	at was achieved i services provide	in carrying out the d, the number of p	organization's exempt purpo persons benefited, or other re	ses. In a clear and cond levant information for ea	cise manner, ach	organ 4947 for o	nizations àr (a)(1) trust thers.)	ection }) nd section s, optional
			ions to local	l and international	non-profit orga	anizations.			
				Violence, Earthquake relie					
	(Grants	s \$	0.) If the	is amount includes foreign gra	ants, check here		28 a		52,540.
29	·								
	(Grants	s \$	) if th	is amount includes foreign gra	ants, check here		29 a		
30									
	<b>-</b> -								
	(Grants	s \$	) If th	is amount includes foreign gra	ants, check here	<u></u>	30 a		
31			(attach schedule)			- □	21.		
32	(Grants			is amount includes foreign gra ies 28a through 31a)	ants, check here		31 a 32		52,540.
Par				Trustees, and Key Em	plovees. List each on	e even if not com		ted (See t	
		2131 01 01110	015, 011001015,	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Exper	nse account
	(	(a) Name and ad	dress	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa		and other	allowances
Sar	ah Si	ugden		,					
	Elm_S		<b></b>	President					
	ervi		ME 04901	5.00	0.		0.		<del> </del>
		anglais	. <b>-</b>	Camatami	;				
	Cour		ME 04901	Secretary 5.00	0.		0.		
			ME 04901	3.00				-	
	Bor	eman ch Meadow	. <b>-</b>	Treas Operations					
	lnd	<u> </u>	ME 04963	5.00	0.		0.		
		ancourt							
15	Cher	ry Hill Dr	. <b>.</b>	Treas Charitable					
	<u>ervi</u>		ME 04901	5.00	0.		0.	_	
		erwood	<b></b> -						
	<u>Mai</u>			President Elect			^		
Wat	ervi.	lle	ME 04901	5.00	0.		0.		-
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			- <b></b> -						

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
33	each activity	33_		_X_
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	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			
;	a 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?	35 a		х
1	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.			
١	b Did the organization file Form 1120-POL for this year?	37 b		X
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X
I	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9		:	
	b Gross receipts, included on line 9, for public use of club facilities 39b 39b	,		
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► ; section 4955 ►			
	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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	40 b		х
	Yes, complete Schedule L, Part I	40.0		
	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.			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization .			
	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 e		x
	List the states with which a copy of this return is filed >	<del>-100</del>		<u> </u>
٠.				-
42	a The organization's books are in care of ► Robert C. Barton CPA  Located at ► 166 College Ave  Waterville  ME ZIP + 4 ► 04901	<u>877</u>	<u>-89</u> 9	96 
		ı	Yes	No
	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)?	42 b	163	X
	If 'Yes,' enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42 c		
	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'	420	!	Λ
	Thes, 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		▶ ∐	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44	-	X_
45 	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	45	<u> </u>	x

)	1-	6	0	1	8	7	1	3	

	46-49b and complete the tables	ction 4947(a)(1) noi s for lines 50 and 5	nexempt charitab 1.	ie trusts must answer (	questio	ns	
46 Did t	the organization engage in direct or indirect	t nolitical campaign acti	vities on behalf of or i	n opposition to candidates		Yes	No
for p	ublic office? If 'Yes,' complete Schedule C	, Part I	Villes on benan or or i	Topposition to danadates	46		
	the organization engage in lobbying activiti	•			47		<b></b>
	e organization a school as described in se			dule E	48		
	the organization make any transfers to an	•	elated organization?	••	49 a 49 b		
	es,' was the related organization a section	•	•	•			
50 Com	plete this table for the organization's five hologees) who each received more than \$100	nighest compensated em	ployees (other than o	fficers, directors, trustees ar	nd key		
	n) 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 and deferred compensation	(e) Ex	pense nt and owances	<del></del>
<b>-</b> -					<del></del>		
			<u> </u>		<del></del> _	<u></u>	
		•					
com	plete this table for the organization's five he pensation from the organization. If there is (a) Name and address of each independent cont	none, enter 'None '	, <del></del>	(b) Type of service	(c) Com		
	(a) Name and address of each independent cont	ractor paid more train \$100,000		(b) Type of Service	(0) 00111	rensatio	
		- <b></b>					
_ <b>_</b>							
					-		
		- <b></b>	· <b></b>				
<del>-</del>							
<b>d</b> Tota	al number of other independent contractors	each eceiving over \$10	00,000	<b>-</b>			
	Under penalties of perjury, I declare that I have exar true, correct, and emplete Declaration of preparer	mined this return, including acco (other than officer) is based on a	mpanying schedules and sta all information of which prep	tements, and to the best of my knowle arer has any knowledge	edge and be	elief, it is	3
Sign Here	Signature of offides	ows		Date ( / 1 / O / /			
	Type or print name and title						
Paid Pre-	Preparer's Rubt C Bank		Date 11-5-	Check if self (See employed ► X	arer's Identi instructions	fying Nu	mber
parer's	Firm's name (or Robert C. Barto				00.12	070	スつ
Use	employed), 166 COILege Ave	<del>_</del>	ME 04001		0012		
Only May the I	ZIP + 4   Waterville RS discuss this return with the preparer sh	nown above? See instruc	ME 04901	Phone no ► (207)	<u>877 -</u> ► \ Yes		No
BAA	no discuss this return with the preparer sh	OMIT ADOVE - DEC HISH UC	uona		Form <b>99</b>		

## SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service	or 19, or ►	if the organization Attach to Forn	ation enter n990 or Fo	rea more t orm 990-E2	nan \$15,000 on Form 9 Z. ► See separate insti	90-EZ, line 6a. ructions.	Inspection
Name of the organization			<del></del>		<del></del>	Employer identific	cation number
Rotary Internat	ional of W		e			01-601873	13
Fundraising A	ctivities. Comple	te if the organ	ization an	swered 'Ye	es' to Form 990, Part IV	, line 17	
	ers are not requi	•			wing activities Check a	II that apply	
Mail solicitation	=	iisea iurius tiira	ough any c	or trie rono	Solicitation of non-		
<del></del>	nail solicitations				Solicitation of gove	-	
Phone solicitati					Special fundraising		
In-person solici					PT Opecial failuraining	CVC/NS	
2a Did the organization	n have written or	oral agreemer VII) or entity in	nt with any	/ individua on with pro	l (including officers, dire ofessional fundraising se	ectors, trustees or key ervices?	Yes No
<b>b</b> If 'Yes,' list the ten compensated at lea	highest paid indi	ividuals or entil organization	ties (fundr	aisers) pui	rsuant to agreements ur	nder which the fundrais	er is to be
		<del>-</del>				(v) Amount paid to	
(i) Name of Indi or entity (fundr		(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
or critity (tandi	aiscry			ibutions?	nom deavity	col (ı)	organization
			Yes	No			
			<u> </u>	<del> </del>			
			-				<del> </del>
			+	<u> </u>			+
				1			
			+	<del> </del>			<del>                                     </del>
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							<u> </u>
				<u> </u>			
			İ				
Total	1. 11						
or licensing	iich the organiza	tion is registere	ea or licer	isea to soi	icit funds or has been n	otined it is exempt from	1 registration
		- <b></b>	<del></del> -		<del>_</del>		
	<del></del>		<del>-</del> -				
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					·	<del>_</del>	

		<b>G</b> (Form 990 or 990-EZ) 2009 Rotary			01-601			Page 2
Pai	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization ai orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, III gross receipts grea	ne 18, c	ir 1 \$5,00	00
RE			(a) Event #1  Radio Auction (event type)	(b) Event #2  Spring Auction  (event type)	(c) Other Events GOLF TOURNEY (total number)	(Add co	otal Even I. <b>(a)</b> thro ol <b>(c)</b> )	its ough
REVENUE	1	Gross receipts .	20,486.	10,064.	6,705.		37,2	<u> 255.</u>
E	2	Less Charitable contributions .				ļ		
	3	Gross income (line 1 minus line 2)	20,486.	10,064.	6,705.		37,2	<u> 255.</u>
	4	Cash prizes .				<u> </u>		<del></del> -
D	5	Noncash prizes				<u> </u>		
DIRECT	6	Rent/facility costs .				<u> </u>		
	7	Food and beverages						
ž	8	Entertainment						
EXPENSES	9	Other direct expenses						
3	10	Direct expense summary Add lines 4- th	•		•			
Par	11	Net income summary. Combine lines 3, c Gaming. Complete if the organiz		.c' to Form 990 . Ba	rt IV Juno 10 or ror	orted r	37,2	
		\$15,000 on Form 990-EZ, line 6a	ation answered Te		reto, inte 15, or tep			
##>#ZD#			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add co	tal gamı I <b>(a)</b> thro ol <b>(c)</b> )	ng ough
Ē	1	Gross revenue						
E D X	2	Cash prizes						
D I P E N S E S	3	Non-cash prizes					. <u>.</u>	
S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%	Yes%	Yes %			
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d)		•		<u> </u>	
	8	Net gaming income summary Combine I	ines 1, column (d) and I	ıne 7 .	<b>•</b>			,
		as the state(a) in which the organization on	oratos gamina activitios			<u> </u>	YES	NO
9		er the state(s) in which the organization op he organization licensed to operate gaming				_ <u>_</u>	)a	
	<b>b</b> If 'N	lo,' explain:						
10	  a Wei	re any of the organization's gaming license	s revoked suspended o	r terminated during the	- <b></b>	10	 )a	
		es,' explain:	o reveneur, ouspendeur	tommated daring the	an year.			
11	Doe	es the organization operate gaming activities	es with nonmembers?			11	ı	
12	ls tl adn	he organization a grantor, beneficiary or tru ninister charitable gaming?	ustee of a trust or a mer	mber of a partnership or	other entity formed to	12	2	

Schedule G (Form 990 or 990-EZ) 2009

Schedule <b>G</b> (Form 990 or 990-EZ) 2009 Rotary International of Waterville 01-6	018713	P	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility . 13a	8		
b An outside facility	8		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	st		
Name •			
Address: •			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization of the o	unt		1
of gaming revenue retained by the third party \$			
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?	17a		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	n the		
organization's own exempt activities during the tax year 🕨 \$			
BAA TEEA3703 02/05/10 Schedule G (F	orm 990 or 9	90-EZ)	2009

### **Other Assets and Liabilities**

2009

			er Identification N 018713
Line 24 - Other Assets:	Beginnin of Year	- 1	End of Year
Scholarship Fund (Mutual Funds)	82,0	35.	88,352.
Totals to Form 990-EZ, Part II, line 24	82,0	35.	88,352.
Line 26 - Total Liabilities:	Beginnin of Year	g	End of Year
		-  -	

TEEW1801 SCR 02/11/10

Totals to Form 990-EZ, Part II, line 26

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

Other expenses (describe)	
Advertising	500.
Bank Service Charges	37.
Supplies	1,145.
Secretary Expense	1,200.
Miscellaneous Expenses	550.
Insurance	579.
International Dues & Expenses	9,556.
District Dues & Expenses	4,740.
Total	18,307.

### **Supporting Statement of:**

Form 990-EZ/Line 4

Description	Amount
Dividend Income	1,306
Interest Income	447
Unrecognized Gain, Scholarship Fund	31,424
Net Capital Gain (Loss) on Investments	-26,413.
Total	6.764

Rotary International of Waterville, Maine Supporting Statement Form 990-EZ Page 1 Line 10

Alfond Youth Center Campership	\$500
Wise (Zambia High School Books)	17,500
Affghan Scholar Initiative	5,000
Hardy Girls & Health Women	1,500
Shelter Boxes (Haiti earthquake)	3,000
District Project (Hondora Water Project)	2,000
YETE (Waterville Communities for Youth & Children)	5,000
College Scholarships ( 5 given)	5,000
Rotary Polio Plus	2,500
Domestic Violence	4,828
Central Asia Institute	1,100
RI Earthquake Relief	400
Mid Maine Global Forum	1,000
Family Violence	500
Educare Central Maine	2,000
Various	712
Total	\$52,540