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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)

OMB No 1545-1150

2010

Open to Public

Inspection

Department of the Treasury
 Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">ROTARY INTERNATIONAL KENNEBUNK</div> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">P.O. BOX 888</div> City or town, state or country, and ZIP + 4 <div style="border: 1px solid black; padding: 2px;">KENNEBUNK ME 04043</div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">01-6018712</div> E Telephone number <div style="border: 1px solid black; padding: 2px;">207-985-1456</div> F Group Exemption Number <div style="border: 1px solid black; padding: 2px;"></div>
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) 		
I Website: WWW.KENNEBUNKROTARY.ORG		
J Tax-exempt status (check only one) <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 (Form 990, 990-EZ, or 990-PF)		
K 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.		

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 56,830**

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

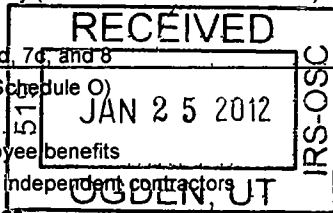
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events 6a Gross income from gaming (attach Schedule G if greater than \$15,000) 6b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6c Less direct expenses from gaming and fundraising events 6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Less cost of goods sold 7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<div style="border: 1px solid black; padding: 2px;">50</div> <div style="border: 1px solid black; padding: 2px;">18,211</div> <div style="border: 1px solid black; padding: 2px;">7,620</div> <div style="border: 1px solid black; padding: 2px;">5</div> <div style="border: 1px solid black; padding: 2px;">20,500</div> <div style="border: 1px solid black; padding: 2px;">9,610</div> <div style="border: 1px solid black; padding: 2px;">14,982</div> <div style="border: 1px solid black; padding: 2px;">15,128</div> <div style="border: 1px solid black; padding: 2px;">834</div> <div style="border: 1px solid black; padding: 2px;">41,848</div>
Expenses	10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16	<div style="border: 1px solid black; padding: 2px;">1,469</div> <div style="border: 1px solid black; padding: 2px;">129</div> <div style="border: 1px solid black; padding: 2px;">35,241</div> <div style="border: 1px solid black; padding: 2px;">36,839</div>
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20	<div style="border: 1px solid black; padding: 2px;">5,009</div> <div style="border: 1px solid black; padding: 2px;">14,321</div> <div style="border: 1px solid black; padding: 2px;">-2</div> <div style="border: 1px solid black; padding: 2px;">19,328</div>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

SCANNED FEB 02 2012



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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

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	12,272	22	18,172
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	2,049	24	1,156
25 Total assets	14,321	25	19,328
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,321	27	19,328

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

☒

What is the organization's primary exempt purpose?

SEE SCHEDULE O

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	5,296	
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	3,131	
30 GUATEMALA WATER PURIFICATION PROJECT			
(Grants \$) If this amount includes foreign grants, check here	30a	14,477	
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here	31a	1,500	
32 Total program service expenses (add lines 28a through 31a)	32	24,404	

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

☐

(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 0.00	0	0	0
DAVID MORAVICK 6 HEATHER LANE BIDDEFORD, ME 04005	TREASURER 0.00	0	0	0
THOMAS BRADBURY P.O. BOX 7028 CAPE PROPRISE, ME 04014	DIRECTOR 0.00	0	0	0
JESSICA MURRAY 37 WHISPERING PINES CIRCLE WELLS, ME 04090	SECRETARY 0.00	0	0	0
KIM CHILTON P.O. BOX 7460 CAPE PORPOISE, ME 04104	PRESIDENT 0.00	0	0	0
PATRICIA HUGHES 9 PARTRIDGE LANE KENNEBUNK, ME 04043	DIRECTOR 0.00	0	0	0
EDWARD BIBBER 6 SEA ROAD KENNEBUNK, ME 04043	PRES ELECT 0.00	0	0	0
NORMAN LABBE P.O. BOX 88 KENNEBUNK, ME 04043	VP 0.00	0	0	0
LEO MARTIN 10 TOWNE ST KENNEBUNKPORT, ME 04046	DIRECTOR 0.00	0	0	0
PAULA ABRAMSON 185 MAPLEWOOD DR ARUNDEL, ME 04046	DIRECTOR 0.00	0	0	0
BOB MCKENZIE MOUSAM RIDGE RD KENNEBUNK, ME 04043	DIRECTOR 0.00	0	0	0

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

Check if the organization used Schedule O to respond to any question in this Part V

☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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	<input checked="" type="checkbox"/>
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
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	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b Did the organization file Form 1120-POL for this year?	37b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a 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 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	<input checked="" type="checkbox"/>
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	40e	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed	NONE	
42a The organization's books are in care of	DAVID MORAVICK	
36 PORTLAND RD		
Located at	KENNEBUNK, ME	
Telephone no	207-985-9222	
ZIP + 4	04043	
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)?	42b	<input checked="" type="checkbox"/>
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 Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	<input checked="" type="checkbox"/>
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 and enter the amount of tax-exempt interest received or accrued during the tax year	43	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
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	

Form 990-EZ (2010)

ROTARY INTERNATIONAL KENNEBUNK

01-6018712

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- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a 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)
- 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
45		X
45a		X
46		X

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 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 ☐

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule 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."

	Yes	No
47		
48		
49a		
49b		

(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 ▶

- 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 ▶ ☐ 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 ▶ David N. Moravick 1/19/2012
 Signature of officer Date
DAVID N. MORAVICK TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ THIS TAX RETURN	Firm's EIN ▶			
Firm's address ▶ PREPARED BY A NON-PAID PREPARER.	Phone no			

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open To Public
Inspection

Name of the organization

ROTARY INTERNATIONAL KENNEBUNK

Employer identification number

01-6018712

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue				
1 Gross receipts				
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary Add lines 4 through 9 in column (d)				
11 Net income summary Combine line 3, column (d), and line 10				

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			20,500	20,500
Direct Expenses				
2 Cash prizes			8,900	8,900
3 Noncash prizes				
4 Rent/facility costs			3,480	3,480
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				12,380
8 Net gaming income summary Combine line 1, column d, and line 7				8,120

9 Enter the state(s) in which the organization operates gaming activities **ME**

a Is the organization licensed to operate gaming activities in each of these states?

9a ☐ Yes ☒ No

b If "No," explain:

MAINE DOES NOT REQUIRE A GAMING LICENSE IF TOTAL PRIZES AWARDED ARE LESS THAN \$10,000.00.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a ☐ Yes ☒ No

b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2010

ROTARY INTERNATIONAL KENNEBUNK

01-6018712

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- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 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
- 13 Indicate the percentage of gaming activity operated in
- | | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter 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? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount 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? ☐ Yes ☒ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

ROTARY INTERNATIONAL KENNEBUNK

Employer identification number

01-6018712**FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
WEEKLY LUNCHEON ASSESSMENT	\$ 20,552
SOCIAL EVENT INCOME	\$ 648
MISCELLANEOUS INCOME	\$ 382
OVER/SHORT	\$ 166
SOCIAL EVENT EXPENSES	\$ -1,283
LUNCH COSTS	\$ -19,631
TOTAL	\$ 834

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

DESCRIPTION	AMOUNT
EXPENSES	
OFFICE EXPENSE	\$ 3
BANK FEES	\$ 184
CHAMBER OF COMMERCE DUES	\$ 125
DISTRICT CONFERENCE	\$ 423
DISTRICT DUES	\$ 2,330
POST OFFICE BOX RENTAL	\$ 116
PRESENTS-CHILDREN'S XMAS	\$ 3,987
PRESENTS-SENIOR'S XMAS	\$ 1,309
ROTARY INTERNATIONAL DUES	\$ 4,672
ROTARY INTERNATIONAL PROJ	\$ 1,250
SENIOR/FRESHMAN BREAKFAST	\$ 506
SUPPLIES	\$ 1,055

Schedule O (Form 990 or 990-EZ) (2010)

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Name of the organization

ROTARY INTERNATIONAL KENNEBUNK

Employer identification number

01-6018712

TRAINING	\$	283
WEBSITE/COMMUNICATIONS	\$	564
RYLA PROGRAMS	\$	600
YOUTH FOREIGN EXCHANGE	\$	100
WORLD AFFAIR SEMINARS	\$	1,808
COMMUNITY PROJECTS	\$	250
NEW FUNDRAISING EXP	\$	925
FLOWERS	\$	47
INTERACT CLUB	\$	117
MISC EXPENSE	\$	110
GUATEMALA WATER PURIFICAT	\$	14,477
TOTAL	\$	35,241

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
ROUNDING	\$ -2

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	\$ -150	\$ -175
ROUNDING	\$ 0	\$ 1
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 2,000	\$ 1,200
EQUIPMENT	\$ 1,719	\$ 1,719
LESS ACCUMULATED DEPRECIATION	\$ 1,520	\$ 1,589
TOTAL	\$ 2,049	\$ 1,156

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

Name of the organization

ROTARY INTERNATIONAL KENNEBUNK

Employer identification number

01-6018712

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

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACHIEVEMENTS
COMMUNITY AND INTERNATIONAL PROJECTS; WORLD AFFAIRS SEMINAR

FORM 990-EZ, PART V, LINE 35 - UNREPORTED INCOME ON FORM 990-T EXPLANATION
ALL THE WORK PERFORMED FOR THE ANNUAL RAFFLE, FRUIT SALE, AND
CHRISTMAS TREE PICK UP AND RECYCLING EVENTS IS DONE WITHOUT COMPENSATION.
ADDITIONALLY, THESE TWO FUND RAISERS ARE NOT REGULARLY CARRIED ON.

MOST OF THE WORK FOR THE BBQ AND ROAD RACE IS UNCOMPENSATED. THESE TWO FUND
RAISERS ARE NOT REGULARLY CARRIED ON.

Form **4562**
Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-0172

2010Attachment
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 instructions)	1	500,000
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	2,000,000
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 2009 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 2011 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 instructions)**

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 2010	17	69
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 2010 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 2010 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	69
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.

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DAA

THERE ARE NO AMOUNTS FOR PAGE 2