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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2010**Department of the Treasury  
Internal Revenue Service

- 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

**Open to Public Inspection****A For the 2010 calendar year, or tax year beginning** Jul 1 , 2010, **and ending** Jun 30 , 2011

<b>B</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	<b>C</b> Name of organization <b>Rotary International of Waterville</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>166 College Ave</b> City or town, state or country, and ZIP + 4 <b>Waterville ME 04901</b>	<b>D</b> Employer identification number <b>01-6018713</b> <b>E</b> Telephone number <b>(207) 877-8996</b> <b>F</b> Group Exemption Number
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**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

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

**I** Website: N/A

**J** Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ 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. **\$ 135,914.**

**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 ☒

<b>REVENUE</b>	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	24,039.
	4	Investment income	4	36,794.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	Gross income from fundraising events (not including \$ 75,081. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	75,081.	
6c	Less: direct expenses from gaming and fundraising events	6c	32,385.	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	42,696.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	103,529.	
<b>EXPENSES</b>	10	Grants and similar amounts paid (attach Schedule O)	10	47,900.
	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	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	20,368.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	68,268.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	35,261.	
<b>ASSETS</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	158,047.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	193,308.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**Form **990-EZ** (2010)

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**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 ☐

- 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
- 34** Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
- 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?
- b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)?
- 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
- 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?
- 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 tax year covered by this return?
- b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38 b**
- 39** Section 501(c)(7) organizations Enter
- a** Initiation fees and capital contributions included on line 9 **39 a**
- b** Gross receipts, included on line 9, for public use of club facilities **39 b**
- 40 a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 **40 a**, section 4912 **40 a**, section 4955 **40 a**
- 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 **40 b**
- 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 **40 c**
- d** Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization **40 d**
- 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**
- 41** List the states with which a copy of this return is filed **41**

	Yes	No
<b>33</b>		X
<b>34</b>		X
<b>35 a</b>		X
<b>35 b</b>		
<b>36</b>		X
<b>37 b</b>		X
<b>38 a</b>		X
<b>38 b</b>		
<b>39 a</b>		
<b>39 b</b>		
<b>40 b</b>		X
<b>40 c</b>		
<b>40 d</b>		
<b>40 e</b>		X

**42 a** The organization's books are in care of **Robert C. Barton CPA** Telephone no **(207) 877-8996**  
 Located at **166 College Ave** **Waterville** ME ZIP + 4 **04901**

- b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
- If 'Yes,' enter the name of the foreign country **42 b**

	Yes	No
<b>42 b</b>		X
<b>42 c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

- 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 **42 c**

- 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**

- 44 a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44 a**
- 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 **44 b**
- c** Did the organization receive any payments for indoor tanning services during the year? **44 c**
- 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 **44 d**

	Yes	No
<b>44 a</b>		X
<b>44 b</b>		X
<b>44 c</b>		X
<b>44 d</b>		

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

	Yes	No
<b>45</b>		X
<b>45a</b>		X
<b>46</b>		X

**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 inst.)

**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

**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

	Yes	No
<b>47</b>		
<b>48</b>		
<b>49a</b>		
<b>49b</b>		

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

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If 'Yes,' was the related organization a section 527 organization?

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and 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) Expense account and other allowances
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-----				
-----				
-----				
-----				
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**f** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

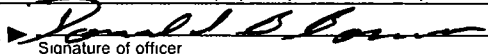
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----		
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**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.

<b>Sign Here</b>	Signature of officer 		Date <b>3/27/12</b>	
	Type or print name and title <b>Don Borman</b>		Officer	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	<b>Robert C. Barton, CPA</b>	<b>Robert C. Barton, CPA</b>	<b>03/27/12</b>	
	Firm's name <b>▶ Robert C. Barton, CPA</b>			
	Firm's address <b>▶ 166 College Ave Waterville ME 04901</b>	Firm's EIN <b>▶</b> Phone no <b>(207) 877-8996</b>		

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

BAA

Form 990-EZ (2010)

Department of the Treasury  
Internal Revenue Service

**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

Employer identification number

Rotary International of Waterville

01-6018713

**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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Radio Auction</u> (event type)	(b) Event #2 <u>Spring Auction</u> (event type)	(c) Other events <u>GOLF TOURNEY</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	20,384.	13,409.	6,714.	40,507.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	20,384.	13,409.	6,714.	40,507.
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				40,507.	

**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 column (a) through column (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash 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 lines 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?

☐ Yes ☐ No

b If 'No,' explain \_\_\_\_\_

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

☐ Yes ☐ No

b If 'Yes,' explain: \_\_\_\_\_

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 9  
b

**b** An outside facility .

13b	9/8
-----	-----

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

Name ▶ \_\_\_\_\_

Address ▶

**15a** Does the organization have a contact 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).



Department of the Treasury  
Internal Revenue Service

**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

2010

**Open to Public Inspection**

Name of the organization

Employer identification number

Rotary International of Waterville

01-6018713

**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TEEA4901 10/26/10

Schedule O (Form 990 or 990-EZ) 2010

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

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

Other expenses (describe in Schedule O)

Advertising	360.
Bank Service Charges	23.
Supplies	1,858.
Secretary Expense	1,200.
Miscellaneous Expenses	1,287.
Insurance	449.
International Dues & Expenses	9,623.
District Dues & Expenses	5,510.
Webb Site Expenses	58.
Total	<u>20,368.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**Purpose of Payment Contributions made to Various Non-Profit Entities

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>List Attached</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	<u>Various Non-Profit Organizations</u>	<u>None</u>	
			<u>47,900.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

**Form 990-EZ, Page 1, Part II, Line 24**

Line 24 - Other Assets:	Beginning of Year	End of Year
Scholarship Fund (Mutual Funds)	88,352.	115,211.
Total	<u>88,352.</u>	<u>115,211.</u>

**Supporting Statement of:**

Form 990-EZ/Line 4

Description	Amount
Interest Income	185.
Dividend Income	1,828.
Gain Loss on securites	9,750.
Unrecognized Gain on securites	25,031.
Total	<u>36,794.</u>

Rotary International of Waterville  
Supporting Statement  
Form 990EZ Line 10  
Sch O

**Grants & Similar Amounts Paid in excess of \$5,000**

Class		Date			
Public Charity	Waterville Communities for Children & Youth	3/31/2011	179 Main ST	Waterville, Me	5,000
	Youth Exchange				925
	Scholarships				3,000
	Wise				3,500
	Afgan Scholars				3,500
	Mid Maine Global Forum				500
Public Charity	Hands Up Project				4,649
	Mid Maine Homeless Shelter	11/30/2010	82 Ticonic St	Waterville, Me	5,000
	Misc Projects				2,008
	Campership Fund				500
	Polio Plus				2,500
	Rotary Foundation				2,516
	Distnct Project				2,000
	Board Discretion				2,206
	Shelter Boxes				213
	Unitarian Church Sandwich Program				450
	Shelter Boxes				277
	Waterville Food Bank				470
	Heifer				495
	Sacred Heart Soup Kitchen				144
	Shelter Boxes				304
	Sacred Heart Soup Kitchen				231
	Japan Recovery				500
	Sacred Heart Soup Kitchen				320
	Heifer				411
	St Francis & St Johns Soup Kitchen				359
	Various				5,922
					47,900

Note All contributions are paid to Qualified Non-profit Organizations

### **Filing Deadline Extended to March 30 for Some Tax-Exempt Organizations**

WASHINGTON — Tax-exempt organizations with January and February filing due dates will have until March 30, 2012, to file their annual returns, the Internal Revenue Service announced today.

The IRS is granting this extension of time to file because the part of the e-file system that processes electronically filed returns of tax-exempt organizations will be off-line during January and February. The agency stressed that the rest of the e-file system will continue to operate normally and urged all individuals and businesses to choose the accuracy, speed and convenience of electronic filing.

In general, the extension applies to tax-exempt organizations whose normal filing deadline is either Jan. 17 or Feb. 15, 2012. Ordinarily, these deadlines would apply to organizations with a fiscal year that ended on Aug. 31 or Sept. 30, 2011, respectively. The extension also applies to organizations that already obtained an initial three-month filing extension and now have an extended filing deadline that falls on Jan. 17 or Feb. 15, 2012. The majority of tax-exempt organizations will be unaffected by this extension because they operate on a calendar-year basis and have a May 15 filing deadline.

The extension applies to affected organizations filing Forms 990, 990-EZ, 990-PF, or 1120-POL. Form 990-N filers will not be affected. No form needs to be filed to get the March 30 extension.

In order to avoid receiving a late filing penalty notice, a reasonable cause statement should be attached to the tax return. If organizations receive late-filing penalty notices, they should contact the IRS so that these penalties can be abated. The IRS encouraged these organizations to consider either e-filing early — before the end of December — or waiting until March to file electronically.

Further details are in Notice 2012-4, posted today on IRS.gov.