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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, organizations that operate one or more hospital facility
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see itstructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$400,000)

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              | 2011 calend  |   | ax year beginn     | ing                          | July 1, 2010                     | , 2011,               | and ending      | g            | June 30            | ), , 2           | 0 11          |  |  |
|------------|----------------------|--|---|--------------------|------------------------------|----------------------------------|-----------------------|-----------------|--------------|--------------------|------------------|---------------|--|--|
| В          | Check if applicable  |  | C Name of c   | organization       |                              |                                  |                       |                 | D Em         | ployer ki          | entification nun | nber          |  |  |
|            | Address o            | change   | Kennebuni   | Rotary Charit      | able Fund                    |                                  |                       |                 |              | 2                  | 7-0190867        |               |  |  |
| <u> </u>   | Name cha             | unge i   | Number and  | street (or P.O. bo | x, if mail is not o          | delivered to street add          | tress)                | Room/suite      | E Tele       | E Telephone number |                  |               |  |  |
| 닏          | Initial retu         |  | P.O. Box 88   | 88                 |                              |                                  |                       |                 | 1            | 207-468-5099       |                  |               |  |  |
| H          | Terminate<br>Amended | 1  | City or town,   | state or country,  | and ZIP + 4                  |                                  |                       | <u> </u>        | F Gro        | F Group Exemption  |                  |               |  |  |
| Ħ          |                      | n pending  | Kennebuni   | c, Maine 04043     | 3-0888                       |                                  |                       |                 |              | mber I             | •                |               |  |  |
| G          | Account              |  |   |                    |                              |                                  |                       |                 |              | ▶ [7]              | f the organizat  | ion is not    |  |  |
| - 1        | Websit               | te:►   |   | _                  |                              |                                  | <del></del>           |                 |              |                    | ach Schedule     |               |  |  |
| J.         | Tax-exen             | npt status (che  | eck only one) ·   | - ✓ 501(c)(3)      | 501(c) (                     | ) ◀ (insert no.)                 | 4947(a)(1) or         | <b>□</b> 527    | •            |                    | 0-EZ, or 990-P   |               |  |  |
|            | Check ▶              |  |   |                    |                              | porting organization             |                       |                 | ation and    | its ams            | s receints are r | normally      |  |  |
|            | not mor              | e than \$50,00   | 0. A Form 99  | 00-EZ or Form 9    | 990 return is n              | ot required though               | Form 990-N (6         | -postcard)      | may be re    | aured (            | see instruction  | is). But if   |  |  |
|            |                      |  |   | retum, be sure     |                              |                                  |                       | - <b>,</b> ,    | , , , , , ,  | <b>,</b>           | ,                |               |  |  |
|            |                      |  |   |                    |                              | oss receipts are \$20            | 0,000 or more,        | or if total as  | sets (Part I | I <b>,</b>         |                  |               |  |  |
|            |                      |  |   |                    |                              | ad of Form 990-EZ                |                       |                 | ·            | ▶ ¢                |                  |               |  |  |
| F          | Part I               | Revenu   | e. Expens   | es, and Ch         | anges in N                   | et Assets or Fi                  | und Balanc            | es (see t       | he instr     | ctions             | for Part I)      | <del></del>   |  |  |
|            |                      |  |   |                    |                              | to respond to a                  |                       |                 |              |                    |                  |               |  |  |
| ಹ_—        | 1                    |  |   | rants, and sin     |                              |                                  | ., 4400000            |                 |              | <del>     </del>   | <del></del>      | 5712          |  |  |
| 2013<br>   | 2                    |  |   |                    |                              | fees and contract                |                       |                 |              | 2                  |                  |               |  |  |
| ණ          | 3                    |  |   | d assessment       | _                            |                                  |                       |                 |              | 3                  | <del></del>      |               |  |  |
| 0          | 4                    | Investment   | •   | 2 0000001110110    |                              |                                  |                       |                 |              | 4                  |                  |               |  |  |
| Z.         | 5a                   |  |   | ale of assets o    | ther than inv                | ventory                          | 5a                    | ι · · ·         |              | <del>   </del>     |                  |               |  |  |
| N<br>N     | b                    |  |   |                    |                              | •                                |                       |                 |              | -}                 |                  |               |  |  |
| RAPPORNIED | C                    |  | ess: cost or other basis and sales expenses   |                    |                              |                                  |                       |                 |              | 5c                 |                  |               |  |  |
|            | 6                    |  | ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) aming and fundraising events |                    |                              |                                  |                       |                 |              | 130                | 77-1             |               |  |  |
| 3          | а                    | Gross income from gaming (attach Schedule G if greater than  |   |                    |                              |                                  |                       |                 |              |                    |                  |               |  |  |
|            |                      | \$15,000)  |   |                    |                              |                                  |                       |                 |              | 1 1                |                  |               |  |  |
|            | Ь                    | •  |   |                    | nth (not inclu               | dina ¢                           |                       | l<br>Looptribut |              | -{                 |                  |               |  |  |
| U\$        |                      | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line it states Schedule G if the |   |                    |                              |                                  |                       |                 | ions         | 1 1                |                  |               |  |  |
|            |                      |  |   |                    |                              | geeds \$15,000)                  |                       | ı               | 20537        | . 1                |                  |               |  |  |
|            | C                    |  |   | / /                | . • /                        | 11.                              | 6c                    |                 | 15153        | - 1                |                  |               |  |  |
| 1-         | d                    | Net income   | e or (loss) ,   | from gaming        | and hindrais                 | ing events (add                  |                       | 1 6b and        |              | 4 1                |                  |               |  |  |
|            | "                    | line 6c)   |   |                    |                              | Sing events (add                 | mies oa an            | J OD AIIG       | Subilact     | -                  |                  | 5204          |  |  |
|            | 7a                   | •  | e of invento  | op, less petur     | to and allow                 |                                  |                       |                 |              | 6d                 |                  | 5384          |  |  |
|            | , b                  |  | of goods st   | <i>"</i>           | 1 860                        | 111C <del>C</del> S              | 7a 7b                 | <del></del>     |              | -                  |                  |               |  |  |
|            | C                    |  | _   | <i>H H</i>         |                              | btract line 7b from              |                       | l               |              | <del>  _</del>     |                  |               |  |  |
|            | 8                    |  |   | be in Schedul      |                              | Diract lille 7D Irol             | шн <del>о</del> га) . |                 |              | 7c                 |                  |               |  |  |
|            | 9                    |  | •   |                    |                              |                                  |                       |                 |              | 9                  |                  | 11006         |  |  |
| -          | 10                   |  |   | ounts paid (lis    |                              |                                  | · · · ·               | · · ·           |              | 10                 |                  | 11096<br>5200 |  |  |
|            | 11                   |  |   |                    |                              | • • • • • • •                    | • • • •               |                 |              | 11                 | <del> </del>     | 5200          |  |  |
| 202120     | 12                   |  |   |                    |                              | nefits                           |                       |                 |              | 12                 |                  |               |  |  |
|            | 13                   |  |   |                    |                              | ndent contractor                 |                       |                 |              | 13                 |                  | 111           |  |  |
|            | . 14                 | Occupancy  | v rent utilit   | ies and main       | its to indepe<br>tenance     | ndent commactor                  | <b>s</b> ,            |                 |              | <b>—</b>           |                  |               |  |  |
| Ŝ          | 15                   |  | ancy, rent, utilities, and maintenance  |                    |                              |                                  |                       |                 |              | 14                 |                  |               |  |  |
| _          | 16                   | Other expe   | ablications,  | postage, and       | snipping .                   |                                  | • • • •               |                 |              | 15                 | <del></del>      | 238           |  |  |
|            | 17                   | Total expe   | mees (uesti   | lines 10 throu     | ule O)                       |                                  |                       |                 |              | 16                 |                  |               |  |  |
| -          | 18                   | Excess or /  | (deficit) for (   | the year (Crist    | 1911 10                      | rom line 9)                      | · · · · · · ·         | <del></del>     | · · <u> </u> | 17                 |                  | 5549          |  |  |
| 3          | 19                   |  |   |                    |                              | om line 9)<br>ear (from line 27, |                       |                 |              | 18                 |                  | 5547          |  |  |
| 5          |                      | end-of-ves   | r figure ren  | orted on prior     | ynning or yt<br>Vear's retur | ar (17011) line 27,              | , column (A))         | unust ag        | iee will)    | 1                  |                  | CARR          |  |  |
| ١          | 20                   |  |   |                    |                              |                                  |                       |                 |              | 19                 |                  | 6106          |  |  |
| !          | 21                   |  |   |                    |                              | xplain in Schedu                 |                       |                 |              | 20                 |                  | 11555         |  |  |
| _          |                      |  |   | ce, see the se     |                              | bine lines 18 thr                |                       |                 |              | 21                 | - 000 F          | 11653         |  |  |
| ,          | . rapen              | TOIN NEGUCT  | INII WOLL MOSS  | vc, see πe sej     | Darate instruc               | เนบทช.                           | Cat.                  | No. 10642I      | }            |                    | Form 990-E       | (2011) کند    |  |  |

| rom_  | 990-E (2011)   |  |                             |  |          | Page Z  |
|---|--|--|-----------------------------|--|----------|---|
| Pa  | rt II Balance Sheets. (see the instructions          | •  |                             |  |          |   |
|   | Check if the organization used Schedule              | O to respond to ar                               |                             |  | <u> </u> | <u> </u>                                      |
|   |  |  |                             | (A) Beginning of year                            |          | (B) End of year                               |
| 22  | Cash, savings, and investments                       |  |                             | 6106   | 22       | 10203   |
| 23  | Land and buildings                                   |  |                             |  | 23       | 0   |
| 24  | Other assets (describe in Schedule O)                |  |                             | 0  | 24       | 1450  |
| 25  | Total assets   |  | [                           | 6106   | 25       | 11653   |
| 26  | Total liabilities (describe in Schedule O)           |  |                             |  | 26       | 0   |
| 27  | Net assets or fund balances (line 27 of column       |  |                             | 6106   | 27       | 11653   |
| Par   |  |  |                             |  |          | Expenses                                      |
|   | Check if the organization used Schedule              |  | <del></del>                 |  | (Req     | uired for section                             |
| Wha   | t is the organization's primary exempt purpose?      | Community support                                | for underprivileged a       | and needy  |          | c)(3) and 501(c)(4)                           |
| Desc  | cribe the organization's program service accomplis   | shments for each of                              | its three largest pr        | rogram services.                                 |          | nizations and section (a)(1) trusts, optional |
|   | neasured by expenses. In a clear and concise m       |  |                             |  |          | thers.)                                       |
| pers  | ons benefited, and other relevant information for ea | ach program title.                               |                             |  |          |   |
| 28  | Supported Salvation Army raise funds for local need  | ly through bell ringin                           | g at Dock Square in I       | Kennebunkport                                    | ŀ        |   |
|   | during Christmas Prelude                             |  |                             |  |          | 1   |
| 23 24 25 26 27 Parti What Descrias maperso 28 29 30 31 32 Parti Kim ( P.O.   Edwa 6 Sea David 6 Hea Paula |  |  |                             |  |          | ]   |
|   | (Grants \$ 1,000) If this amount                     | ıncludes foreign gra                             | nts, check here .           | <u> ▶ 🗀</u>                                      | 28a      | 1,000   |
| 29  |  |  |                             |  |          |   |
|   | Worked with Partners in Development to supply wat    | er filters to a town in                          | Guatamala (120+ hel         | ped)   | 1        |   |
| as me person 28 29 30 31 0 32 7 Part Kim C P.O. E Edwa 6 Sea  |  |  |                             |  |          |   |
|   | (Grants \$ 500) If this amount                       | includes foreign gra                             | nts, check here .           | 🕨 🔲  | 29a      | 500   |
| 30  | Assisted Southern Maine Medical Center Auxillary in  | the purchase of med                              | lical equipment             |  |          |   |
|   |  |  |                             |  |          |   |
|   |  |  |                             |  |          |   |
|   |  | includes foreign gra                             | nts, check here .           | ▶ 🗆  | 30a      | 500   |
| 31  | Other program services (describe in Schedule O)      |  |                             |  |          |   |
|   | (Grants \$ 3200) If this amount                      |  |                             |  | 31a      | 3200  |
| 32  | Total program service expenses (add lines 28a t      | through 31a)                                     |                             | •  | 32       | 5200  |
| Par   | List of Officers, Directors, Trustees, and Key       | / Employees. List eac                            | h one even if not com       | pensated. (see the i                             | nstru    | ctions for Part IV.)                          |
|   | Check if the organization used Schedule              | O to respond to ar                               | ny question in this         | Part IV  |          | <i></i> 🗆                                     |
|   |  | (b) Title and average                            | (c) Reportable compensation | (d) Health benefits,                             | ~ (~)    | Estimated amount of                           |
|   | (a) Name and address                                 | hours per week                                   | (Forms W-2/1099-MISC)       | contributions to employ<br>benefit plans, and    |          | ther compensation                             |
|   |  | devoted to position                              | (If not paid, enter -0-)    | deferred compensation                            | n        |   |
| Kim   | Chilton, President                                   | President  |                             |  |          |   |
| P.O.  | Box 252, Kennebunk, Maine 04043                      | 1 hour   | 0                           | nor  | ie       | none  |
| Edw   | ard Bibber   | Vice President                                   |                             |  | T        |   |
| 6 Se  | a Road, Kennebunk, Maine 04043                       | 1 hour   | 0                           | nor  | е        | none  |
| Davi  | id Moravick  | Treasurer  |                             |  |          |   |
| 6 He  | ather Lane, Biddeford, Maine 04005                   | 2 hours  | 0                           | nor  | ie       | none  |
| Paul  | a Abramson   | Secretary  |                             |  |          |   |
| 185   | Maplewood Drive, Arundel, Maine 04046                | .5 hours   | o                           | nor  | ne       | none  |
|   |  |  |                             |  |          |   |
|   |  | }  |                             |  | - }      |   |
|   |  |  |                             |  |          |   |
|   |  |  |                             |  |          |   |
|   |  |  |                             |  | 1        |   |
|   | ***************************************              |  |                             |  | - 1      |   |
|   |  |  |                             |  |          |   |
|   |  | 1  |                             |  |          |   |
|   |  | 1  |                             |  | $\top$   |   |
|   | ***************************************              | 1  |                             | 1  |          |   |
|   | <del></del>  |  |                             | 1  | 十        |   |
|   |  | 1  |                             | 1  | -        |   |
|   | <del></del>  | <del>                                     </del> |                             | <del>                                     </del> | +        |   |
|   | ***************************************              | 1  |                             |  |          |   |
|   |  |  |                             | <del> </del>                                     | +-       |   |
|   |  | 1  |                             |  |          |   |
|   |  | i .  | ı                           | i .  |          |   |

| Part       | Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this   |            |          | _            |
|------------|--|------------|----------|--------------|
|            | instructions for Part v.) Check if the organization used Schedule O to respond to any question in this   | s Pan      |          |              |
| 33         | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O  | 33         | Yes      | No           |
| 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)   | 34         |          | <b>V</b> ✓   |
| 35a        | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?   | 35a        |          | <b>▼</b>     |
| b          | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O   | 35b        |          |              |
| C          | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III   | 35c        |          | 1            |
| 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         |          | 1            |
| 37a        | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0  |            |          |              |
| b<br>38a   | Did the organization file <b>Form 1120-POL</b> for this year?  | 37b<br>38a |          | <b>√</b>     |
| ь          | If "Yes," complete Schedule L, Part II and enter the total amount involved   | -          | <u> </u> | <u> </u>     |
| 39         | Section 501(c)(7) organizations. Enter:  | 1          |          |              |
| а          | Initiation fees and capital contributions included on line 9   | ł          |          |              |
| b          | Gross receipts, included on line 9, for public use of club facilities  | 1          |          |              |
| 40a        | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶   |            |          |              |
| 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        |          | 1            |
| С          | 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  | 100        |          |              |
| d          | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  |            |          |              |
| е          | 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        |          |              |
| 41         | List the states with which a copy of this return is filed. ► Maine   |            |          |              |
| 42a        |  | 207-46     | 8-509    | 9            |
|            | Located at ▶ 6 Heather Lane, Biddeford Maine ZIP + 4 ▶   | 04005      | -9210    |              |
| 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        | Yes      | No<br>√      |
|            | 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 the U.S.?  | 42c        |          | ✓            |
| 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  |            | .        | ▶ □          |
| 4.4        |  |            | Yes      | No           |
| 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        |          | 1            |
| 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        |          | 1            |
| c<br>d     | Did the organization receive any payments for indoor tanning services during the year?   | 44c<br>44d |          | <b>√</b>     |
| 45a<br>45b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 45a        |          | 1            |
|            | Form 990-EZ (see instructions)   | 45b        |          | . <b>.</b> / |

| Form 99                | 0-6Z (2011) '   |   |  |  | <del></del>           |                       |          | Page 4      |  |
|------------------------|---|---|--|--|-----------------------|-----------------------|----------|-------------|--|
| 46                     | Did the organization engage directly or   | indirectly in political (   | rampaion activities (                                  | on behalf of o                         | r in annocit          | tion [                | Yes      | No          |  |
| 40                     | 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 \                 | Section 501(c)(3) organization<br>501(c)(3) organizations and section and 52, and complete the table  | is and section 4947<br>tion 4947(a)(1) none<br>s for lines 50 and 5 | 7(a)(1) nonexemp<br>exempt charitable to<br>1.         | t charitable<br>trusts must a          | trusts on             | ly. All se            |          | b           |  |
|                        | Check if the organization used So   | cheaule O to respond  | d to any question in                                   | this Part VI                           | <u> </u>              | <u></u> .             | Yes      | No          |  |
| 47                     | id the organization engage in lobbying activities or have a section 501(h) election in effect during the tax ear? If "Yes," complete Schedule C, Part II  |   |  |  |                       |                       |          |             |  |
| 48                     | Is the organization a school as described Did the organization make any transfers   | ın section 170(b)(1)(A)(  | • • • • •  |  |                       | . 47<br>. 48<br>. 49a |          | 7           |  |
|                        | If "Yes," was the related organization as   |   | _  |  |                       | . 49b                 | +        | <u> </u>    |  |
|                        | Complete this table for the organization' employees) who each received more that  |   |  |  |                       |                       |          |             |  |
|                        | (a) Name and address of each employee paid more than \$100,000  (b) Title and average hours per week devoted to position  (c) Reportable compensation  (d) Health benefits, contributions to employ benefit plans, and defer compensation |   |  |  |                       |                       |          |             |  |
|                        |   | -   |  |  |                       |                       |          |             |  |
|                        |   | -   |  |  |                       |                       |          |             |  |
|                        |   | -   |  |  |                       |                       |          |             |  |
|                        |   |   |  |  |                       |                       |          |             |  |
|                        |   | -   |  |  |                       | - 1. 1                |          |             |  |
| 51                     | Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the org   | n's five highest comp   | ensated independe                                      |  | s who each            | received              | more     | than        |  |
| (a) 1                  | Name and address of each independent contractor p   | paid more than \$100,000  | (b) Type of s  | (c) Compensation                       |                       |                       |          |             |  |
|                        |   |   | -  |  |                       |                       |          |             |  |
|                        |   |   | -  |  |                       |                       | _        |             |  |
|                        |   |   | -  |  |                       |                       |          |             |  |
|                        |   |   | -  |  |                       |                       |          |             |  |
|                        |   |   | -  |  |                       |                       |          |             |  |
| d                      | Total number of other independent conti   | ractors each receiving  | over \$100,000 .                                       | . •                                    |                       |                       |          |             |  |
|                        | Did the organization complete Schedule nonexempt charitable trusts must attach  |   | ` ' ' '  | ns and 4947(a                          | a)(1)                 | ► ☐ Yes               | s 🗸 l    | No          |  |
| Under pe<br>true, con  | enalties of perjury, I declare that I have examined this<br>rect, and complete. Declaration of preparer (other the  | return, including accompar<br>an officer) is based on all inf       | nying schedules and state<br>ormation of which prepare | ments, and to the<br>er has any knowle | best of my kr<br>edge | nowledge ar           | d belief | , it is     |  |
| Sign                   | Signature of officer  | 1-  |  |  |                       |                       |          |             |  |
| Here                   | David N. Moravick, Treasurer Type or print name and title   |   |  |  |                       |                       | 2        | <del></del> |  |
| Paid                   | <del></del>   | Pnnt/Type preparer's name Preparer's signature                      |  |  |                       | PTIN                  | PTIN     |             |  |
|                        |   |   | ]  |  | Check L<br>self-emplo | 111                   |          |             |  |
| Paid<br>Prepa<br>Use ( | arer  |   |  | Fin                                    |                       | 111                   |          |             |  |

# Kennebunk Rotary Charitable Fund Inc. EIN 27-0190867

## Fundraising Events (Schedule G)

#### **Chicken Barbecue**

Income \$ 6,405.00 expenses \$ 6,203.00 Net \$ 202.00

Description: Sell tickets at \$11 per ticket. Utilize a caterer to cook chicken and Rotarian volunteers serve the chicken

### **Presidential Road Race**

Income \$ 14,132.00 Expenses \$ 8,950.00 Net \$ 5,182.00

Total \$ 5,384.00 (Line 6d Form 990-EZ)

Description: 5K Road Race in Kennebunkport. Income from entry fees (200 + runners) and sponsorships.