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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, 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

OMB No 1545-1150

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning **07/01/11**, and ending **06/30/12**

<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 KENNEBUNK</b>		<b>D</b> Employer identification number <b>01-6018712</b>
	Number and street (or P O box, if mail is not delivered to street address) <b>P.O. BOX 888</b>		<b>E</b> Telephone number <b>207-985-1456</b>
	City or town, state or country, and ZIP + 4 <b>KENNEBUNK ME 04043</b>		<b>F</b> Group Exemption Number ▶

**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: ▶ **www.kennebunkrotary.org**

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

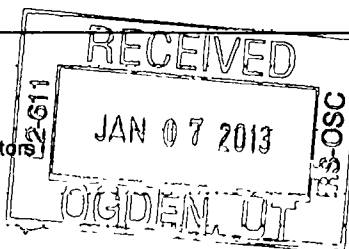
**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the 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. ▶ \$ **74,658**

**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	184
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	10,488
	4	Investment income	4	1
	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	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	27,999
	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)	6b	33,043
6c	Less direct expenses from gaming and fundraising events	6c	29,522	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	31,520	
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	2,943	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,136	
<b>Expenses</b>	10	Grants and similar amounts paid (list in Schedule O)	10	39,329
	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	2
	16	Other expenses (describe in Schedule O)	16	13,231
	17	<b>Total expenses.</b> Add lines 10 through 16	17	52,562
<b>Net Assets</b>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-7,426
	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	19,328
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	11,902



SCANNED JAN 16 2013

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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	18,172	22	12,188
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	1,156	24	62
25 Total assets	19,328	25	12,250
26 Total liabilities (describe in Schedule O)	0	26	348
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,328	27	11,902

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 UNDERPRIVILEGED CHILDREN OF THE COMMUNITY; SENIOR CITIZEN CHRISTMAS PARTY			
(Grants \$ 8,000) If this amount includes foreign grants, check here	28a	8,000	
29 HIGH SCHOOL MENTORING PROGRAM; YOUTH LEADERSHIP; YOUTH FOREIGN EXCHANGE; HIGH SCHOOL SENIOR AND FRESHMAN BREAKFASTS.			
(Grants \$ 16,560) If this amount includes foreign grants, check here	29a	16,560	
30 GUATEMALA WATER PURIFICATION PROJECT			
(Grants \$ 515) If this amount includes foreign grants, check here	30a	515	
31 Other program services (describe in Schedule O)			
(Grants \$ 14,254) If this amount includes foreign grants, check here	31a	14,254	
32 Total program service expenses (add lines 28a through 31a)	32	39,329	

**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) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAMELA W. BOYLE 3 COTTAGEWOOD LANE KENNEBUNK, ME 04043	DIRECTOR	0.00	0	0
DAVID MORAVICK 6 HEATHER LANE KENNEBUNKPORT, ME 04046	TREASURER	0.00	0	0
GAIL ARNOLD P.O. BOX 31 WELLS, ME 04090	DIRECTOR	0.00	0	0
JESSICA MURRAY 37 WHISPERING PINES CIRCLE CAPE PORPOISE, ME 04104	SECRETARY	0.00	0	0
KIM CHILTON P.O. BOX 7460 KENNEBUNK, ME 04043	PAST PRES	0.00	0	0
PATRICIA HUGHES 9 PARTRIDGE LANE KENNEBUNK, ME 04043	DIRECTOR	0.00	0	0
EDWARD BIBBER 6 SEA ROAD KENNEBUNK, ME 04043	PRES	0.00	0	0
NORMAN LABBE P.O. BOX 88 KENNEBUNK, ME 04043	PRES ELECT	0.00	0	0
LEO MARTIN 10 TOWNE ST ARUNDEL, ME 04046	DIRECTOR	0.00	0	0
PAULA ABRAMSON 185 MAPLEWOOD DR KENNEBUNK, ME 04043	DIRECTOR	0.00	0	0
BOB MCKENZIE MOUSAM RIDGE RD CAPE PROPOISE, ME 04014	DIRECTOR	0.00	0	0
LISA LASSEY P.O. BOX 7004	VP	0.00	0	0

**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	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
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)	0	27	0

**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?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	▶	32

**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

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
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	X
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	X
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	X
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	X
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	X
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	X
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	X
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		0
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0
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	X
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.	
ME	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)? If "Yes," enter the name of the foreign country	42b	X
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 ? If "Yes," enter the name of the foreign country	42c	X
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	
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	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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)	45b	X

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**ROTARY INTERNATIONAL KENNEBUNK**

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**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
<b>46</b>		<b>X</b>

**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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
<b>47</b>		

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

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		
------------	--	--

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

<b>49b</b>		
------------	--	--

**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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 **▶** \_\_\_\_\_

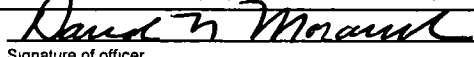
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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

<b>Sign Here</b>		Date <b>1/4/2013</b>
	Type or print name and title <b>DAVID N. MORAVICK TREASURER</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <b>▶ This tax return</b>	Firm's EIN <b>▶</b>			
	Firm's address <b>▶ prepared by a non-paid preparer.</b>	Phone no <b>▶</b>			

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

Name of the organization

**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

**2011**Open To Public  
Inspection**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                      e ☐ Solicitation of non-government grants
- b ☐ Internet and email solicitations      f ☐ Solicitation of government grants
- c ☐ Phone solicitations                      g ☐ Special fundraising events
- d ☐ In-person solicitations

**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						
<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 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>PRESIDENT ROAD</u> (event type)	<u>CHICKEN BBQ</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	13,480	8,992	5,660	28,132
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	13,480	8,992	5,660	28,132
Direct Expenses	4 Cash prizes	300			300
	5 Noncash prizes				
	6 Rent/facility costs	104			104
	7 Food and beverages		6,655		6,655
	8 Entertainment				
	9 Other direct expenses	3,828	2,544	3,795	10,167
	10 Direct expense summary Add lines 4 through 9 in column (d)				17,226
	11 Net income summary Combine line 3, column (d), and line 10				10,906

**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			27,999	27,999
	2 Cash prizes			8,700	8,700
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs			3,188	3,188
	5 Other direct expenses			262	262
	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)				12,150
	8 Net gaming income summary Combine line 1, column d, and line 7				15,849

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 FOR THE PARTICULAR EVENT 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) 2011

**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
- |                                      |            |                 |
|--------------------------------------|------------|-----------------|
| <b>a</b> The organization's facility | <b>13a</b> | %               |
| <b>b</b> An outside facility         | <b>13b</b> | <b>100.00</b> % |
- 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

Name of the organization

**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

**2011**

Open to Public  
Inspection

Employer identification number

**01-6018712**

**ROTARY INTERNATIONAL KENNEBUNK**

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

Description	Amount
WEEKLY LUNCHEON ASSESSMENT	\$ 21,318
SOCIAL EVENT INCOME	\$ 1,434
MISCELLANEOUS INCOME	\$ 300
OVER/SHORT	\$ 187
SOCIAL EVENT EXPENSES	\$ -1,267
LUNCH COSTS	\$ -19,029
<b>Total</b>	<b>\$ 2,943</b>

**Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations**

Name and Address	Class of Activity	Date of Gift
	Desc. of Property	
	Cash Contrib.	Noncash Contrib.
	Book Value	BV Expl. FMV Expl.
KENNEBUNK ROTARY SCHOLARSHIP FUND	EDUCATION	06/25/2012
c/o ROGERS & HUTCHINS		
62 PORTLAND ROAD SUITE 45	\$ 10,125	\$ 0
KENNEBUNK, ME 04043	\$ 10,125	
KENNEBUNK ROTARY CHARITABLE FUND	PHILANTHROPIC	06/25/2012
P.O. BOX 888		
KENNEBUNK, ME 04043	\$ 8,000	\$ 0
	\$ 8,000	

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

Name of the organization

**ROTARY INTERNATIONAL KENNEBUNK**

Employer identification number

**01-6018712**
**Description**
**Amount**
**Expenses**

OFFICE EXPENSE	\$	245
BANK FEES	\$	11
CHAMBER OF COMMERCE DUES	\$	125
DISTRICT CONFERENCE	\$	1,275
DISTRICT DUES	\$	1,587
POST OFFICE BOX RENTAL	\$	116
SUPPLIES	\$	1,443
TRAINING	\$	291
WEBSITE/COMMUNICATIONS	\$	809
PUBLICITY	\$	970
MISC EXPENSE	\$	764
ROTARY INTERNATIONAL DUES	\$	4,854
STORAGE	\$	672
Non-investment Depreciation	\$	69
<b>Total</b>	<b>\$</b>	<b>13,231</b>

**Form 990-EZ, Part II, Line 24 - Other Assets**
**Description**
**Beg. of Year    End of Year**

Accounts Receivable	\$	-175	\$	0
Rounding	\$	1	\$	1
Prepaid Expenses and Deferred Charges	\$	1,200	\$	0
Equipment	\$	1,719	\$	1,719
Less Accumulated Depreciation	\$	1,589	\$	1,658
<b>Total</b>	<b>\$</b>	<b>1,156</b>	<b>\$</b>	<b>62</b>

Name of the organization

ROTARY INTERNATIONAL KENNEBUNK

Employer identification number

01-6018712

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 0	\$ 48
Prepaid Dues	\$ 0	\$ 300

Form 990-EZ, Part III - Primary Exempt Purpose

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

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

COMMUNITY AND INTERNATIONAL PROJECTS; WORLD AFFAIRS SEMINAR

Form **4562**

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

**2011**Attachment  
Sequence No**179**Department of the Treasury  
Internal Revenue Service (99)

▶ 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 2010 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 2012 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 2011	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 ▶		

**Section B—Assets Placed in Service During 2011 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 2011 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.

Form **4562** (2011)

DAA

**There are no amounts for Page 2**