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 private foundations)

OMB No 1545-1150 2017

Do not enter social security numbers on this form as it may be made public

Open to Public Inspection

Department of the Treasury ▶Go to www irs gov/Form990EZ for instructions and the latest information. Internal Revenue Service For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18 Check if applicable C Name of organization D Employer identification number Address change 01-6018712 Name change ROTARY INTERNATIONAL KENNEBUNK Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 207-985-1456 P.O. BOX 888 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending **KENNEBUNK** Number > Cash X Accrual Other (specify) ▶ Check ▶ X if the organization is not Accounting Method Website: ▶ www.kennebunkrotary.org required to attach Schedule B 501(c)(3) X 501(c)(4) **(**(insert no) (Form 990, 990-EZ, or 990-PF) 527 Tax-exempt status (check only one) — Other X Corporation Form of organization Trust Association 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 84,412 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 150 1 Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 17,152 3 3 Membership dues and assessments 4 4 Investment income 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 26,461 6a \$15,000) Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 15,809 6b sum of such gross income and contributions exceeds \$15,000) 6c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 26,759 6d Gross sales of inventory, less returns and allowances 7a 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c C 24,728 8 Other revenue (describe in Schedule O) 68,901 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 9 RECEIVED 20,856 Grants and similar amounts paid (list in Schedule O) 10 10 11 11 Benefits paid to or for members 8 MAR 2 5 2019 12 Salaries, other compensation, and employee benefits 12 75 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance OGDEN, UT 15 15 Printing, publications, postage, and shipping 39,358 16 16 Other expenses (describe in Schedule O) 60,289 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 8,612 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 51,117 19 end-of-year figure reported on prior year's return) 2,71020 20 Other changes in net assets or fund balances (explain in Schedule O) 62,439

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year Combine lines 18 through 20

Form 990-EZ (2017)

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01-6018712

Form 990-EZ (2017) Part II Balance' Sheets (see the instructions for Part II) X Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 51,417 22 59,309 22 Cash, savings, and investments 0 23 23 Land and buildings <u>3,</u>130 0 24 24 Other assets (describe in Schedule O) 51,417 62,439 25 25 Total assets 300 26 26 Total liabilities (describe in Schedule O) 51,117 439 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) Statement of Program Service Accomplishments (see the instructions for Part III) X Check if the organization used Schedule O to respond to any question in this Part III **Expenses** (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) See Schedule O Describe the organization's program service accomplishments for each of its three largest program services, organizations, optional for as measured by expenses. In a clear and concise manner, describe the services provided, the number of others) persons benefited, and other relevant information for each program title CHRISTMAS EVENT TO PURCHASE CLOTHING, GIFTS AND LUNCH FOR 28 UNDER PRIVELEGED CHILDREN OF THE COMMUNITY. 5,013) If this amount includes foreign grants, check here 28a (Grants \$ 29 LITERACY PROGRAM-GIFTS OF BOOKS TO LOCAL SCHOOL CHILDREN 650 If this amount includes foreign grants, check here 29a (Grants \$ CHARITABLE DONATIONS 30 14,927 30a) If this amount includes foreign grants, check here (Grants \$ 31 Other program services (describe in Schedule O) 266 (Grants \$) If this amount includes foreign grants, check here 31a 20,856 32 Total program service expenses (add lines 28a through 31a) 32 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV) Part IV Check if the organization used Schedule O to respond to any question in this Part IV (c) Reportable (d) Health benefits. (b) Average compensation (Forms W-2/1099-MISC) contributions to employee benefit plans, and (e) Estimated amount of (a) Name and title hours per week other compensation devoted to position (if not paid, enter -0-) deferred compensation JIM BLACK 0 0 0 0.00 PAST PRESIDENT BILL HIDELL 0 0 0.00 0 DIRECTOR SUSAN POPE 0 0 0 0.00 TREASURER TERRY VETRANO 0 0 0 PRESIDENT 0.00 JEFF ROWE 0 0 0 PRESIDENT ELECT 0.00 KIM CHILTON 0 0 0 VICE PRESIDENT 0.00 DIANE LENT 0 0 0 0.00 **SECRETARY** PATRICIA MUSSER 0 0 0 DIRECTOR 0.00 ADRIENNE ANGELO DIRECTOR 0.00 0 0 0 DAVID MORAVICK 0.00 0 0 0 DIRECTOR ROBERT MACKENZIE 0 0 0.00 0 PAST PRESIDENT

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P	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			v
	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	٠,		v
	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			v
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		<u> </u>
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		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			77
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
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			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
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), 501(c)(4), and 501(c)(29) 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
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 ▶ <u>0</u>			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	<u> </u>	<u> </u>
41	List the states with which a copy of this return is filed None		4 4	400
42a		-29	4 - 4	422
	1 NEW HAMPSHIRE AVE., SUITE 209 Located at ▶ PORSTMOUTH NH ZIP + 4 ▶ 038	Λ1		
		.01	, I	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	405	Yes	No X
	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		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year			l
			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		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
С	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
b	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

d Total number of other employees paid over \$100,000 1 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 business address of each independent contractor (b) Type of service d Total number of other independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service d Total number of other independent contractors each receiving over \$100,000 D D D D D D D D D D D D D D D D D D	Office	990-EZ (20	(1) ROTARY	TNIEKN	IAT TONA	L KENNEBUN.		01-00	10/12					age -
to candidates for public office? If Yes; complete Schedule C, Part IV Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 77 The 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 88 18 Is the criganization as school as described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E 99 190 191 192 193 194 195 195 196 197 197 197 198 198 199 199 199			•								ł		Yes	No
Part VI Section 501(c)(3) organizations only Al section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for line 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Did the organization appear in tolbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II is 1s the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E is 1s the organization as chool as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E is 1s the organization active any transfers to an exempt non-charitable related organization? Complete that bable for the organization is 27 organization? Complete that bable for the organization is 40 Average hours per week (compensation developed with a property of the propert	16						s on ber	nalf of or in oppo	sition		İ	46		х
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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? 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 title of each employee (b) Name and title of each employee (c) Reportable (compensation (Forms W-2/1099-MISC) (conflictable banefits, confidence to employee) (completed this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of complete ship from the organization of their employees paid over \$100,000 (a) Name and business address of each independent contractor. (b) Type of service (c) Reportable (completed schedule A? Order employees paid over \$100,000 (c) Amage and business address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and business address of each independent contractor. (b) Type of service (c) Reportable (c) Amage and contractors who each received more than \$100,000 of completed schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Propersion for the propersion for th		year? If "Y	es," complete Schedule	e C, Part II								47		
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Sign Here Signature profficer Date Da	Inder	penalties of	f perjury, I declare that I ha	ave examined	this return, inc	luding accompanying s	chedules	and statements, a	ind to the be:	st of my know	wledge an	d belie	f, it is	
Here JEFR ROWE Type or print name and title Print/Type preparer's name Print/Type preparer's name Preparer Firm's name ▶ This tax return Firm's address ▶ prepared by a non-paid preparer. PRESIDENT Check Self-emplo	rue, c	orrect, and	complete Deglaration of p	reparer (othe	r than officer) is	s based on all informati	on of whi	ch preparer has ar	ny knowledge					
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non-paid preparer. Phone no	rep	arer Fire	n's name ▶ This	tax:	return					Firm's EIN ▶				
	Jse	Only Fire			_									
May the IRS discuss this return with the preparer shown above? See instructions										Phone no	<u> </u>] N/-
·	May	he IRS dis	scuss this return with th	e preparer s	snown above?	See instructions					Ear	Ye	es 0-F7	(2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047 2017

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ

For the latest instructions

inspection

Name of the organization ROTARY INTERNATI	ONAL KEN	AL KENNEBUNK				Employer identification number 01 - 6018712			
Part I Fundraising Activities. Complete Form 990-EZ filers are not require	e if the organ	ızatıon	an	swei	red "Yes" on Form 9				
1 Indicate whether the organization raised funds throu					Check all that apply				
a Mail solicitations	e 🗌 Solic	itation o	f nor	n-gov	ernment grants				
b Internet and email solicitations	f Solic	itation o	of gov	/ernn	nent grants				
c Phone solicitations	g Spec	al fund	raisir	ng ev	ents				
d In-person solicitations									
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or en	tity in connectioi	n with pi	rofes	siona	al fundraising services?		Yes No		
b If "Yes," list the 10 highest paid individuals or entitie compensated at least \$5,000 by the organization	s (fundraisers) p	ursuant	to a	greer	ments under which the fu	ndraiser is to be			
(i) Name and address of individual or entity (fundraiser)	(II) Activ	ity	raiser custor contri	have dy or ol of	(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						
1									
2 .									
3									
4					-				
5									
6									
7					-				
8									
9	-								
10									
Total	<u> </u>			•					

Part II Fundraising Events. Complete if the organization answered "Yes" on 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

		gross receipts g	reater than \$5,000.		•	
			(a) Event #1	(b) Event #2	(c) Other events	
				CUTCUEN DDO	Vone	(d) Total events
			FRUIT SALES (event type)	CHICKEN BBQ (event type)	None (total number)	(add col (a) through col (c))
Jue			(2.2.4/2-4/	<u> </u>		
Revenue	1	Gross receipts	6,525	6,415		12,940
œ						
		Less Contributions				
	3	Gross income (line 1 minus	6,525	6,415		12,940
		line 2)	0,323	0,113		12,540
	4	Cash prizes				
	_					
	5	Noncash prizes				
ses	6	Rent/facility costs				
ben	_			1,103		1,103
Ã	7	Food and beverages		1,103		1,103
Direct Expenses	8	Entertainment				
				100		E 400
	9	Other direct expenses	5,000	492		5,492
	10	Direct expense summary	Add lines 4 through 9 in column (c	1)	•	6,595
		Net income summary Su	btract line 10 from line 3, column (d)	_	6,595 6,345
P	art		olete if the organization ansv	vered "Yes" on Form 990, P	art IV, line 19, or report	ed more
		than \$15,000 o	n Form 990-EZ, line 6a	(6.3 Ph. 1) Andrew Constant		(d) Tatal samus (add
une	(a)		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue						
<u>~</u>	1	Gross revenue			26,461	26,461
	_	Cook aware			7,300	7,300
ıses		Cash prizes			7,7500	.,,,,,
Direct Expenses	3	Noncash prizes				
Ж С					1 500	1 500
٥	4	Rent/facility costs			1,500	1,500
	5	Other direct expenses			116	116
			Yes %	Yes %	Yes %	
	6	Volunteer labor	X No	X No	X No	
	7	Direct expense summany	Add lines 2 through 5 in column (o	4\	•	8,916
	′					
	8	Net gaming income sumn	nary Subtract line 7 from line 1, co	lumn (d)	•	17,545
-						
		` '	organization conducts gaming act			Yes X No
		tne organization licensed to No," explain	conduct gaming activities in each	טו נווכשכ שנמנפשי		163 <u>**</u> 140
-	M	AINE DOES NOT	REQUIRE A GAMING			ED .
			ULAR EVENT ARE LE			
			s gaming licenses revoked, susper	nded, or terminated during the tax	year?	Yes X No
- h	_IT "'	Yes," explain				

Sche	edule G (Form 990 or 990-EZ) 2017 ROTARY INTERNATIONAL KENN	EBUNK 01-	6018712 Page 3
11	Does the organization conduct gaming activities with nonmembers?	•	Yes X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership o	r other entity	
	formed to administer charitable gaming?		Yes X No
13	Indicate the percentage of gaming activity conducted in		11
а	·		13a %
b	•	anta baaka and	13b 100.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special e records	vents books and	-
	Name ► JAMIE TRILLO		
	1 NEW HAMPSHIRE AVE., SUITE 209		
	Address PORSTMOUTH	NH (3801
15a	Does the organization have a contract with a third party from whom the organization receives revenue?	a gaming	☐ Yes X No
b	The same of the sa	and the	
	amount of gaming revenue retained by the third party ▶ \$		
С	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		
а		proceeds to	
	retain the state gaming license?		Yes X No
b	Enter the amount of distributions required under state law to be distributed to other exempt o	rganizations or	\
	spent in the organization's own exempt activities during the tax year ► \$ int IV Supplemental Information. Provide the explanations required by F	Port Line 2h. solumns /	u) and (v) and
Pai	Supplemental Information. Provide the explanations required by F Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also		
	See instructions.		

SCHEDULE O' (Form 990 or 990-EZ) 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.

2017

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury, Internal Revenue Service

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

ROTARY INTERNATIONAL KENNEBUNK

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

01-6018712

Employer identification number

202111 220 22, 2020 2, 2020 2			
Description		P	Mount
WEEKLY LUNCHEON ASSESSMENT		\$	23,268
MISCELLANEOUS INCOME		\$	1,043
SOCIAL EVENT INCOME		\$	420
OVER/SHORT		\$	-3
	Total	Ś	24.728

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

Amount

533

Ŝ

Class of activity: CHARITABLE

Noncash contribution: 5,013

Description of property: CLOTHES & TOYS

Book value: 5,013

Description

SUPPLIES

Date of gift: 12/13/2018

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

Expenses		
OFFICE EXPENSE	\$	946
BANK FEES	\$	124
CHAMBER OF COMMERCE DUES	\$	175
DISTRICT CONFERENCE	\$	1,180
DISTRICT DUES	\$	2,532
POST OFFICE BOX RENTAL	Ś	138

Schedule O (Form 990 or 990-EZ) (201) or 990-EZ) (2017)	Form 990 o	Schedule O
--------------------------------------	---------------------	------------	------------

Name of the organization			Employer identification number
ROTARY INTERNATIONAL KENNEBUNK			01-6018712
TRAINING	\$	650	
WEBSITE/COMMUNICATIONS	\$	400	
ROTARY INTERNATIONAL DUES	\$	4,996	(
STORAGE	\$	434	
PAUL HARRIS FELLOWSHIP	\$	1,045	
CREDIT CARD EXPENSE	\$	103	
REPAIRS	\$	50	
COMMUNITY PROJECTS	\$	166	
ROUNDING	\$	2	
WEEKLY LUNCH COSTS	\$	25,884	
То	tal \$	39,358	

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description

Amount

PRIOR PERIOD ADJ.-A/R \$ 2,710

Form 990-EZ, Part II, Line 24 - Other Assets

Description		Beg.	of Year	End	of Year
Accounts Receivable	\$	3	0	\$	3,130
Equipment	\$	3	1,719	\$	1,719
Less Accumulated Depreciation	\$;	1,719	\$	1,719
	Total \$;	0	\$	3,130

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

Description	Beg.	of Year	End of	Year
Prepaid Dues	\$	300	\$	0

Page 1 of 2

ROTARY INTERNATIONAL KENNEBUNK

01-6018712

Form 990-EZ, Part III - Primary Exempt Purpose

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

INTERNATIONAL).