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## **Short Form**

2008

OMB No 1545-1150

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 and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 Department of the Treasury Internal Revenue Service

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30	, 2009		
В	onest ii applicable	ployer identification number		
		1-0422692		
	Name change   label or   PO   Box   1033   E   Tele	Telephone number		
<u> </u>	Initial return type.   Camden, ME 04843-1033			
<u> </u>	Iermination Specific			
<b>-</b>	tons.	oup Exemption ► 0573		
4				
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶			
		he organization is <b>not</b>		
١.	000 E7 or 000 DE	Schedule B (Form 990,		
J	Organization type (check only one) — X 501(c) (4 ) ◀ (Insert no ) 4947(a)(1) or 527 990-EZ, or 990	<del></del>		
<u> </u>	\$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return.			
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	<b>►</b> \$ 70,418.		
P	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instr	uctions for Part I.)		
	Contributions, gifts, grants, and similar amounts received	1 1,894.		
	Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3 29,823.		
	4 Investment income	4 137.		
	5a Gross amount from sale of assets other than inventory	1		
_	b Less cost or other basis and sales expenses  [5b]	5c		
Ë	c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch)  6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
RE VE NU	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	1		
	a Gross revenue (not including \$of contributions reported on line 1) 6a 12,951.	1		
Ε	reported on line 1)  b Less direct expenses other than fundraising expenses  6a 12,951.  6b 4,115.			
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 8,836.		
	7a Gross sales of inventory, less returns and allowances 7a 25,613.			
	b Less cost of goods sold 7b 16,320.			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 9,293.		
	8 Other revenue (describe ►	8		
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9 49,983.		
_	10 Grants and similar amounts paid (attach schedule) See Statement 1	10 9,050.		
-	11 Benefits paid to or for members	11		
ž	12 Salaries, other compensation, and employee benefits RECEIVED	12		
E X P E N	13 Professional fees and other payments to independent contractors.	13		
S	14 Occupancy, rent, utilities, and maintenance	14 15,700.		
S	15 Printing, publications, postage, and shipping	15 10 543		
	16 Other expenses (describe - Bee Beatement 2	16 19,543. 17 44,293.		
_	17 Total expenses (add lines to unough to)			
,	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,690.		
N S	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19 13,395.		
N E	figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)	20		
	SI	21 19,085.		
Б	21 Net assets or fund balances at end of year Combine lines 18 through 20  art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instea			
	(See the instructions for Part II )  (A) Beginning of year			
2	12 205			
2	3	23		
2		24		
2	10.005	. 25 19,085.		
2	,	. 26 0.		
2	12 205	. 27 19,085.		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Form 990-EZ (2008) Rotary Club of				-042	22692 Page <b>2</b>
Part III Statement of Program Se	rvice Accomplishment	s (See the instructi	ons.)		Expenses
What is the organization's primary exempt purpose? See Describe what was achieved in carrying out the describe the services provided, the number of		oses In a clear and con	cise manner,	and (	uired for 501(c)(3) 4) organizations and
describe the services provided, the number of program title.	persons benefited, or other r	elevant information for e	each	for o	(a)(1) trusts; optional thers.)
28 Roughly 70 Rotarians in t annual dinners.	his Club meet ever	y week, and ha	ve 2	101_0	3013.)
(Grants \$ ) If th		ants, check here		28 a	20,881.
29 Rotary raises funds to do area of Maine.	nate to various ch	narities in the	mid-coast		
	is amount includes foreign gr		<u>-</u>	29 a	7,550.
30 Rotary increases awarenes foreign exchange students conferences	and attending lea	dership and fe			
(Grants \$ ) If the Other program services (attach schedule	is amount includes foreign gr	ants, check here	▶	30 a	3,507.
(Grants \$ ) If th	is amount includes foreign gr	ants, check here		31 a	4,250.
32 Total program service expenses (add lin			•	32	36,188.
Part IV List of Officers, Directors		<del>, '</del>			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plar deferred compensa	is and	(e) Expense account and other allowances
See Statement 5		0.		0.	0.
PAA	TET ADDICE O	1 // 4/00			Form <b>990-EZ</b> (2008)
BAA	TEEA0812L (	J1/14/U3			1 OHH 230-LE (2000)

Form 990-EZ (2008)

'n			
Form 990-EZ (2008) Rotary Club of West Bay Camden 01-04226	92	P	age 3
Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	Na
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		res	No 
each activity  34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T,	-		<u> </u>
attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	<u></u>	
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>.</u>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	37 b	ļ	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 unpaid at the start of the period covered by this return?	38 a		Х
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	χ. 	•	
amount involved  38b N/ 39 501(c)(7) organizations Enter:	즥	İ	
a Initiation fees and capital contributions included on line 9	A	1	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities.  39b  N/	A		
40 a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:  section 4911 ► N/A: section 4912 ► N/A, section 4955 ► N/A		Ī	
section 4911 ► N/A; section 4912 ► N/A, section 4955 ► N/A  b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the		<del> </del>	
year or did it become aware of an excess benefit transaction from a prior year?  If 'Yes,' complete Schedule L, Part I	40 ь		Х
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	<b>—</b> l	•	
Letter arrivant of tax of time 400 forms and by the organization	∸[	I	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e	<u> </u>	Х
41 List the states with which a copy of this return is filed None			
42a The books are in care of ► Steven Dailey Telephone no ► 236-		<del>-</del>	
Located at ► PO Box 493, Rockport, ME ZIP + 4 ► 0485	<u>-</u> – –		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		Х
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 a Foreign Bank and Financial Accounts.	42 c		Х
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:  ▶	420	L	Α
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.		▶ □	N/A
and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
The same and an arrange and arrange are same arrange and same arrange are same arrange arrange are same arrange arrange arrange are same arrange arr		[v	
		Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	L	Х
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	45		Х
Form 990 must be completed instead of Form 990-EZ		<del></del>	(0000)

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Only

BAA

01-0422692

207-236-8781

►X Yes

Form 990-EZ (2008)

No

Phone no ►

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Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 Part VI and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b 50 Complete this table for the 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. (b) Title and average (d) Contributions to employee benefit plans and (e) Expense account and (c) Compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position deferred compensation other allowances Total number of other employees paid over \$100,000 Complete this table for the 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 Total number of other independent contractors receiving over \$100,000 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 some declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Sign Here Ter Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid N/A employed Pre-Williams CPA Group, LLC Firm's name (or yours if self-employed), parer's 350 Commercial/PO BOX 839 N/A Ùse

Rockport, ME 04856-0839

May the IRS discuss this return with the preparer shown above? See instructions

2008	Federal Statements		Page 1
	Rotary Club of West Bay Camden		01-0422692
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Donee's Name: Cash Amount Given:	Community charities	\$	9,050.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses  Community expense Dues International expense Meeting expense Miscellaneous Scholarship		\$ Total \$	100. 5,844. 3,507. 5,181. 761. 4,150. 19,543.
Statement 4 Form 990-EZ, Part III, Line 31	oses are to promote community felnmunity services.	lowship, and to	
Statement of Program Service Acco	IIIhii aiii ii		

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## **Federal Statements**

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**Rotary Club of West Bay Camden** 

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Statement 5 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Bill Hartman 146 Dearborn Lane Rockport, ME 04856	President \$ 2.00	0.	\$ 0.	\$ 0.
Noel Cox 42 Rawson Ave Camden, ME 04843	Sargeant-at-arm 2.00	0.	0.	0.
Tom Chester 88 S. Cobbtown Road Lincolnville, ME 04849	Vice President 2.00	0.	0.	0.
David Wiggin 12 Doe Lane Rockport, ME 04856	Director 1.00	0.	0.	0.
Bruce Malone 103 Barnestown Road Camden, ME 04843	Director 1.00	0.	0.	0.
Barry King 561 Mt Pleasant Road Union, ME	Secretary 2.00	0.	0.	0.
Leni Gronros PO Box 338 Rockport, ME 04856	Director 1.00	0.	0.	0.
Roberta Walker 3 Country Way Camden, ME 04843	Director 1.00	0.	0.	0.
Dolores Hyssong 112 West Street Rockport, ME 04856	Past-president 1.00	0.	0.	0.
Steven Dailey PO Box 493 Rockport, ME 04856	Treasurer 2.00	0.	0.	0.
Troy Curtis PO Box 853 Rockport, ME 04856	Director 1.00	0.	0.	0.
Ken Gardiner 15 George St Northport, ME	Director 1.00	0.	0.	0.

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ZU	vo

## **Federal Statements**

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Rotary Club of West Bay Camden

01-0422692

Statement 5 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Jay Foster 38 S. Chester Dean Road Lincolnville, ME 04849	Director \$	0.	\$ 0.	\$ 0.
Mark Masterson 142 Russell Ave Rockport, ME 04856	Sargeant at Arm 2.00	0.	0.	0.
Gary Walker 3 Country Way Camden, ME 04843	Director 1.00	0.	0.	0.
Jim Potter 15 Claybrook Road Camden, ME 04843	Director 1.00	0.	0.	0.
Laura Evans Annis Road Camden, ME 04843	Director 1.00	0.	0.	0.
	Total 3	5 0.	\$ 0.	<u>\$</u> 0.