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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		1 June	, 2009, and ending	31 May	, 2010
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		C Name of organization Camden Garden Club Number and street (or P.O. box, if mail is not delivered to street address) PO Box 952 City or town, state or country, and ZIP + 4 Camden, ME 04843-0952		D Employer identification number 01-0383583 E Telephone number 207-236-7468	
				F Group Exemption Number ► 8342	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► www.camdengardenclub.com

J Tax-exempt status (check only one) — 501(c) (3) □ (insert no.) 4947(a)(1) or 527

K Check ► □ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 55,596

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1 \$26,955
	2 Program service revenue including government fees and contracts	2 \$0
	3 Membership dues and assessments	3 \$1,829
	4 Investment income	4 \$149
	5a Gross amount from sale of assets other than inventory	5a \$0
	b Less: cost or other basis and sales expenses	5b \$0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	c \$0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► □	6c \$41,766
	a Gross revenue (not including \$ 11,135 of contributions reported on line 1)	6a \$25,171
Expenses	b Less: direct expenses other than fundraising expenses	6b \$10,405
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	c \$0
	7a Gross sales of inventory, less returns and allowances	7a \$0
	b Less: cost of goods sold	7b \$0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	c \$0
	8 Other revenue (describe ► Luncheons, refund, etc.)	8 \$1,501
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 \$45,191
	10 Grants and similar amounts paid (attach schedule)	10 \$39,764
	11 Benefits paid to or for members	11 \$0
Net Assets	12 Salaries, other compensation, and employee benefits	12 \$0
	13 Professional fees and other payments to independent contractors	13 \$0
	14 Occupancy, rent, utilities, and maintenance	14 \$0
	15 Printing, publications, postage, and shipping	15 \$881
	16 Other expenses (describe ► Fees, insurance, luncheons, web service, etc.)	16 \$5,125
	17 Total expenses. Add lines 10 through 16	17 \$45,770
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (\$579)
	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 \$38,435
	20 Other changes in net assets or fund balances (attach explanation)	20 \$0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 \$37,856

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		\$38,435	22 \$37,856
23 Land and buildings		\$0	23 \$0
24 Other assets (describe ►)		\$0	24 \$0
25 Total assets		\$38,435	25 \$37,856
26 Total liabilities (describe ►)		\$0	26 \$0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		\$38,435	27 \$37,856

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **See attachment**

What is the organization's primary exempt purpose? _____

Describe what was achieved in carrying out the organization's exempt purposes. 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 (attach schedule)	31a
32	(Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	32
	Total program service expenses (add lines 28a through 31a)	\$39,764

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
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, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a \$0	37a	\$0
b Did the organization file Form 1120-POL for this year?	37b	✓
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 period covered by this return?	38a	✓
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 ► \$0 ; section 4912 ► \$0 ; section 4955 ► \$0		
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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	✓
41 List the states with which a copy of this return is filed. ► Maine		
42a The organization's books are in care of ► Judith Tarbox Telephone no. ► 207-236-7468 Located at ► 6 Pleasant Street, Camden, ME ZIP + 4 ► 04843-2014		
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	✓
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 of the U.S.? If "Yes," enter the name of the foreign country: ►	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 ► 43		□
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

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 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		47	✓
48	Is the organization 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?		49a	✓
b	If "Yes," was the related organization a section 527 organization?		49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

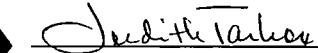
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

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
None		

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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			
	►  Signature of officer	13 September 2010 Date		
	► Judith Tarbox, Vice President/Past Treasurer Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ►	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ►	Phone no ►	

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
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Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

01 | 0383583

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

Yes	No
11g(i)	
11g(ii)	
11g(iii)	

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33½% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				\$7,540	\$28,775	\$36,315
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				\$32,111	\$25,171	\$57,282
3 Gross receipts from activities that are not an unrelated trade or business under section 513				\$0	\$0	\$0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				\$0	\$0	\$0
5 The value of services or facilities furnished by a governmental unit to the organization without charge				\$0	\$0	\$0
6 Total. Add lines 1 through 5				\$39,651	\$53,946	\$93,597
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				\$0	\$0	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year				\$0	\$0	
c Add lines 7a and 7b				\$0	\$0	
8 Public support (Subtract line 7c from line 6.)						\$93,597

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				\$39,651	\$53,946	\$93,597
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				\$489	\$149	\$638
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				\$0	\$0	\$0
c Add lines 10a and 10b				\$40,140	\$54,095	\$94,235
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				\$0	\$0	\$0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				\$278	\$1,501	\$1,779
13 Total support. (Add lines 9, 10c, 11, and 12.)				\$40,418	\$55,596	\$96,014
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part III, Section B, Line 12: Income derived from luncheons and a refund=\$1,501

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open To Public
Inspection

Name of the organization

Employer identification number

Camden Garden Club

1 : 0383583

1 : 0383583

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.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Maine

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>Tour Day</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	\$36,188			
2 Less: Charitable contributions	\$11,135			
3 Gross income (line 1 minus line 2)	\$25,053			
Direct Expenses				
4 Cash prizes	\$0			
5 Noncash prizes	\$0			
6 Rent/facility costs	\$0			
7 Food and beverages	\$0			
8 Entertainment	\$0			
9 Other direct expenses	\$10,405			
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (\$10,405)
11 Net income summary. Combine line 3, column (d), and line 10				► \$14,648

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				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary. Combine line 1, column d, and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: _____	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

	Yes	No		
13 Indicate the percentage of gaming activity operated in:	13a	%	13b	%
a The organization's facility				
b An outside facility				
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:	Name ► _____ Address ► _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
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 ► _____ <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:	17a			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?				
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 ► \$ _____				

SCHEDULE LINE 6

Special Events (1 each)	Tour Day	Plant Sale	TOTAL
Gross Receipts	\$36,188	\$118	\$36,306
Less: Contributions	\$11,135	\$0	\$11,135
Gross Revenue	\$25,053	\$118	\$25,171
Direct Expenses	\$10,405	\$0	\$10,405
Net Income	\$14,648	\$118	\$14,766

SCHEDULE LINE 10

Activity	Expense
Civic Committee	\$11,745
Upkeep of Village Green	\$152
Christmas Wreaths	\$2,637
Tree Program	\$1,330
Youth Project	\$425
Scholarships	\$1,500
Programs	\$1,255
Donations	\$1,000
Special Project	\$19,720
Above 9 Activities	\$39,764

SCHEDULE LINE 15

Activity	Expense
Office Expenses	\$263
Yearbook	\$618
Above 2 Printing & Postage	\$881

SCHEDULE LINE 16

Activity	Expense
Insurance	\$2,189
Dues	\$411
Organizational Expense	\$2,525
Above 3 Activities	\$5,125

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

The Camden Garden Club was formed in 1915. Quoting from our bylaws "Camden Garden Club shall be a non-profit organization whose objectives shall be to cultivate the art of gardening in its fullest sense; and to promote civic improvements." Our May 2009 projects included:

Down Town Beautification – Provided and maintained over 50 hanging baskets along our primary streets, maintained various flower beds and the historic Village Green. During the winter holiday season we created and displayed 98 Christmas wreaths throughout the town. These were enjoyed by residents and visitors alike and cost \$14,534.

Tree Program – We partnered with the Town Office and residents in an on-going annual tree replacement initiative. Our share this year was \$ 1,330.

Scholarships – We provided 4 college students a total of \$ 1,500. We also provided \$ 425 for local youths to attend Tanglewood 4H residential camp. Total scholarships amounted to \$1,925.

Programs – We provided 9 speaker programs throughout the year. These presentations were open to members and the public. The total cost was \$ 1,255.

Donations – This year we gave a total of \$1,000 to a variety of like-minded local and national organizations.

Special Project – Children's Amphitheater at Laite Beach Park. A major civic development project was completed and dedicated in August 2009. The hard-scaped amphitheater is nestled in a small public park and overlooks the town harbor. It provides a venue for children and their families to enjoy games, readings, and relaxation. The cost during this fiscal year was \$ 19,720.

Our total program services during this period was \$ 39,764.