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# SCANNED OCT 2

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds 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 Fo	r the 2	009 calendar year, or tax year beginning June 1 , 2009, and ending	May	
<b>B</b> Ch	eck if app	licable Please C Name of organization	) Employer id	entification number
Ac	dress cha		20-032	4602
□ Na	me chan		Telephone n	umber
in	tial return	type. 963 Hondricks Hill Dd	(207)	633-2565
☐ Te	minated			
☐ Ar	nended re	tum linetrue- l	F Group Exe	N7 / A
A	plication		Number 1	
	Section	on 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G. Account	ting Method:	🔀 Cash 🗌 Accrual
			specify) 🕨	
		H Check	▶ ⊠ if the o	organization is not
				chedule B (Form 990,
	ebsite		, or 990-PF).	onedale B (r on r oco,
		interest of the state of the st	<u> </u>	
	neck 🟲	if the organization is not a section 509(a)(3) supporting organization and its gross receipts are no		
		D-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a		
L A	d lines	5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-E	Z ► \$	
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	nstruction	s for Part I.)
	1	Contributions, gifts, grants, and similar amounts received	. 1	533
I	2	Program service revenue including government fees and contracts	. 2	
	3	Membership dues and assessments	3	3,145
- 1		•	4	
- 1	4	Investment income	· <del> </del>	2,165
	5a	Gross amount from sale of assets other than inventory 5a 73 260	1	
	b	Less, cost or other basis and sales expenses		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	10,690
Revenue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶	' LJ   _	
ě	а	Gross revenue (not including \$ of contributions	- '	
è		reported on line 1)	6	
-	b	Less, direct expenses other than fundraising expenses 6b 6.48		
		Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	10 899
	C Zo	Gross sales of inventory, less returns and allowances	30	70,671
	7a			
	b	2000. 0001 01 90000 0010	—— ·	
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe Total revenue Add lines 1 2 3 4 5c 6c 7c and 8	8	4= 1/4 -
	9	10th revenue: Add mics 1, 2, 0, 4, 50, 60, 10, and 0	9	27,432
	10	Grants and similar amounts paid (attach schedule)	S 10	9,800
	11	Benefits paid to or for members	11	
es	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13	1086
Ď	14	Occupancy, rent, utilities, and maintenance		1927
ш	15	Printing, publications, postage, and shipping	15	1 934
	16	Other expenses (describe Supplies (7,129), DUES+MRETINGS (1,54)	(0)) 16	8 669
	17	Total expenses. Add lines 10 through 16	. ▶ 17	23,416
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		1,0,0
SS		end-of-year figure reported on prior year's return)		76 044
₹ .			<u> </u>	75,044
Net Assets	20	Other changes in net assets or fund balances (attach explanation)		-00/0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	. ▶ 21	79060
	art II			
		,	inning of year	(B) End of year
2			5,044	22 79,060
2	3 La	and and buildings		23
2	4 0	ther assets (describe ▶)		24
2			75044	25 79 060
2	6 T	otal liabilities (describe ▶		26
	7 N		75 044	27 79060
	-			200 ET

Part	III Statement of Program Service Accomp	lishments (See the instru	ictions for Part III	.)		Expenses		
What	is the organization's primary exempt purpose?	Promote interest	in gardeni	ng		red for section		
	ibe what was achieved in carrying out the orga					(3) and 501(c)(4) exations and section		
	anner, describe the services provided, the number of persons benefited, and other relevant information for							
	program title		a)(1) trusts, optional					
	Siogram and	<del></del>			for oth	iers)		
28								
	Education (See attached sc	hedule)						
7	Grants \$ 8 800 ) If this amount i	ncludes foreign grants, che	eck here	▶ □	28a	13 394		
29	Condition and an arrival arriv			· · · · · · · · · · · · · · · · · · ·	-50			
29		4 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
	Community Services (See at	tached schedule)			1 1			
	(Grants \$ 1000 ) If this amount i	ncludes foreign grants, che	eck here	<u>. ▶ ∐</u>	29a	4944		
30	•				1	•		
	Garden Therapy (See attach	ed schedule)						
•					1 1			
	(Grants \$ ) If this amount	includes foreign grants, che	ock horo	▶ □	30a	350		
		includes foreign grants, one			000	<u> </u>		
	enter program controve (attack comezate)				ا ۔ ا			
		includes foreign grants, che			31a			
	Total program service expenses (add lines 28a t				32	18788		
Part	V List of Officers, Directors, Trustees, and Key			ted. (See the	instruc	tions for Part IV.)		
	(a) Name and address	(b) Title and average	(c) Compensation (If not paid,	(d) Contributio	ns to	(e) Expense		
	(a) Name and address	hours per week devoted to position	enter -0)	employee benefit deferred compe		account and other allowances		
Vat	hleen Marty - 33 Oak Hill Rd.,	President	<del></del>					
		l hour	0			0		
	vett, ME 04571		-0-	-0-		_0_		
Ire	ne Gerny - P.O. Box 431,	lst Vice Presiden				_		
	vett, ME 04571	l hour	-0-	-0-		_0-		
San	dra Abernathy - 53 Annable Rd,,	2nd Vice Presiden	t	ĺ				
	thbay, ME 04537	1 hour	-0-	-0-		0-		
Lea	1 Brinegar - P.O. Box 26,	Secretary						
	thport, ME 04576	1 hour	-0-	-0-		-0-		
	ol Lingard - 963 Hendricks Hill,	Treasurer		<del>                                     </del>				
		1	0	1				
	thport, ME 04576	l hour	-0-	-0-		<del>-</del> 0-		
	nny Thumith - 11 Dodge Rd.,	Director	_					
Eas	t Boothbay, ME 04544	l hour	-0-	-0-		-0-		
Sue	Bogart - 1 Western Ave.,	Director						
	thbay Harbor, ME 04538	l hour	<b>-</b> 0-	-0-		-0-		
	McMurry - P.O. Box 197.	Director						
		1		_0 -				
<u>ras</u>	t Boothbay, ME 04544	l hour	-0-	-0-		-0-		
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		-						
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		_}				}		
			1					
				1				
					Fo	rm 990-EZ (2009)		

Part	Other information (Note the statement requirements in the instructions for Part V.)		Yes	N <sub>a</sub>
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	res	
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			_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, attach a statement explaining why the organization did not report the income on Form 990-T.	34		_X_
а	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		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		NIA
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 -o-			
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 <b>or</b> 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	7		
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	ļ *		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or 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		_X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
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. ►			
42a			3-2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	
	If "Yes," enter the name of the foreign country:   N/A  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	420		_X_
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
42	If "Yes," enter the name of the foreign country: ► N/A  Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
43	and enter the amount of tax-exempt interest received or accrued during the tax year	N	A	
4-	D.4.16		Yes	No
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		×
			0-EZ	(2009)

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 at	47(a)(1) nonexempt char	exempt charitab itable trusts mus	le trusts only. A t answer questio	ll sect ns 46	tion -49t	)
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete		ies on behalf of or	in opposition to	46	Yes	No
	Did the organization engage in lobbying activities		adula C. Part II		47		×
	Is the organization a school as described in section				48		X
	Did the organization make any transfers to an e				49a		X
	If "Yes," was the related organization a section		ed Organization: .		49b		X
	Complete this table for the organization's five h		ovees (other than c	officers directors t		)C 3D	H/A
50	employees) who each received more than \$100						
	(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)	Expensount a allowa	ise and
	No. (6				!		
	NONE	<del> </del>	<del></del>	<del> </del>	<del> </del>		
			<del> </del>	<del> </del>			
		[			Ì		
			<del></del>	<del> </del>	<del> </del>		
			j				
			<del> </del>		<del> </del>		
			[				
f	Total number of other employees paid over \$10	00.000	-0-	·			
	(a) Name and address of each independent contractor	or paid more than \$100,000	<b>(b)</b> Ty	pe of service	<b>(c)</b> Cor	npensa	ation
	NONE						<del></del>
d	Total number of other independent contractors	each receiving over \$100,	000▶	-0-			
	Under penalties of penury, I declare that I have exam and belief, it is true, correct, and complete. Declaration						
Sign Here							
	Type or print name and title	, TREASURER		<del></del>		·	<b>F4</b>
Paid	Preparer's signature Nur 9. Hurfra	Date 9/23	Check if self- employed ▶ 2	Preparer's identifying nu P00967116	-	ee instru	ictions)
Prepa	Firm's name (or Long T U	rford, Jr., CPA	<del></del>	IN ►			
Use O	address, and ZIP+4 BOX 1, BOOTH	oay Harbor, ME 045		hone no ► (207)	633	-40	40
May t	the IRS discuss this return with the preparer sho	wn above? See instructions	s		Yes		No
				F	orm <b>99</b>	0-E2	<b>Z</b> (2009)

## SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

				Y REGION GA				1		23246	
	rt I			arity Status (All org						e instruc	tions
he				lation because it is. (							
1		A church, cor	evention of church	ches, or association	of church	es descr	ibed in <b>s</b> e	ection 17	70(b)(1)(A	)(i).	
2				n 170(b)(1)(A)(ii). (Att							
3				ospital service organi							
4			search organizat ne, city, and sta	ion operated in conji	unction w		pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
5		•	on operated for b)(1)(A)(iv). (Com	the benefit of a colleg	ge or univ	ersity ow	ned or o	perated t	oy a gove	rnmental	unit described in
6		A federal, sta	te, or local gove	ernment or governme	ntal unit o	described	ın secti	on 170(b	)(1)(A)(v).		
7	X			receives a substantia I)(A)(vi). (Complete P		ts suppo	rt from a	governm	ental unit	or from t	he general public
8				in section 170(b)(1)		omplete l	Part II.)				
9	$\overline{\Box}$			receives: (1) more tha				n contrib	utions, me	embershi	p fees, and gross
	_	receipts from support from	activities related gross investme	d to its exempt functent income and unrelafter June 30, 1975.	ions-sut lated bus	oject to c iness tax	ertain ex able inco	ceptions ome (less	, and (2) r s section	no more '	than 331/3 % of its
0				d operated exclusive							
1				nd operated exclusiv							
		purposes of 6 509(a)(3). Ch	one or more pub eck the box that	licly supported organ	nizations of of suppor	described ting orga	l in section inization i	on 509(a) and com	(1) or sec plete line:	tion 509( s 11e thr	a)(2)  See <b>section</b> ough 11h
		a 🗌 Type	ı <b>b</b> 🗆	Type II c	□ Тур	e III–Fund	ctionally i	ntegrated	d t	d 🗌	Type III-Other
е		persons other		fy that the organizat n managers and other							
f			• • • •	a written determinati	on from	the IRS t	hat it is	a Type I	, Type II,	or Type	III supporting
		-	check this box								
ç	ļ		t 17, 2006, has t	the organization acce	epted any	gift or c	ontributio	n from a	iny of the		
				indirectly controls, ening body of the sup				h person	s describ	ed in (ii)	Yes No
		(ii) A family	member of a per	rson described in (i) a	above?					•	11g(ii)
		(iii) A 35% c	ontrolled entity o	of a person described	d in (i) or						11g(iii)
ŀ		Provide the	ollowing informa	ation about the suppo					1		
(i		le of supported ganization	ted (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))		(iv) Is the organization in col (i) listed in your governing document? (v) Did you n the organization col (i) of your support?		nzation in of your	(vi) la organizati (i) organiz U S	on in col zed in the	(vii) Amount of support	
			ļ	(000 111011 0020110)/	Yes	No	Yes	No	Yes	No	
To	tal										

Par	(Complete only if you check					and 170(b)(1	)(A)(vi) 
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	3,634	3,541	3,610	4,485	3,678	18,948
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 fumished by a governmental unit to the organization without charge					4 (20)	
4	Total. Add lines 1 through 3	3,634	3.541	3,610	4 485	3,678	18,948
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)						-0-
6	Public support. Subtract line 5 from line 4.	Electric Control of the Control	Contractor and a	5 3 7 3 3 12 12 12 12 12 12 12 12 12 12 12 12 12	1555 200 21	L	18,948
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Ua	• • •	***************************************	<del></del>		<del> </del>	· · · · · · · · · · · · · · · · · · ·	
7	Amounts from line 4	3,634	3,541	3,610	4,485	3,678	18,948
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,534	5,084	8,465	2,906	2,165	23,154
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 .		, 智能 學問題 表	Charles Single		1	42,102
12	Gross receipts from related activities, et-						7,997
13	First five years. If the Form 990 is for organization, check this box and stop h	ere	<u> </u>	nd, third, fourt		rear as a secti	on 501(c)(3)
Se	ction C. Computation of Public Su					T	
14	Public support percentage for 2009 (line						5.00 %
15	Public support percentage from 2008 Sc	chedule A, Part	II, line 14 .			15 4	<u>5.86 %</u>
16a	331/3 % support test—2009. If the organ and stop here. The organization qualifies	es as a publicly	supported orga	ınızatıon			. ▶ 5
b	box and stop here. The organization qu	ialifies as a pub	licly supported	organization .			. ▶[
17a	10%-facts-and-circumstances test—2 more, and if the organization meets the organization meets the "facts-and-circumstance" making the matter of the organization meets the organization	facts-and-circu	mstances" test	, check this bo	x and stop here	. Explain in Par	t IV how the
b	10%-facts-and-circumstances test – 200 more, and if the organization meets the organization meets the "facts-and-circums"	"facts-and-circui	mstances" test,	check this box	and stop here	Explain in Par	t IV how the
18							

## SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **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 Open To Public Inspection

me of the organization					Employer identifi	cation number
BOOTHBA	Y REGION	GARDE	N CLUA	INC	20 0324	602
Eundraicing Activities	. Complete	f the orga	nization a	answered "Yes" t	o Form 990, Par	t IV, line 17
Form 990-EZ filers are						
Indicate whether the organization	raised funds	through an	v of the fo	Illowing activities (	Check all that apply	/.
a Mail solicitations		e $\square$		on of non-government		•
b Internet and email solicitation	ne	f		on of government	_	
<del>~</del>	13	. =	ì	fundraising events	granis	
c Phone solicitations		g i	Special	iundiaising events		
d  In-person solicitations						
<ul> <li>Did the organization have a writte or key employees listed in Form</li> </ul>	990, Part VII) o	or entity in o	connection	with professional	fundraising service	s? Lyes Ly
b If "Yes," list the ten highest paid to be compensated at least \$5,0	d individuals of 100 by the org	r entities (fi anization	undraisers	) pursuant to agree	ements under whic	th the fundraiser is
		Т				
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(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
	ſ <del></del>	Yes	No		<del></del>	
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Fotal	<u> </u>		<u></u>			
List all states in which the organ registration or licensing	nization is regi	stered or I	icensed to	o solicit funds or I	has been notified i	t is exempt from
					·	
					•	• • • • • • • • • • • • • • • • • • • •
		·				
		·			•••••	
						••••••
					*	

Par	t II	Fundraising Events. Comore than \$15,000 on F					r repo	rted	
			(a) Event #1  EEST WAL OF TREES (event type)	(b) Event #2  FARMER'S MARKET (event type)	(c) Other events  3 (total number)	(d) T	otal eve oi (a) thi col (c)		
ا ف		Gross receipts	15,592	5,22	1,373		17,38	86	
_	3	Gross income (line 1 minus line 2)	15,592	5 a a	1,272		17,3	386	
	4	Cash prizes				-			
	5	Noncash prizes				ļ			
ses	6	Rent/facility costs				<del> </del>			
Expenses	7	Food and beverages				-			
Direct	8	Entertainment			<u> </u>				
	9	Other direct expenses	5,860	55	572		6,4	187	
	10 11 11	4. 645.000	oine line 3, column (d), a the organization answ	ınd line 10		, or rep	10	487 899 mor	e
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		otal gam h) throug		
Reve	1	Gross revenue			_				
ses	2	Cash prizes						- <b>u</b>	
Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs				-	<del></del>		
	5_	Other direct expenses .				-			
	6	Volunteer labor .	☐ Yes% ☐ No	Yes%	│	30 37			
	7	Direct expense summary A	dd lines 2 through 5 in d	column (d)		(			
	8	Net gaming income summa	ry. Combine line 1, colu	ımn d, and line 7		Ì			
								Yes	No
9 a b	ls	nter the state(s) in which the the organization licensed to "No," explain.					9a	, 	
							=	, ,	
10a b		ere any of the organization's "Yes," explain.	gaming licenses revok	ed, suspended or termi	nated during the tax y	ear <sup>9</sup>	10a		-
11		oes the organization operate			f a nawhanahar an all		11	-	<del> </del>
12		the organization a grantor, brimed to administer charitable		f a trust or a member of		sr entity	12	1	

## List of Attachments

Gain or (Loss) from Sale of Assets

Grants and Similar Amounts Paid

Statement of Program Service Accomplishments

Reason For Not Reporting Income on Form 990-T

Schedule A (2 Pages)

Schedule G (2 Pages)

# Gain or (Loss) From Sale of Assets Part I, lines 5(a)-5(c)

<u>Description</u>	Date	Net	Cost or	Gain or
	<u>Sold</u>	<u>Proceeds</u>	<u>Basıs</u>	<u>(Loss)</u>
Publicly traded securities	Various	\$73,260 	\$62,570	\$10,690

# Grants and Similar Amounts Paid Part I, line 10

Name and Address	<u>Purpose</u>	<u>Amount</u>
Amanda Babcock c/o New England College	Earth Sciences	\$2,500
Karl Berger c/o Lewis & Clark College	Earth Sciences	2,500
Lauren James c/o So. Maine Community College	Earth Sciences	800
Youth Camperships (10) c/o Boothbay Region YMCA	Awareness & Respect of Environment	3,000
Community Resources c/o Town of Boothbay	Fuel Assistance Fund	1,000
	Total	\$9,800

# Statement of Program Service Accomplishments Part III

The primary exempt purposes of the Boothbay Region Garden Club (BRGC) is to promote interest in the art and practice of gardening, community beautification, and the preservation and conservation of natural resources and wildlife. During the year the BRGC's specific accomplishments were as follows:

#### Description

**Expenses** 

#### Education:

Presented monthly educational programs in horticultural disciplines, sponsored floral design classes, presented "Green Forum" for community, sponsored the Smoky Bear and Woodsy Owl poster contests in the area schools and supported other non profit organizations whose goals, among others, is to seek improvement in the environment. Also awarded 3 scholarship to students studying earth sciences and 10 youth camperships to the local YMCA for environmental study. These activities further the BRGC's exempt purpose of advancing horticultural education and the preservation of natural resources.

\$13,394

#### Community Services:

Beautified public and historic buildings in the Boothbay Region with wreaths at Christmas time and window boxes in the spring. In addition, gardens were planned, planted and maintained at civic monuments and signs, memorial parks and town offices throughout the year. Participated in the national *Blue Star Marker* project to honor veterans. Money was also donated to the community fuel assistance fund. These activities further the BRGC's exempt purpose of civic beautification and promote civic responsibility and help lower the tax burden on local citizenry.

4,944

#### Garden Therapy:

Provided potted plants to the regional veteran's hospital at Thanksgiving and provided them with seedlings in the spring for planting. In addition, Christmas tray favors were provided for Meals on Wheels, St. Andrews Hospital and nursing homes in the area. These activities further the BRGC's exempt purposes of promoting civic responsibility and improving the well-being of the public.

350

Total

\$18,688

#### Reason for Not Reporting Income on Form 990-T Part V. line 35

The fund raising income from special events and similar activities is not reportable on Form 990-T because:

- (1) it is an activity that is not regularly carried on (IRC Section 512(a)(1)) and
- (2) it is an activity in which labor is a material income-producing factor and all of the work is performed with unpaid labor (IRC Section 513(a)(1))