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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)

OMB No. 1545-1150

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Department of the Treasury Internal Revenue Service

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 For the 2009 calendar year, or tax year beginning 7/01 2009, and ending 6/30 2010 D Employer identification number Check if applicable Please use IRS label or Address change ROTARY CLUB OF ELLSWORTH, MAINE 01-6029253 Name change P.O. BOX 741 Telephone number print or type Initial return ELLSWORTH, ME 04605 Specific Instruc-Termination Amended return Group Exemption tions Number Application pending G Accounting method. X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accrual Other (specify) ► Check ► X If the organization is not required to attach Schedule B (Form 990, Website: ► N/A .~ 990-EZ, or 990-PF) X 501(c) (4) ◄ (insert no) Tax-exempt status (check only one) -Check F I 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 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 70,420. Partilled Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 53,042. Contributions, gifts, grants, and similar amounts received 2 3,000. Program service revenue including government fees and contracts 3 3 Membership dues and assessments 14,343. 4 4 Investment income 35. 5a 5a Gross amount from sale of assets other than inventory ¥3. 5b b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) 5 c 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here %, iş of contributions a Gross revenue (not including \$ 6a reported on line 1) b Less direct expenses of the than fundraising expenses
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)
7a Gross sales of inventory, less returns and allowances.
b Less cost of goods sold. 6b 6 c 7 a 卷】 7 b c Gross profit or (loss) from sales b≝riventory (Subtract line 7b from line 7a) 7 c Other revenue (desember) 8 70,420 2,-3,-4,-5c, 6c, 7c<u>, and</u> 8 9. 29,440 Grants and similar amounts paid (attach schedule) See Statement 10 10 Benefits paid to or for members · · · · · 11 11. Salaries, other compensation, and employee benefits 12 12 Professional fees and other payments to independent contractors 13 13 14 1,916. 14 Occupancy, rent, utilities, and maintenance 15 2,379. 15 Printing, publications, postage, and shipping Other expenses (describe ► See Statement 2 16 31,302. 16 17 Total expenses. Add lines 10 through 16 17 65,037. 18 5,383. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) `A ' & 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 7,519. figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 20 Net assets or fund balances at end of year Combine lines 18 through 20 12,902. 21 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 7,619. 22 13,002. 22 Cash, savings, and investments 23 Land and buildings 23 Other assets (describe > 24 24 7,619. **25** 13,002. 25 Total assets 100. 26

7,519. 27

100.

12,902.

Form **990-EZ** (2009)

Total liabilities (describe ► See Statement 3

Net assets or fund balances (line 27 of column (B) must agree with line 21)

26

27

Form	990-EZ (2009) ROTARY CLUB OF	ELLSWORTH, MAINE			<u>-602</u>	29253 Page 2
	t III: Statement of Program Se		s (See the instruction	ons.)	(D	Expenses
Desc	is the organization's primary exempt purpose? <u>Charibe</u> what was achieved in carrying out the ribe the services provided, the number of the nu	naritable he organization's exempt purp f persons benefited, or other	poses. In a clear and co relevant information for	ncise manner, each	501 (corgan 4947	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers)
	Community service organito provide local communi				101 0	(Hers)
	assistance (Grants \$) If the	nis amount includes foreign gi	rants, check here	>	28 a	29,440.
29						
30	(Grants \$) If the	his amount includes foreign gi	rants, check here	>	29 a	
31	Other program services (attach schedul	(Grants \$) If this amount includes foreign grants, check here Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here				
32	Total program service expenses (add		ants, check here	•	31 a	29,440.
Par			plovees. List each or	ne even if not com		
	(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit plar deferred compensa	to is and	(e) Expense account and other allowances
~ - -					0	_
<u>see</u> 	Statement 4		0.		0.	0.
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Part V Other Information (Note the statement requirements in the instrs 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		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		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			
	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?	35 a		Х
ı	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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	V	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] 0. Do Did the organization file Form 1120-POL for this year?			X
38 2	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?	38 a		X
i	171			
	Section 501(c)(7) organizations Enter			344
	Initiation fees and capital contributions included on line 9			. # () ()
	Gross receipts, included on line 9, for public use of club facilities. N/A			
40 a	Section 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			
ŀ	Dection 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	40 b		_X
(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			
			X	
	shelter transaction? If 'Yes,' complete Form 8886-T	40 e	, ja ()	X X
41	List the states with which a copy of this return is filed None			
42 a	The organization's books are in care of Paniel A. Hurley III Telephone no P667-62 Located at P.O. Box 1100 Ellsworth ME ZIP + 4 P 04605	271		
ŀ	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	No X
	If 'Yes,' enter the name of the foreign country			
Ć	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts: 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.	42 c		<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here		- 🗀 1	N/A
.5	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
	5.00		162	110
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		<u>X_</u>
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		<u>X</u>
	·	000	F7 10	10001

No

Form 990-EZ (2009)

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section Part VI 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 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 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? 49 a 49 b 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' (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (e) Expense account and other allowances (c) Compensation (a) Name and address of each employee paid more than \$100.000 f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100 000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 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 10/14/10 Sign Treasurer Here LANIC Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's signature Paid 10/12/110 P00141575 employed. Pre-Firm's name (or yours if self-employed), HAWKES & QUIRK LLC parer's 26-2427545 66 MAIN ST STE Use address, and ZIP + 4 Only ELLSWORTH, ME 04605 (207) 667-2581 Phone no ► ►X Yes

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

BAA

2009	Federal Statements		Page 1		
F	ROTARY CLUB OF ELLSWORTH, MAINE		01-6029253		
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid Class of Activity: Donee's Name: Relationship of Donee: Cash Amount Given:	Charities Community charities Ellsworth, ME 04605, None	\$	29,440.		
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Advertising Dues and assessments paid		\$	3,276. 7,264.		
Insurance Inyeract Miscellaneous Office supplies Professional development Professional fees RYLA Storage Supplies Travel		Total \$	750. 186. 4,328. 98. 743. 1,348. 300. 1,724. 9,749. 1,536. 31,302.		
Statement 3 Form 990-EZ, Part II, Line 26 Total Liabilities			N. Parket		
Deferred Revenue	Tota	Beginning	Ending 100. 100.		
Statement 4 Form 990-EZ, Part IV List of Officers, Directors, Trustees, and Key Employees					
Name and Address	Title and Average Hours Comp Per Week Devoted sati	Contri- en- bution to on EBP & DC	Expense Account/ Other		
Daniel Hurley III PO Box 1100 Ellsworth, ME 04605	Treasurer \$ 1.00	0. \$ 0.			
Cindy Shoppe Bangor Savings-59 Foster St Ellsworth, ME 04605	Vice President 1.00	0. 0.	0.		

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Federal Statements

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ROTARY CLUB OF ELLSWORTH, MAINE

01-6029253

Statement 4 (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
Charlene Churchill 20 State Street Ellsworth, ME 04605	Secretary \$ 1.00	0.	\$ 0.	\$ 0.
Jack Frost 248 State Street, Suite 3A Ellsworth, ME 04605	Past President 1.00	0.	0.	0.
H. Lincoln Ehrlenbach 70 State Street Ellsworth, ME 04605	President 1.00	0.	0.	0.
Laurie Foggelman Taunton Bay Shores Road Franklin, ME	Director 1.00	0.	0.	0.
Chris Brown 16 Bragg Road Dedham, ME 04429	Director 1.00	0.	0.	0.
Tony Bouchard North Bend Road Ellsworth, ME 04605	Director 1.00	0.	0.	0.
Danny Ray 180 Abram Way Ellsworth, ME 04605	Director 1.00	0.	0.	0.
Julie Clark 10 Southgate Way Ellsworth, ME 04605	Director 1.00	0.	0.	0.
Laurence Fernald 4 Haynes Avenue Ellsworth, ME 04605	Director 1.00	0.	0.	0.
Scott Kimball 683 Nicolin Road Ellsworth, ME 04605	Director 1.00	0.	0.	0.
Jane Langley 11 South Street Ellsworth, ME 04605	Director 1.00	0.	0.	0.
,	0	0.	0.	0.
	Total 🖺	0.	\$ 0.	\$ 0.