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Form **990-EZ** 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

OMB No 1545-1150

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

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Metallic September Sept	В	appli	cabi	e Frease				D Emp	loyer i	dentification number
Brain Part		A	idres: ange	s use IRS						
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Website: ► WWW.MDIROTARY.ORG 1 10 10 10 10 10 10 10		• 5	Sect		must attach a	com	pleted	G Accounting m	ethod:	X Cash Accrual
Tax-exempt status (check only one)					,					
Check In the organization is not a section 50fe(x)(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 receptis; if \$500,000 or more, the Form 990 instead of Form 990-EZ										
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part L)	K	Che	ck 🎚	* * * * * * * * * * * * * * * * * * * *	-				than \$2	25,000. A Form 990-EZ or
Part	_						-			
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Form 990-EZ (2009) BAR HARBOR ROTARY CLUB			<u> 27 - </u>	12724	10 Page 2
Part III Statement of Program Service Accomplishmen	nts (See the instructions for	Part III.)		Ex	penses
What is the organization's primary exempt purpose? SEE STATEMENT	6			(Required fo	r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purp		ise manner descri) organizations and
the services provided, the number of persons benefited, and other relevan			De	for others)	7(a)(1) trusts, optional
28 SEE STATEMENT 5	t information for oddin prog	-		10.0.0.0.0	
26 SEE STATEMENT S					
			—		
		<u> </u>	_		
(Grants \$ 14,012.) If this amount includes foreign of		▶	<u></u>	28a	
29 EDUCATIONAL SCHOLARSHIPS FOR POST S		ATION.			
CONSISTED OF TWO \$1,000 SCHOLARSHIP	S				
(Grants \$ 2,000.) If this amount includes foreign g	rants, check here	•		29a	
30 SERVICE AND SUPPORT TO NATIONAL, DI		CAL EFFOR	TS		
TO SUPPORT INTERNATIONAL PROJECTS.		<u> </u>			
10 bolloki ikibidalilokim ikoobelbi					
7 279 \\(\alpha\)				000	
(Grants \$ 7,378.) If this amount includes foreign of		<u> </u>	<u></u>	30a	
31 Other program services (attach schedule) SEE STATEMENT		_			
(Grants \$ 6,786.) If this amount includes foreign of	rants, check here	▶		31a	
32 Total program service expenses (add lines 28a through 31a)		****	▶	32	0.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions f	or Part IV)
	(h) Tille and a second bases	(-) 0		ntributions	(0) 5
(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense account and
(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans & eferred	other allowances
	position	-0,	1	pensation	otilei allowalices
JAMES COLLIER, 20 PROSPECT AVENUE,	PRESIDENT		1	p = =	
BAR HARBOR, ME 04609	3.00	0.		0.	0.
		0.			<u></u>
JOE LOSQUADRO	SECRETARY			•	
21 JOY LANE, TRENTON, ME 04605	3.00	0.	<u> </u>	0.	0.
RONALD WROBEL	TREASURER	_		_	_
13 ROCKWOOD AVE, BAR HARBOR, ME 04609		0.		0.	0.
ARTHUR BLANK, 751 NORWAY DRIVE, BAR	SERVICE COMMI	TTEE			
HARBOR, ME_04609	2.00	0.		0.	0.
NANCY CORLISS	MEMBERSHIP CO	MMITTEE			
PO BOX 226, BAR HARBOR, ME 04609	2.00	0.		0.	0.
DEAN READ	FOUNDATION CO			-	
PO BOX 343, BAR HARBOR, ME 04609	2.00	0.		0.	0.
SHARON BROOM	PUBLIC RELATI		ምጥፑ		•
5 ASH STREET, BAR HARBOR, ME 04609	2.00		1	0.	_
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SCOTT HAMMOND, 43 LEDGELAWN AVENUE,	INTERNATIONAL		1	•	
BAR HARBOR, ME 04609	2.00	0.	↓	0.	0.
ANN KRIEG, 105 PINE HEATH RD, BAR	PRESIDENT ELE				
HARBOR, ME 04609	2.00	0.		0.	0.
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Pa	rt 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		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.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			ĺ
Ī	and proxy tax requirements?	35a		Х
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
••	complete applicable parts of Sch. N	36	i '	Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	$\overline{}$		
	Did the organization file Form 1120-POL for this year?	37b		Х
	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		Х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1	İ	
	Initiation fees and capital contributions included on line 9 N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1 !		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1 '		
704	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A			
h	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
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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
Ţ	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
-	transaction? If "Yes," complete Form 8886-T	40e		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 ► RONALD WROBEL Telephone no. ► 207-28	8-5	643	
		460		
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		Yes	No
	account)?	42b		X
	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.?	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	N/A	<u>. </u>	
				·
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
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> </u>	X
		Form 0	100-F7	ronnav

Page 4

	organizations and section 4947(a)(1) nonexempt charitab and 51.	le trusts must answer question	ns 46-49b and con	nplete the tables	s for lines	50		
46 [Did the organization engage in direct or indirect political campaign activities	s on behalf of or in opposition to	candidates for public		Ye	s No		
c	office? If "Yes," complete Schedule C, Part I				46			
47 [Did the organization engage in lobbying activities? If "Yes," complete S	chedule C, Part II			47			
	is the organization a school as described in section 170(b)(1)(A)(ii)? If "Y			L	48			
	Did the organization make any transfers to an exempt non-charitable relate	ed organization?		-	49a	 		
	If "Yes," was the related organization a section 527 organization?			_	49b			
	Complete this table for the organization's five highest compensated emplo than \$100,000 of compensation from the organization. If there is none, en		s, trustees and key er	nployees) who ea	ch receive	d more		
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Ex accour other allo	nt and		
	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated indepe	►endent contractors who each recei	ved more than \$100,	000 of compensa	tion from t			
	organization. If there is none, enter "None." \mathbf{N}/\mathbf{A}							
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of ser	vice (c)	Compens	ation		
d 1	Total number of other independent contractors each receiving over \$100,0	000	>					
Sign Here	Under penalties of perjury, I declare that I have examined this return, including correct, and corrighte Declaration of preparer (other than officer) is based on Signature of officer James W.J. Collier, E.G. Presided	accompanying schedules and statemer all information of which preparer has any	nts, and to the best of my knowledge	y knowledge and beli Date	ef, it is true, 2 <i>4/1</i>	د		
 Paid Prepa	Type or print name and title Preparer's signature Read 1 Work CCA			earer's identifying nur	mber (See in	str)		
Use O	Firm's name (or yours COSTON & MC ISAAC, CP	Firm's name (or yours COSTON & MC ISAAC, CPA'S						
	address, and ZIP+4 BAR HARBOR, ME. 04609		Phon no.	e ► (207)2	288-9	458		
May th	the IRS discuss this return with the preparer shown above? See instruction		<u> </u>		Yes	No		
, ,,					rm 990-E			

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No 1545-0047

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.

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2009

Name of the organization

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

Employer identification number

BAR HAR	BOR ROTARY CLUB				27-1272	410
Fundraising Activities required to complete this par	Complete if the organization answet	ered "\	'es" to	Form 990, Part IV, I	ine 17 Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-g gover using ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody	(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	No			
		_				
otal						
3 List all states in which the organization	n is registered or licensed to solicit f	unds	or has	been notified it is ex	empt from registrati	on or licensing.
				. 	-	<u> </u>
				<u>.</u>		
			_			

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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. (c) Other events (a) Event #1 (b) Event #2 (d) Total events SEAFOOD NONE (add col. (a) through FESTIVAL col. (c)) (event type) (event type) (total number) Revenue 33,465 33,465. 1 Gross receipts 2 Less Charitable contributions 33,465 33,465. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 4,929 4,929. 6 Rent/facility costs 6,760 6,760. 7 Food and beverages 8 Entertainment 6,851 6,851. Other direct expenses 18,540 10 Direct expense summary. Add lines 4 through 9 in column (d) 14,925. 11 Net income summary Combine line 3, column (d), and line 10 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 (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes % Yes % Volunteer labor No No 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 Yes No 9 Enter the state(s) in which the organization operates gaming activities 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? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 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?

Sch	edule G (Form 990 or 990-EZ) 2009 BAR HARBOR ROTARY CLUB	27-1 <u>27</u>	241	0 Pa	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility	3a %			
b	An outside facility	3b %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	d records.			
	Name ▶	-			
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenu	e?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the	ne 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 ▶ \$			1	
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions.				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		ļ
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or organization's own exempt activities during the tax year > \$	spent in the			
	OF GRANDER OF THE CACHINE COLIVICION COLUMN LITTER TO A FORE P				1

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INSURANCE		256.
DISTRICT ASSEMBLY		0.
ROTARY MAGAZINE		384.
PRESIDENT ELECT TRAINING SEMIN	NAR	779.
WEBSITE		1,298.
SUPPLIES		468. 72.
POST OFFICE BOX BANK FEES		72.
\$10 RAFFLE		515.
RECOGNITION DINNER		8.
MEAL COSTS IN EXCESS OF RECEIP	oms	416.
TRAINING & EDUCATION		220.
ROTARY INTERNATIONAL CONVENTION	ON	1,380.
FLOWERS & GIFTS		101.
MISCELLANEOUS		1,630.
TOTAL TO FORM 990-EZ, LINE 16		7,606.
FORM 990-EZ OCCUPANCY, REN	NT, UTILITIES AND MAINTENANCE	STATEMENT 2
DESCRIPTION		AMOUNT
DEPRECIATION		286.
TOTAL TO FORM 990-EZ, LINE 14		286.

FORM 990-EZ CASH GRANTS AND ALLOC	CATIONS	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
NATIONAL DUES ROTARY INTERNATIONAL	NONE	3,662.
DISTRICT DUES DISTRICT 7790 DUES	NONE	2,495.
LOCAL DONATIONS VARIOUS UNDER \$5,000	NONE	14,012.
SCHOLARSHIPS VARIOUS	NONE	2,000.
ROTARY FOUNDATION ROTARY FOUNDATION	NONE	2,600.
INTERNATIONAL CAUSES VARIOUS	NONE	7,378.
CANCER CAUSES VARIOUS	NONE	3,500.
OTHER VARIOUS	NONE	2,686.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		38,333.

FO	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	TATE	MENT	4
A)	DIRECTLY	ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL CONTRACT?	ĺ	.]	YES	[X]	NO
B)		ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	٠ (.]	YES	[X]	NO

990-EZ PG 2

STATEMENT

5

SERVICE AND SUPPORT TO LOCAL NONPROFIT SERVICE ORGANIZATIONS INCLUDING FOOD PANTRY, ISLAND CONNECTIONS, YMCA, YWCA, AND MANY MORE. TOTAL OF 26 GRANTS RANGING FROM \$250 TO \$1,000.

990-EZ PG 2

STATEMENT

6

ENCOURAGE AND FOSTER THE IDEAL OF SERVICE AS A BASIS OF WORTHY ENTERPRISE. LOCAL AND INTERNATIONAL SERVICE.

FORM 990-EZ OTHER PROGRAM SERVICES	ST	ATEMENT 7
DESCRIPTION	GRANTS	EXPENSES
ROTARY YOUTH LEADERSHIP	373.	0.
ROTARY FOUNDATION	2,600.	0.
CANCER CARE ORGANIZATION SUPPORT	3,500.	0.
BACKPACK PROJECT PROVIDES ESSENTIAL CARE ITEMS TO FOSTER CHILDREN	313.	0.
TOTAL TO FORM 990-EZ, LINE 31	6,786.	