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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C BANGOR AREA BREAKFAST ROTARY CLUB
PO BOX 2471
BANGOR, ME 04402-2471

D Employer identification number

01-0445216

E Telephone number

207-852-3318

F Group Exemption
Number

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

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ► WWW.BANGORBREAKFASTROTARY.ORG

H Check ☒ if the organization is **not**
required to attach Schedule B (Form 990,
990-EZ, or 990-PF)

J Organization type (check only one) — ☒ 501(c) (4) (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 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

► \$ 74,419.

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	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	25,874.
	4	Investment income	4	221.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	48,324.
	6b	Less direct expenses other than fundraising expenses	6b	17,302.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	31,022.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► _____)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	57,117.	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	44,949.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	245.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	136.
	16	Other expenses (describe ► See Statement 2)	16	18,089.
	17	Total expenses (add lines 10 through 16)	17	63,419.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,302.	
ASSETS	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	36,324.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,022.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	36,324.	30,022.
23 Land and buildings		
24 Other assets (describe ► _____)		
25 Total assets	36,324.	30,022.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	36,324.	30,022.

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

SCANNED 11/11/2008

5-5 15

Expenses

(Required for 501(c)(3))

(required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

32	Total program service expenses (add lines 28a through 31a)	32	55,658.
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(e) Expense account and other allowances

[illegible]

Part V Other Information (Note the statement requirement in General Instruction 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		X
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		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 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ <u>N/A</u> , section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d 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		X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ JOELLE RIOUX Telephone no ▶ 207-852-3318
 Located at ▶ 14 MERRITT DRIVE ORONO ME ZIP + 4 ▶ 04473

	Yes	No
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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a 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 ▶ _____		X

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 ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If 'Yes,' was the related organization(s) a section 527 organization?		

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.'

(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 and deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000 ▶				

51 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 complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Joelle D. Rioux, Treasurer Date 5/17/2010

▶ Joelle D. Rioux Treasurer

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ <u>JOELLE D RIOUX</u>	Date <u>5/17/2010</u>	Check if self-employed ▶ ☒ <u>N/A</u>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>JDRioux</u> <u>PO BOX 8398</u> <u>BANGOR, ME 04402-8398</u>	EIN ▶ <u>N/A</u>	Phone no ▶ <u>(207) 852-3318</u>	

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

▶ ☒ Yes ☐ No

BAA

Form 990-EZ (2008)

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.

REVENUE		(a) Event #1 GOLF TOURNAMEN (event type)	(b) Event #2 JAZZ FESTIVAL (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts	18,025.	13,380.	14,239.	45,644.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	18,025.	13,380.	14,239.	45,644.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes	1,916.			1,916.
	6 Rent/facility costs	3,738.		3,120.	6,858.
	7 Other direct expenses	2,206.	1,009.	4,773.	7,988.
	8 Direct expense summary Add lines 4- through 7 in column (d)				16,762.
	9 Net income summary Combine lines 3 and 8 in column (d)				28,882.

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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

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?

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

11 Does the organization operate gaming activities with nonmembers?

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?

YES NO

9a

10a

11

12

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide 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 contact 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

Name. ▶ _____

Address. ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Client 100

BANGOR AREA BREAKFAST ROTARY CLUB

01-0445216

5/17/10

02 49PM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	MUSIC PROGRAM		
Donee's Name:	OLD TOWN HIGH SCHOOL-JAZZ BAND		
Relationship of Donee:	OLD TOWN,, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	3,000.
Class of Activity:	MUSIC PROGRAM		
Donee's Name:	BREWER HIGH SCHOOL - JAZZ BAND		
Relationship of Donee:	BREWER, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	1,000.
Class of Activity:	MUSIC PROGRAM		
Donee's Name:	HAMPDEN ACADEMY - JAZZ BAND		
Relationship of Donee:	HAMPDEN , ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	1,000.
Class of Activity:	MUSIC PROGRAM		
Donee's Name:	BANGOR CHRISTIAN ACADEMY - JAZZ BAND		
Relationship of Donee:	BANGOR, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	1,000.
Class of Activity:	HANDICAP PROGRAM		
Donee's Name:	CAMP CAPELLA		
Relationship of Donee:	HOLDEN, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	3,500.
Class of Activity:	YOUTH AGRICULTURE		
Donee's Name:	PINE TREE 4H		
Relationship of Donee:	BANGOR, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	1,000.
Class of Activity:	CHILDRENS PROGRAM		
Donee's Name:	GOOD SAMARITAN AGENCY		
Relationship of Donee:	BANGOR, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	1,000.
Class of Activity:	CANCER RESEARCH		
Donee's Name:	SUSAN CURTIS FOUNDATION		
Relationship of Donee:	BANGOR, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	1,000.
Class of Activity:	FOOD/SHELTER		
Donee's Name:	MANNA MINISTRIES		
Relationship of Donee:	BANGOR, ME		
Cash Amount Given:	NO RELATIONSHIP/APPLICANT	\$	1,000.

Client 100

BANGOR AREA BREAKFAST ROTARY CLUB

01-0445216

5/17/10

02 49PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	CHILDRENS CLOTHING		
Donee's Name:	BANGOR YMCA		
	BANGOR, ME		
Relationship of Donee:	NO RELATIONSHIP/APPLICANT		
Cash Amount Given:		\$	500.
Class of Activity:	CHILDRENS READING PROGRAM		
Donee's Name:	MASONIC TEMPLE		
	BANGOR, ME		
Relationship of Donee:	NO RELATIONSHIP/APPLICANT		
Cash Amount Given:		\$	1,000.
Class of Activity:	DISASTER RECOVERY		
Donee's Name:	RED CROSS		
	BANGOR, ME		
Relationship of Donee:	NO RELATIONSHIP/APPLICANT		
Cash Amount Given:		\$	5,000.
Class of Activity:	POLIO		
Donee's Name:	ROTARY INTERNATIONAL		
	LEWISTON, ME		
Relationship of Donee:	PARENT ORGANIZATION		
Cash Amount Given:		\$	1,700.
Class of Activity:	AUDIO BOOK TAPES		
Donee's Name:	AMERICAN COUNCIL OF THE BLIND		
	BANGOR, ME		
Relationship of Donee:	NO RELATIONSHIP/APPLICANT		
Cash Amount Given:		\$	500.
Class of Activity:	CHILDRENS WINTER CLOTHING		
Donee's Name:	WAL-MART		
	BANGOR, ME		
Relationship of Donee:	THIRD PARTY ADMINISTRATOR		
Cash Amount Given:		\$	4,000.
Class of Activity:	CHILDRENS WINTER CLOTHING		
Donee's Name:	WS EMERSONS		
	BREWER, ME		
Relationship of Donee:	THIRD PARTY ADMINISTRATOR		
Cash Amount Given:		\$	1,073.
Class of Activity:	JUNIOR ACHIEVEMENT		
Donee's Name:	JUNIOR ACHIEVEMENT		
	BANGOR, ME		
Relationship of Donee:	NO RELATIONSHIP/APPLICANT		
Cash Amount Given:		\$	500.

Client 100

BANGOR AREA BREAKFAST ROTARY CLUB

01-0445216

5/17/10

02.49PM

Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	FOOD	
Donee's Name:	BOB GUERETTE	
	BANGOR, ME	
Relationship of Donee:	THIRD PARTY ADMINISTRATOR	
Description of Property:	FOOD BASKETS	
Date of Gift:	12/20/2008	
Book Value:	676.	
Method Used to Determine BV:	PURCHASE VALUE	
Fair Market Value:	\$	676.
Method Used to Determine FMV:	PURCHASE VALUE	
Class of Activity:	SCHOLARSHIPS	
Donee's Name:	EASTERN MAINE COMMUNITY COLLEGE	
	BANGOR, ME	
Relationship of Donee:	NO RELATIONSHIP/APPLICANT	
Cash Amount Given:	\$	10,000.
Class of Activity:	SCHOLARSHIPS	
Donee's Name:	6 INDIVIDUAL SCHOLARSHIPS	
	VARIOUS,	
Relationship of Donee:	NO RELATIONSHIP/APPLICANT	
Cash Amount Given:	\$	6,500.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

BREAKFAST EXPENSE	\$	5,899.
Insurance		744.
MEETINGS		1,603.
NATIONAL AND LOCAL DUES		7,358.
Office Expenses		417.
PINS		170.
SUPPLIES		1,558.
WEBSITE MAINTENANCE		340.
Total	\$	<u>18,089.</u>

Statement 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

THE MAIN OBJECTIVE IS SERVICE IN THE COMMUNITY, IN THE WORKPLACE AND THROUGH THE WORLD. ROTARIANS DEVELOP COMMUNITY SERVICE PROJECTS THAT ADDRESS ISSUES SUCH AS CHILDREN AT RISK, POVERTY AND HUNGER, THE ENVIRONMENT AND ILLITERACY AND VIOLENCE.

8868

(Rev April 2009)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	BANGOR AREA BREAKFAST ROTARY CLUB	01-0445216
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	PO BOX 2471	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BANGOR, ME 04402-2471	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ▶ JOELLE RIOUX

Telephone No ▶ 207-852-3318

FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year 20__ or
- ▶ ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	BANGOR AREA BREAKFAST ROTARY CLUB	01-0445216
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS use only
	JDRioux PO BOX 8398	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	BANGOR, ME 04402-8398	

Check type of return to be filed (File a separate application for each return)

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☒ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **▶ JOELLE RIOUX**
Telephone No **▶ 207-852-3318** FAX No **▶**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **▶** . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 10
- 5 For calendar year 2008, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO INSURE CORRECT FILING.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **▶** *Joelle Rioux* Title **▶** *Treasurer* Date **▶**