



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)	OMB No 1545-1150 2009
	► 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. ► <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ROTARY INTERNATIONAL BANGOR AREA BREAKFAST ROTARY CLUB		D Employer identification number 01-0445216
Address change		Number and street (or P O box, if mail is not delivered to street address) PO BOX 2471		E Telephone number (207) 852-3318
Name change		Room/suite		
Initial return		City or town, state or country, and ZIP + 4 BANGOR, ME 04402		F Group Exemption Number
Terminated				
Amended return				
Application pending				

◆ 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 Tax-Exempt status (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 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	\$	85,968
--	-----------	--------

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	13,425
	2	Program service revenue including government fees and contracts										2	13,427
	3	Membership dues and assessments										3	
	4	Investment income										4	18
	5a	Gross amount from sale of assets other than inventory								5a			
	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)										5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here											
	a	Gross revenue (not including \$ _ of contributions reported on line 1)								6a	59,098		
	b	Less direct expenses other than fundraising expenses								6b	19,754		
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)										6c	39,344
	7a	Gross sales of inventory, less returns and allowances								7a			
	b	Less cost of goods sold								7b	0		
	c	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	66,214
	10	Grants and similar amounts paid (attach schedule)										10	37,190
	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	70
Net Assets	14	Occupancy, rent, utilities, and maintenance										14	
	15	Printing, publications, postage, and shipping										15	157
	16	Other expenses (describe _____)										16	24,913
	17	Total expenses. Add lines 10 through 16										17	62,330
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)										18	3,884
	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	30,022
	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	33,906

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	30,022	22	33,906
23	Land and buildings		23	
24	Other assets (describe _____)		24	
25	Total assets	30,022	25	33,906
26	Total liabilities (describe _____)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	30,022	27	33,906

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the 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			
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			
28 THE CLUB MADE GRANTS THAT IMPROVED AND ENHANCED THE QUALITY OF LIFE OF CHILDREN AT RISK, SUPPORTED OTHER LOCAL CHARITIES AND ROTARY INTERNATIONAL (Grants \$ 60,941) If this amount includes foreign grants, check here . . . ☐		28a	36,690
29			
(Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30			
(Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	60,941

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

Part VOther 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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	No
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	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
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	No
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 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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ <u>JOELLE RIOUX</u> Telephone no ▶ <u>(207) 852-3318</u> 14 MERRITT DRIVE Located at ▶ <u>ORONO, ME</u> ZIP + 4 ▶ <u>04473</u>		
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 ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
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	No
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? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	45	No

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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 a section 527 organization?		

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				

50(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		

51(d) Total number of other independent contractors each receiving over \$100,000

Please 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		2011-05-16 Date	
Paid Preparer's Use Only	JOELLE RIOUX Treasurer Type or print name and title			
	Preparer's signature	JOELLE D RIOUX	Date	Check if self-employed ☒
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	JDRioux PO BOX 8398 BANGOR, ME 044028398			EIN Phone no (207) 852-3318
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

Additional Data

Software ID:
Software Version:
EIN: 01-0445216
Name: ROTARY INTERNATIONAL
BANGOR AREA BREAKFAST ROTARY CLUB

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOHN WEINMAN PO BOX 2471 BANGOR, ME 04402	Secretary 3 00	0		
BRUCE ROSCHER PO BOX 2471 BAGNOR, ME 04402	President 5 00	0		
JOELLE RIOUX POB XO 2471 BANGOR, ME 04473	Treasurer 5 00	0		
JODI STEELE PO BOX 2471 BANGOR, ME 04402	Past President 1 00	0		
JAY MUTH PO BOX 2471 BANGOR, ME 04402	Vice President 1 00	0		
BOB KRITZER PO BOX 2471 BANGOR, ME 04473	President Elect 1 00	0		

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

2009

Open to Public
Inspection

Name of the organization
ROTARY INTERNATIONAL
BANGOR AREA BREAKFAST ROTARY CLUB

Employer identification number

01-0445216

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 e-mail 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 activities?

☐ 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total ▶						

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.

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	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF TOURNAMENT</u>	<u>JAZZ FESTIVAL</u>	<u>3</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	19,245	14,002	25,851	59,098	
	2	Less Charitable contributions					
3	Gross income (line 1 minus line 2)	19,245	14,002	25,851	59,098		
Direct Expenses	4	Cash prizes		6,500		6,500	
	5	Non-cash prizes			175	175	
	6	Rent/facility costs	4,644		718	5,362	
	7	Food and beverages	1,540		3,889	5,429	
	8	Entertainment					
	9	Other direct expenses	615		1,673	2,288	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					19,754
	11	Net income summary Combine lines 3, column d, and line 10. ▶					39,344

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			
	2	Cash prizes			
Direct Expenses	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, 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	
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		
a	The organization's facility 13a		
b	An outside facility 13b		
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		
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 ► \$ _____		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** ROTARY INTERNATIONAL

BANGOR AREA BREAKFAST ROTARY CLUB

EIN: 01-0445216**Software ID:** 09000047**Software Version:** 2009v1.7

Item No.	1
Class of Activity	LEADERSHIP
Donee's Name	KAILEIGH TREMBLE
Donee's Address	BROADWAY BANGOR, ME 04401
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	CHILDRENS MUSIC
Donee's Name	BANGOR SYMPHONY ORCHESTRA
Donee's Address	BROADWAY BANGOR, ME 04401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	CHILDRENS PROGRAMS
Donee's Name	THE SENIOR LEAGE
Donee's Address	MAIN STREET BANGOR, ME 04401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	FOOD
Donee's Name	THE GOOD SHEPARD FOOD BANK
Donee's Address	STEVENS ROAD BREWER, ME 04412
Amount (FMV)	6,000
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	CHILDRENS PROGRAMS
Donee's Name	THE SALVATION ARMY
Donee's Address	STILLWATER AVENUE BANGOR, ME 04401
Amount (FMV)	1,700
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	CHILDRENS PROGRAMS
Donee's Name	RYAN MCPIKE
Donee's Address	COLDBROOK ROAD HERMON, ME 04401
Amount (FMV)	446
Purpose of Payment to Affiliate	
Relationship	THIRD PARTY ADMINISTRATOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	INTERNATIONAL HEALTHCARE
Donee's Name	ROTARY CLUB IN HALLOWELL MAINE
Donee's Address	WATER STREET HALLOWELL, ME 04330
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	SISTER ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	YOUTH DEVELOPMENT
Donee's Name	ROTERACT
Donee's Address	HAMMOND STREET BANGOR, ME 04401
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	PROGRAM FUNDS
Donee's Name	RONALD MCDONALD HOUSE
Donee's Address	STATE STREET BANGOR, ME 04401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	CHILDRENS PROGRAMS
Donee's Name	REHAB DIMENSIONS
Donee's Address	TEXAS AVENUE BANGOR, ME 04401
Amount (FMV)	3,769
Purpose of Payment to Affiliate	
Relationship	THIRD PARTY ADMINISTRATOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	ATHLETICS FOR CHILDREN
Donee's Name	NEW ENGLAND BLIND ATHLETIC ASSOC
Donee's Address	WILLOW STREET ORONO, ME 04473
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	FOOD
Donee's Name	BOB GUERETTE
Donee's Address	PARK STREET BANGOR, ME 04401
Amount (FMV)	697
Purpose of Payment to Affiliate	
Relationship	THIRD PARTY ADMINISTRATOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	CHILDRENS PROGRAMS
Donee's Name	MAKE A WISH FOUNDATION
Donee's Address	MAIN STREET BANGOR, ME 04401
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	CHILDRENS WINTER CLOTHING
Donee's Name	WS EMERSONS
Donee's Address	ACME ROAD BREWER, ME 04412
Amount (FMV)	2,178
Purpose of Payment to Affiliate	
Relationship	THIRD PARTY ADMINISTRATOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	CHILDRENS WINTER CLOTHING
Donee's Name	WAL-MART
Donee's Address	STILLWATER AVENUE BANGOR, ME 04401
Amount (FMV)	4,500
Purpose of Payment to Affiliate	
Relationship	THIRD PARTY ADMINISTRATOR
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	CHILDRENS LITERACY
Donee's Name	LITERACY VOL OF AMERICA
Donee's Address	HOGAN ROAD BANGOR, ME 04401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	INTERNATIONAL HEALTHCARE
Donee's Name	ROTARY INTERNATIONAL DISTRICT 7790
Donee's Address	163 RUE JOS MONFERRAND QUEBEC, QUEBEC G1C 7K9 CA
Amount (FMV)	3,400
Purpose of Payment to Affiliate	
Relationship	DISTRICT ORGANIZATION
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	CHILDRENS HEATHCARE
Donee's Name	BANGOR SCHOOL FUND
Donee's Address	MAIN STREET BANGOR, ME 04401
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	CHILDRENS PROGRAMS
Donee's Name	ACADIA HOSPITAL
Donee's Address	STILLWATER AVENUE BANGOR, ME 04401
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	CHILDRENS PROGRAM
Donee's Name	GOOD SAMARITAN AGENCY
Donee's Address	RIDGEWOOD DRIVE BANGOR, ME 04401
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	HANDICAP PROGRAM
Donee's Name	CAMP CAPELLA
Donee's Address	POPLAR HOLDEN, ME 04429
Amount (FMV)	5,600
Purpose of Payment to Affiliate	
Relationship	NO RELATIONSHIP/APPLICANT
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Expenses Schedule**Name:** ROTARY INTERNATIONAL

BANGOR AREA BREAKFAST ROTARY CLUB

EIN: 01-0445216**Software ID:** 09000047**Software Version:** 2009v1.7

Description	Amount
WEBSITE MAINENANCE	300
SUPPLIES	930
PINS	380
NATIONAL AND LOCAL DUES	8,231
MEETINGS	491
Conferences, Conventions, and Meetings	3,531
BREAKFAST EXPENSE	10,306