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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

OMB No 1545-1150

2010

Open to Public
Inspection

A For the 2010 calendar year, or tax year beginning 07/01/10, and ending 06/30/11

- B Check if applicable
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization

Rotary International
Rotary Club of Bangor

D Employer identification number

01-6014089

Number and street (or P O box, if mail is not delivered to street address)

P.O. Box 2787

Room/suite

E Telephone number

207-942-9800

City or town, state or country, and ZIP + 4

Bangor

ME 04402-2787

F Group Exemption

Number

G Accounting Method Cash Accrual Other (specify) ► _____

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A

Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 69,473

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I.

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	4,150
	2 Program service revenue including government fees and contracts	2	31,479
	3 Membership dues and assessments	3	31,838
	4 Investment income	4	697
	5a Gross amount from sale of assets other than inventory	5a	
	b Less. cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	650
Expenses	c Less. direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	650
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
	8 Other revenue (describe in Schedule O)	8	659
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	69,473
	10 Grants and similar amounts paid (list in Schedule O)	10	15,487
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
Net Assets	13 Professional fees and other payments to independent contractors	13	25,484
	14 Occupancy, rent, utilities, and maintenance	14	6,001
	15 Printing, publications, postage, and shipping	15	148
	16 Other expenses (describe in Schedule O)	16	17,697
	17 Total expenses. Add lines 10 through 16	17	64,817
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,656
	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	51,364
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	4,326
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	60,346

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2010)

Form 990-EZ (2010) **Rotary International**

01-6014089

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	66,689	22 71,567
23 Land and buildings	5,023	23
24 Other assets (describe in Schedule O)	238	24 21,027
25 Total assets	71,950	25 92,594
26 Total liabilities (describe in Schedule O)	20,586	26 32,248
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,364	27 60,346

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Service in the community

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, or other relevant information for each program title

28 Service to the Bangor Area Community, including youth merit awards and funding of parade float.

(Grants \$ 10,000) If this amount includes foreign grants, check here 

28a

12,349

29 Service to Rotary District 7790 - donations.

(Grants \$) If this amount includes foreign grants, check here 

29a

400

30

(Grants \$) If this amount includes foreign grants, check here 

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here 

31a

32 Total program service expenses (add lines 28a through 31a)



32

12,749

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(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
David Green P.O. Box 2787	Bangor ME 04402	President 5.00	0	0
Steve Rich P.O. Box 2787	Bangor ME 04402	President Elect 5.00	0	0
Barbara McDade P.O. Box 2787	Bangor ME 04402	Vice President 5.00	0	0
Mike Crowley P.O. Box 2787	Bangor ME 04402	Past President 5.00	0	0
Adrien Roy P.O. Box 2787	Bangor ME 04402	Treasurer 5.00	0	0
Scott Boucher P.O. Box 2787	Bangor ME 04402	Secretary 5.00	0	0
Jim Lilly P.O. Box 2787	Bangor ME 04402	Secretary 5.00	0	0
Todd Beaulieu P.O. Box 2787	Bangor ME 04402	Director 5.00	0	0
Brad Coffey P.O. Box 2787	Bangor ME 04402	Director 5.00	0	0
Jan Currier P.O. Box 2787	Bangor ME 04402	Director 5.00	0	0
Racquel Tibbetts P.O. Box 2787	Bangor ME 04402	Director 5.00	0	0
Joe Pickering P.O. Box 2787	Bangor ME 04402	Director 5.00	0	0
Maggie Michaud P.O. Box 2787	Bangor ME 04402	Director 5.00	0	0

DAA

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33
- 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34
- 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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a
- b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 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
- 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
- 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 tax year covered by this return? 38a
- 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
- b Gross receipts, included on line 9, for public use of club facilities 39b
- 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b
- 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

41 List the states with which a copy of this return is filed. ► **None**42a The organization's books are in care of ► **Matthew Nye**Telephone no ► **207-942-9800**

P.O. Box 2787

Located at ► **Bangor**

ME

ZIP + 4

► **04402**

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.

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 ► _____

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

		Yes	No
42b		<input checked="" type="checkbox"/>	<input type="checkbox"/>
42c		<input type="checkbox"/>	<input checked="" type="checkbox"/>

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

		Yes	No
44a		<input checked="" type="checkbox"/>	<input type="checkbox"/>
44b		<input checked="" type="checkbox"/>	<input type="checkbox"/>
44c		<input checked="" type="checkbox"/>	<input type="checkbox"/>
44d		<input type="checkbox"/>	<input type="checkbox"/>

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All sections

501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

1

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
48 Is the organization 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?
 b 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

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

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

- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ □ Yes □ No

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	 Signature of officer Matthew Nye		Date 6/1/12	
			Treasurer	
	 Type or print name and title Scott E. Edwards		Preparer's signature Scott E. Edwards	
Paid Preparer Use Only	Print/Type preparer's name Scott E. Edwards		Date 05/23/12 Check <input type="checkbox"/> if self-employed P00538192	
	Firm's name ► Edwards, Faust & Smith		Firm's EIN ► 01-0463272	
	Firm's address ► 716 Union St Bangor, ME 04401-3156		Phone no 207-947-4575	

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

**Rotary International
Rotary Club of Bangor**Employer identification number
01-6014089**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Miscellaneous income	\$ 659
Total	\$ 659

Form 990-EZ, Part I, Line 10 - Payments to Affiliates

Name and Address	Purpose	Amount
Rotary International 14255 Collections Center Dr Chicago IL 60693	Membership dues	\$ 9,556
Rotary District Phil Nadeau, District Treasurer Lewiston ME 04240	Membership dues	\$ 5,931

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

Description	Amount
Expenses	
Equip Purchase and Maint.	\$ 202
Printing and Copying	\$ 176
Supplies	\$ 2,009
Meeting Expense	\$ 639
Rotary Parade Expenses	\$ 2,349
Miscellaneous expenses	\$ 124
Conference Conv. Meetings	\$ 979
Website Maintenance	\$ 819

Schedule O (Form 990 or 990-EZ) (2010)

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Name of the organization

Rotary InternationalEmployer identification number
01-6014089

Donations	\$	400
Youth merit awards	\$	10,000
	Total \$	17,697

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Unrealized gains and losses	\$ 4,326

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beg. of Year	End of Year
Accounts Receivable - Dues	\$ 238	\$ 16,805
Furniture and Equipment	\$ 0	\$ 9,205
Accumulated Depreciation	\$ 0	\$ -4,983
	Total \$ 238	\$ 21,027

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beg. of Year	End of Year
Accounts Payable	\$ 819	\$ 228
Due to Bangor Rotary Charities	\$ 5,980	\$ 7,695
Deferred Membership Dues Rev	\$ 13,787	\$ 24,325



