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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, 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**

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

P.O. Box 2787

Room/suite

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

Bangor

ME 04402-2787

D Employer identification number

01-6014089

E Telephone number

207-942-9800

F Group Exemption

Number

G Accounting Method

☐ Cash

☒ Accrual

Other (specify) ►

H Check

☒

if the organization is not required to attach Schedule B

I Website: ►

N/A

J Tax-exempt status (check only one) —

☐ 501(c)(3)

☒ 501(c) (**4**)

(insert no)

☐ 4947(a)(1) or

☐ 527

(Form 990, 990-EZ, or 990-PF)

K Check

☐

if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

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.

► \$

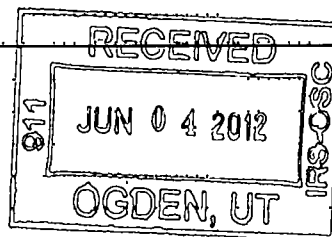
69,473

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)	5c	
	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 \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	650
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)	7c		
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	
Expenses	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	
	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
Net Assets	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

See Statement



Form 990-EZ (2010) **Rotary International****01-6014089**Page **2****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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Service to the Bangor Area Community, including youth merit awards and funding of parade float.			
(Grants \$ <u>10,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a		12,349
29 Service to Rotary District 7790 - donations.			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a		400
30			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a		
31 Other program services (describe in Schedule O)			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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	0
Steve Rich P.O. Box 2787 Bangor ME 04402	President Elect 5.00	0	0	0
Barbara McDade P.O. Box 2787 Bangor ME 04402	Vice President 5.00	0	0	0
Mike Crowley P.O. Box 2787 Bangor ME 04402	Past President 5.00	0	0	0
Adrien Roy P.O. Box 2787 Bangor ME 04402	Treasurer 5.00	0	0	0
Scott Boucher P.O. Box 2787 Bangor ME 04402	Secretary 5.00	0	0	0
Jim Lilly P.O. Box 2787 Bangor ME 04402	Secretary 5.00	0	0	0
Todd Beaulieu P.O. Box 2787 Bangor ME 04402	Director 5.00	0	0	0
Brad Coffey P.O. Box 2787 Bangor ME 04402	Director 5.00	0	0	0
Jan Currier P.O. Box 2787 Bangor ME 04402	Director 5.00	0	0	0
Racquel Tibbetts P.O. Box 2787 Bangor ME 04402	Director 5.00	0	0	0
Joe Pickering P.O. Box 2787 Bangor ME 04402	Director 5.00	0	0	0
Maggie Michaud P.O. Box 2787 Bangor ME 04402	Director 5.00	0	0	0

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 ☐

	Yes	No
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		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attached 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)		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, 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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
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 outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
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		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 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		X
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)?		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.?		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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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		

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

01-6014089

Page **4**

- 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 section 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 ☐

- 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."

	Yes	No
47		
48		
49a		
49b		

(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 **▶** _____

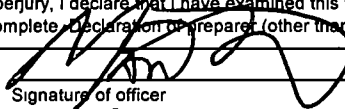
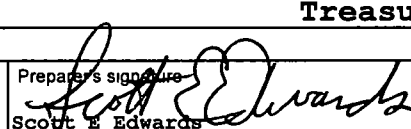
- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 	Date 6/1/12			
	Matthew Nye Type or print name and title	Treasurer			
Paid Preparer Use Only	Print/Type preparer's name Scott E Edwards	Preparer's signature 	Date 05/23/12	Check <input type="checkbox"/> if self-employed	PTIN 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 ▶ <input type="checkbox"/> Yes <input type="checkbox"/> 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

2010

Open 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

Name of the organization	Employer identification number
Rotary International	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



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	0	22	
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	0	25	0
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	27	0

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?

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a
29		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	▶	32

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

[illegible]