



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



**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. 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

**2012**

Open to Public  
Inspection

A For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

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)

**PO 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: ► [HTTP : / / WWW.BANGORROTARY.ORG](http://WWW.BANGORROTARY.ORG)

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( 4 ) ◀(insert no.)  4947(a)(1) or  527

K Check ►  if the organization is not a section 509(a)(3) supporting organization or a section 527 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

► \$ **54,320.**

**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	<b>2,440.</b>
	2 Program service revenue including government fees and contracts	2	<b>27,211.</b>
	3 Membership dues and assessments	3	<b>24,259.</b>
	4 Investment income	4	<b>410.</b>
	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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	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	
	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) <b>MAY 16 2014</b>	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	<b>54,320.</b>
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	<b>30,432.</b>
	11 Benefits paid to or for members <b>00000000</b>	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	<b>24,545.</b>
	14 Occupancy, rent, utilities, and maintenance	14	<b>6,561.</b>
	15 Printing, publications, postage, and shipping	15	<b>160.</b>
	16 Other expenses (describe in Schedule O)	16	<b>9,516.</b>
Net Assets	17 Total expenses. Add lines 10 through 16	17	<b>71,214.</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-16,894.</b>
	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	<b>52,991.</b>
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	<b>4,689.</b>
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>40,786.</b>

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012) 

SCANNED JUN 10 2014

232171  
01-11-13

09060513 757052 ROTARYINT

2012.05080 ROTARY INTERNATIONAL ROTARY ROTARYII

**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	47,820.	22
23	Land and buildings	23	
24	Other assets (describe in Schedule O)	5,171.	24
25	Total assets	52,991.	25
26	Total liabilities (describe in Schedule O)	0.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,991.	27
			40,786.

**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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and 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 SPONSORSHIP OF A HOLIDAY PARADE**(Grants \$ 9,000.) If this amount includes foreign grants, check here  28a 10,024.**29 SERVICE TO ROTARY DISTRICT 7790 - DONATIONS**(Grants \$ ) If this amount includes foreign grants, check here  29a 3,550.

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)

(Grants \$ ) If this amount includes foreign grants, check here  32 13,574.**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SCOTT BOUCHER	5.00	0.	0.	0.
PRESIDENT	5.00	0.	0.	0.
STEVE RICH	5.00	0.	0.	0.
PAST PRESIDENT	5.00	0.	0.	0.
JENIFER WILSON	5.00	0.	0.	0.
PRESIDENT ELECT	5.00	0.	0.	0.
BARBARA MCDADE	5.00	0.	0.	0.
VICE PRESIDENT	5.00	0.	0.	0.
AL FAUST	5.00	0.	0.	0.
TREASURER	5.00	0.	0.	0.
DEB SANFORD	5.00	0.	0.	0.
SECRETARY	5.00	0.	0.	0.
GREG CHOQUETTE	5.00	0.	0.	0.
DIRECTOR	5.00	0.	0.	0.
BRAD COFFEY	5.00	0.	0.	0.
DIRECTOR	5.00	0.	0.	0.
CLIF EAMES	5.00	0.	0.	0.
DIRECTOR	5.00	0.	0.	0.
TAMMY HIGGINS	5.00	0.	0.	0.
DIRECTOR	5.00	0.	0.	0.
MAGGIE MICHAUD	5.00	0.	0.	0.
DIRECTOR	5.00	0.	0.	0.
ALICIA NICHOLS	5.00	0.	0.	0.
DIRECTOR	5.00	0.	0.	0.

Form 990-EZ (2012) **ROTARY CLUB OF BANGOR**

## Form 990-EZ (2012)

01-6014089

Page 3

**Part V** **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
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	X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
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	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?	38a	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?	38b	N/A
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	N/A
39	Section 501(c)(7) organizations. Enter:	39b	N/A
a	Initiation fees and capital contributions included on line 9	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
b	Gross receipts, included on line 9, for public use of club facilities	40b	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A
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	40c	0.
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	40d	0.
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	X
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	41	List the states with which a copy of this return is filed ► <b>NONE</b>
42a	The organization's books are in care of ► <b>AL FAUST</b> Located at ► <b>PO BOX 2787, BANGOR, ME</b>	Telephone no.	► <b>207-947-4575</b>
		ZIP + 4	► <b>04402-2787</b>
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)?	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.	42c	X
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 ► <b>N/A</b>	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	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b	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)	45b	

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
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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

- |  | Yes | No |
|--|-----|----|
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II  | 47  |    |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 48  |    |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  | 49a |    |
| b If "Yes," was the related organization a section 527 organization?   | 49b |    |
| 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 title of each employee paid more than \$100,000  N/A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- 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." N/A

(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 *Albert C Faust* Date *5/13/14*  
► Type or print name and title *Albert C Faust Tyros*

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>LEE J. CHICK</i>	Preparer's signature <i>Lee J. Chick</i>	Date <i>05/13/14</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00100865</i>
	Firm's name ► <b>BERRY DUNN MCNEIL &amp; PARKER, LLC</b>		Firm's EIN ► <b>01-0523282</b>		
	Firm's address ► <b>36 PLEASANT STREET BANGOR, ME 04401</b>			Phone no. <b>(207) 942-1600</b>	

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

**2012**  
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 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

410.

**FORM 990-EZ, PART I, LINE 10, PAYMENTS TO AFFILIATES:**

**AFFILIATE NAME:** ROTARY INTERNATIONAL

**AFFILIATE ADDRESS:** 14255 COLLECTIONS CENTER DR CHICAGO, IL 60693

**PURPOSE OF PAYMENT:** MEMBERSHIP DUES

**AMOUNT OF PAYMENT:**

10,137.

**AFFILIATE NAME:** ROTARY DISTRICT

**AFFILIATE ADDRESS:** C/O P NADEAU, DIST TREAS LEWISTON, ME 04240

**PURPOSE OF PAYMENT:** DISTRICT DUES

**AMOUNT OF PAYMENT:**

6,721.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10**

16,858.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

**DESCRIPTION OF EXPENSES:**

**AMOUNT:**

DEPRECIATION

940.

OTHER EXPENSES

5,621.

**TOTAL TO FORM 990-EZ, LINE 14**

6,561.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

PERMITS & FEES

285.

EQUIPMENT MAINTENANCE

1,073.

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

232211  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

## 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

**2012**

Open to Public  
Inspection

Name of the organization

ROTARY INTERNATIONAL  
ROTARY CLUB OF BANGOR

Employer identification number  
01-6014089

SUPPLIES	1,585.
MEETING EXPENSE	1,838.
WEB MAINTENANCE	819.
PARADE EXPENSE	2,553.
TRAVEL	1,363.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>9,516.</b>

### FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN	4,689.

### FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	1,890.	2,700.
OTHER DEPRECIABLE ASSETS	3,281.	2,341.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>5,171.</b>	<b>5,041.</b>

### FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	0.	2,958.
DUE TO ROTARY CHARITIES	0.	8,360.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>0.</b>	<b>11,318.</b>

### FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2012

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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**

---

**Name of the organization**

**ROTARY INTERNATIONAL  
ROTARY CLUB OF BANGOR**

**Employer identification number**  
**01-6014089**

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

---

**Name of the organization**

**ROTARY INTERNATIONAL  
ROTARY CLUB OF BANGOR**

**Employer identification number**  
**01-6014089**

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**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).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions <b>ROTARY INTERNATIONAL ROTARY CLUB OF BANGOR</b>	Employer identification number (EIN) or <b>01-6014089</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 2787</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BANGOR, ME 04402-2787</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

**AL FAUST**

- The books are in the care of ► **PO BOX 2787 - BANGOR, ME 04402-2787**

Telephone No. ► **207-947-4575**

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 **MAY 15, 2014**
- 5 For calendar year **JUL 1, 2012**, and ending **JUN 30, 2013**
- 6 If the tax year entered in line 5 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 THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

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 ►

Title ►

Date ►

Form 8868 (Rev. 1-2013)