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Short Form
Return of Organization Exempt From Income Tax

2014

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning

JUL 1, 2014

and ending

JUN 30, 2015

B Check if applicable

Address change
 Name change
 Initial return
 Final 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 province, country, and ZIP or foreign postal code

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 527K Form of organization Corporation Trust Association Other

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

► \$ 59816.

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

1	Contributions, gifts, grants, and similar amounts received	1	500.
2	Program service revenue including government fees and contracts	2	29118.
3	Membership dues and assessments	3	27890.
4	Investment income	4	2308.
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	of contributions
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)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	59816.
10	Grants and similar amounts paid (list in Schedule O)	10	16947.
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	26128.
14	Occupancy, rent, utilities, and maintenance	14	5286.
15	Printing, publications, postage, and shipping	15	148.
16	Other expenses (describe in Schedule O)	16	11849.
17	Total expenses. Add lines 10 through 16	17	60358.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-542.
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	45924.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-662.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	44720.

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

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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	43253.	22 79676.
23	Land and buildings		23
24	Other assets (describe in Schedule O)	3706.	24 655.
25	Total assets	46959.	25 80331.
26	Total liabilities (describe in Schedule O)	1035.	26 35611.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	45924.	27 44720.

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**

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations, optional for
others)

**28 SERVICE TO THE BANGOR AREA COMMUNITY, INCLUDING YOUTH
MERIT AWARDS AND SPONSORSHIP OF A HOLIDAY PARADE**

(Grants \$) If this amount includes foreign grants, check here ► 28a 1194.

29 SERVICE TO ROTARY DISTRICT 7790 – DONATIONS

(Grants \$) If this amount includes foreign grants, check here ► 29a 6586.

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 7780.

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
STEVE RICH DIRECTOR	5.00	0.	0.	0.
JENIFER WILSON PAST PRESIDENT	5.00	0.	0.	0.
BARBARA MCDADE VICE PRESIDENT	5.00	0.	0.	0.
AL FAUST TREASURER	5.00	0.	0.	0.
DEB SANFORD SECRETARY	5.00	0.	0.	0.
GREG CHOQUETTE DIRECTOR	5.00	0.	0.	0.
BRAD COFFEY PRESIDENT	5.00	0.	0.	0.
CLIF EAMES DIRECTOR	5.00	0.	0.	0.
MAGGIE MICHAUD DIRECTOR	5.00	0.	0.	0.
ALICIA NICHOLS DIRECTOR	5.00	0.	0.	0.
MICHAEL STURDEE DIRECTOR	5.00	0.	0.	0.
MATT DAIGLE DIRECTOR	5.00	0.	0.	0.

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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

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

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

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

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

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 0.

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 N/A

39 Section 501(c)(7) organizations Enter 39a N/A

a Initiation fees and capital contributions included on line 9 39b N/A

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A 40b

b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e 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 40f

41 List the states with which a copy of this return is filed ► NONE

42a The organization's books are in care of ► AL FAUST Telephone no ► 207-947-4575
Located at ► PO BOX 2787, BANGOR, ME ZIP + 4 ► 04402-2787

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

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c

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 N/A

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

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

c Did the organization receive any payments for indoor tanning services during the year? 44c

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

b 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

	Yes	No
33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37a		0.
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b		X
40c	0.	
40d	0.	
40e		X
42b		X
42c		X
43		N/A
44a		X
44b		X
44c		X
44d		
45a		X
45b		

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432173
12-15-14

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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

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

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 title of each employee	(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
N/A				

1 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 business address of each independent contractor	(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 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

Type or print name and title

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Paid
Preparer
Use Only

Firm's name ►

Firm's EIN ►

Firm's address ►

Phone no

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

► Yes No

Form 990-EZ (2014)

432174
12-15-14

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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:

DIVIDENDS & INTEREST

2308.

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:

10361.

AFFILIATE NAME: ROTARY DISTRICT

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

PURPOSE OF PAYMENT: DISTRICT DUES

AMOUNT OF PAYMENT:

6586.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

16947.

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

DESCRIPTION OF EXPENSES:

AMOUNT:

DEPRECIATION

746.

OTHER EXPENSES

4540.

TOTAL TO FORM 990-EZ, LINE 14

5286.

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

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

MISCELLANEOUS

7026.

SUPPLIES

2078.

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

432211
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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.

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OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization ROTARY INTERNATIONAL
ROTARY CLUB OF BANGOR Employer identification number
01-6014089

MEETING EXPENSE	383.
PARADE EXPENSE	1194.
TRAVEL	1168.
TOTAL TO FORM 990-EZ, LINE 16	11849.

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

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAIN	-662.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2305.	0.
OTHER DEPRECIABLE ASSETS	1401.	655.
TOTAL TO FORM 990-EZ, LINE 24	3706.	655.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE	1035.	4261.
DEFERRED REVENUE	0.	31350.
TOTAL TO FORM 990-EZ, LINE 26	1035.	35611.

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.**

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