

## Return of Organization Exempt From Income Tax

2019

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

Open to Public  
InspectionPUBLICATIONS  
DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE

A For the 2019 calendar year, or tax year beginning

JUL 1, 2019

and ending

JUN 30, 2020

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

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

PO BOX 2787

D Employer identification number

01-6014089

E Telephone number

207-942-9800

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

► \$ 37213.

## 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	3363.
2	Program service revenue including government fees and contracts	2	15692.
3	Membership dues and assessments	3	18158.
4	Investment income	4	
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	2825.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-2825.
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	34388.
10	Grants and similar amounts paid (list in Schedule O)	10	14820.
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	12347.
14	Occupancy, rent, utilities, and maintenance	14	3500.
15	Printing, publications, postage, and shipping	15	201.
16	Other expenses (describe in Schedule O)	16	1346.
17	Total expenses Add lines 10 through 16	17	32214.
18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	2174.
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	58727.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	-1004.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	59897.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2019)

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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	72034.	22 75026.
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	72034.	25 75026.
26 Total liabilities (describe in Schedule O) <b>SEE SCHEDULE O</b>	13307.	26 15129.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	58727.	27 59897.

**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 \$ 500.) If this amount includes foreign grants, check here  28a 2825.

**29 SERVICE TO ROTARY DISTRICT 7790 - DONATIONS**

(Grants \$ 1000.) If this amount includes foreign grants, check here  29a

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)**

**2825.**  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

(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
<b>JESSE MORIARITY</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>ROLAND NAROFSKY</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>JANE BRAGG</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>JOHN BYRNE</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>BEN TREAT</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>REBECCA KIRK</b> <b>PRESIDENT ELECT</b>	5.00	0.	0.	0.
<b>BRIAN DONAHUE</b> <b>TREASURER</b>	5.00	0.	0.	0.
<b>REV JAMES HADDIX</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>DELORES LANDRY</b> <b>SECRETARY</b>	5.00	0.	0.	0.
<b>NICOLE MATSON</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>CYNTHIA BERGIN</b> <b>DIRECTOR</b>	5.00	0.	0.	0.
<b>SARAH JOY</b> <b>PRESIDENT</b>	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 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.  37a 0.

b Did the organization file Form 1120-POL for this year?  37b 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?  38a X

b If "Yes," complete Schedule L, Part II, and enter the total amount involved  38b N/A

39 Section 501(c)(7) organizations. Enter:  
a Initiation fees and capital contributions included on line 9  39a N/A  
b Gross receipts, included on line 9, for public use of club facilities  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 X

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 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 ► **NONE**

42a The organization's books are in care of ► **BRIAN DONAHUE**

Telephone no. ► **207-990-4585**

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)?

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 the United States?

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 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  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

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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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

47	
48	
49a	
49b	

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  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 ► \_\_\_\_\_

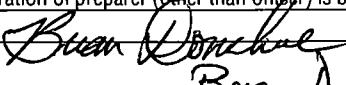
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and 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 <i>Brian Donahue, Treasurer</i>	12/14/2020			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	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 (2019)



## ROTARY INTERNATIONAL

Schedule G (Form 990 or 990-EZ) 2019 ROTARY CLUB OF BANGOR

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**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue	<b>HOLIDAY PARADE</b> (event type)	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
1 Gross receipts					
2 Less Contributions					
3 Gross income (line 1 minus line 2)					
4 Cash prizes					
5 Noncash prizes					
6 Rent/facility costs					
7 Food and beverages					
8 Entertainment					
9 Other direct expenses		2825.			2825.
10 Direct expense summary Add lines 4 through 9 in column (d)					► 2825.
11 Net income summary Subtract line 10 from line 3, column (d)					► -2825.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					►
8 Net gaming income summary Subtract line 7 from line 1, column (d)					►

9 Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?

Yes  No

b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes  No

b If "Yes," explain \_\_\_\_\_

## ROTARY INTERNATIONAL

## Schedule G (Form 990 or 990-EZ) 2019 ROTARY CLUB OF BANGOR

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11 Does the organization conduct gaming activities with nonmembers?  Yes  No

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?  Yes  No

13 Indicate the percentage of gaming activity conducted 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?  Yes  No

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 of the third party

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?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part IV** **Supplemental Information (continued)**

**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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

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 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:** 8641.

**AFFILIATE NAME:** ROTARY DISTRICT

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

**PURPOSE OF PAYMENT:** DISTRICT DUES

**AMOUNT OF PAYMENT:** 4679.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10** 13320.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:**

**ACTIVITY CLASSIFICATION:** COMMUNITY SERVICE

**GRANTEE NAME:** AMERICAN FOLK FESTIVAL

**GRANTEE ADDRESS:** PO BOX 1206 BANGOR, ME 04401

**GRANTEE RELATIONSHIP:** NONE

**AMOUNT GIVEN:** 500.

**ACTIVITY CLASSIFICATION:** ROTARY DISTRICT INITIATIVE

**GRANTEE NAME:** ROTARY DISTRICT 7790

**GRANTEE ADDRESS:** C/O DISTRICT TREASURER LEWISTON, ME 04240

**GRANTEE RELATIONSHIP:** ROTARY DISTRICT

**AMOUNT GIVEN:** 1000.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10** 1500.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

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

<u>DESCRIPTION OF OTHER EXPENSES:</u>	<u>AMOUNT:</u>
<u>MISCELLANEOUS</u>	<u>384.</u>
<u>PUBLIC RELATIONS</u>	<u>100.</u>
<u>SUPPLIES</u>	<u>289.</u>
<u>MEETING EXPENSE</u>	<u>170.</u>
<u>TRAVEL</u>	<u>403.</u>
<u>TOTAL TO FORM 990-EZ, LINE 16</u>	<u>1346.</u>

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

<u>CHANGES IN NET ASSETS OR FUND BALANCES:</u>	<u>AMOUNT:</u>
<u>UNREALIZED LOSS</u>	<u>-1004.</u>

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

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
<u>ACCOUNTS PAYABLE</u>	<u>917.</u>	<u>-686.</u>
<u>DEFERRED REVENUE</u>	<u>12390.</u>	<u>15815.</u>
<u>TOTAL TO FORM 990-EZ, LINE 26</u>	<u>13307.</u>	<u>15129.</u>

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.