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A For the 2009 calendar year, or tax year beginning 07-01-2009, and ending 06-30-2010				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ROTARY CLUB OF CUMBERLAND MARYLAND		<b>D</b> Employer identification number 52-0742204
		Number and street (or P O box, if mail is not delivered to street address) PO BOX 372		<b>E</b> Telephone number (301) 784-3000
		City or town, state or country, and ZIP + 4 CUMBERLAND, MD 21502		<b>F</b> Group Exemption Number 0573

**Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**




**G Accounting method** ☒ Cash ☐ Accrual  
Other (specify) ▶





<b>I Website:</b> N/A	<b>H Check</b> <input checked="" type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>J Tax-Exempt status</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(4)  (insert no.)  4947(a)(1) or  527	

**K Check**  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.




**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **\$** 94,594

<b>Part I</b>	<b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I )
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Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	0
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>	0
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>	77,987
	<b>4</b>	Investment income . . . . .	<b>4</b>	1,325
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	
	<b>b</b>	Less cost or other basis and sales expenses . . . . .	<b>5b</b>	0
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	0
	<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here 		
	<b>a</b>	Gross revenue (not including \$ _ of contributions reported on line 1) . . . . .	<b>6a</b>	15,282
	<b>b</b>	Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	1,271
	<b>c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	14,011
	<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>	
	<b>b</b>	Less cost of goods sold . . . . .	<b>7b</b>	0
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0
	<b>8</b>	Other revenue (describe  _____)	<b>8</b>	
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . 	<b>9</b>	93,323

Expenses	<b>10</b>	Grants and similar amounts paid (attach schedule) 	<b>10</b>	35,645
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b>	Other expenses (describe  _____)	<b>16</b>	56,933
	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . 	<b>17</b>	92,578
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	745
	<b>19</b>	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) . . . . .	<b>19</b>	73,209
	<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . 	<b>21</b>	73,954

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	80,999	22 74,289
23	Land and buildings . . . . .		23
24	Other assets (describe  _____)		24
25	<b>Total assets</b> . . . . .	80,999	25 74,289
26	<b>Total liabilities</b> (describe   _____)	7,790	26 335
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .	73,209	27 73,954

[illegible]

Part VOther Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining 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 subject to section 6033 (e) notice, reporting, and proxy tax requirements? . . . . .	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . .	38a	No
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	No
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	No
41	List the states with which a copy of this return is filed ▶ _____		
42a	The organization's books are in care of ▶ STACEY BINGMAN Telephone no ▶ (301) 784-3006 BALTIMORE ST Located at ▶ CUMBERLAND, MD ZIP + 4 ▶ 21502		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	Yes	No
42b			No
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 ▶ _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45	No

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 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . .

Please Sign Here	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.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		Check if self-employed	EIN
	LAVALE, MD 21502			Phone no
May the IRS discuss this return with the preparer shown above? See instructions				

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization  
ROTARY CLUB OF CUMBERLAND MARYLAND

Employer identification number  
52-0742204

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		DISCOUNT CARDS	RADIO DAYS		(Add col (a) through col (c))
		(event type)	(event type)	(total number)	
	1	Gross receipts . . . .			
	2	Less Charitable contributions . . . .			
	3	Gross income (line 1 minus line 2) . . . .			
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .			
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3, column d, and line 10. . . . . ▶			

Part III Gaming.

Complete if the organization answered "Yes" to 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))
Direct Expenses	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
	3	Non-cash 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	
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers? . . . . .	11	
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? . . . . .	12	

		<b>Yes</b>	<b>No</b>
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b>		
<b>b</b>	An outside facility . . . . . <b>13b</b>		
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►			
Address ►			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ _____			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		



**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** ROTARY CLUB OF CUMBERLAND MARYLAND**EIN:** 52-0742204

<b>Item No.</b>	1
<b>Class of Activity</b>	COMMUNITY PROGRAMS
<b>Donee's Name</b>	VARIOUS
<b>Donee's Address</b>	VARIOUS CUMBERLAND, MD 21502
<b>Amount (FMV)</b>	19,845
<b>Purpose of Payment to Affiliate</b>	PROMOTE COMMUNITY AND SOCIAL SERVICES
<b>Relationship</b>	NONE
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

Item No.	2
Class of Activity	SOCIAL
Donee's Name	ROTARY INTERNATIONAL FOUNDATION
Donee's Address	1560 SHERMAN AVE EVANSTON, IL 30201
Amount (FMV)	11,000
Purpose of Payment to Affiliate	PROMOTE HEALTH PROJECTS AROUND THE WORLD
Relationship	NONE
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SCHOLARSHIPS
Donee's Name	VARIOUS
Donee's Address	VARIOUS CUMBERLAND, MD 21502
Amount (FMV)	4,800
Purpose of Payment to Affiliate	TO PROMOTE EDUCATION
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

## TY 2009 Other Expenses Schedule

**Name:** ROTARY CLUB OF CUMBERLAND MARYLAND

**EIN:** 52-0742204

Description	Amount
OFFICE EXPENSES	539
CONFERENCES, MEALS AND MEETINGS	32,765
DUES - INTERNATIONAL	7,763
DUES - REGIONAL	3,480
INSURANCE	964
MISCELLANEOUS	342
DUES - CHAMBER	255
PROGRAM EXPENSES	9,927
COMPUTER EXPENSE	898

TY 2009 Other Liabilities Schedule

**Name:** ROTARY CLUB OF CUMBERLAND MARYLAND

**EIN:** 52-0742204

Description	Beginning of Year Amount	End of Year Amount
DUES PAYABLE	7,500	
PREPAID MEMBER DUES	290	335

Additional Data

Software ID:

Software Version:

EIN: 52-0742204

Name: ROTARY CLUB OF CUMBERLAND MARYLAND

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
STACEY BINGAMAN PO BOX 328 CUMBERLAND, MD 21502	PRESIDENT 4 00	0		
SCOTT BORSUK 12800 MCKAY AVE CUMBERLAND, MD 21502	1ST VP 3 00	0		
STEVE NELSON 13015 MALLARD ST CUMBERLAND, MD 21502	2ND VP 1 00	0		
KAREN JOHNSON RT 4 BOX 139 RIDGELEY, WA 26753	3RD VP 3 00	0		
ROBIN DOUGLAS 504 MAGRUDER ST CUMBERLAND, MD 21502	4TH VP 1 00	0		
MARK WIDMYER 12413 BUTLER DRIVE CUMBERLAND, MD 21502	REC SECRETARY 1 00	0		
BARB RAPSON RT 1 BOX 393 RIDGELEY, WV 26753	SOC SECRETARY 1 00	0		
WILL BRODIE 18711 LEGISLATIVE RD BARTON, MD 21521	TREASURER 3 00	0		
ORA MAE LEWIS 804 ELMWOOD LANE CUMBERLAND, MD 21502	HISTORIAN 1 00	0		
BECKY MCCLARRAN 266 NATIONAL HWY CUMBERLAND, MD 21502	PROGRAM COORD 2 00	0		
JIM KREIGER 309 SKYVIEW DRIVE CUMBERLAND, MD 21502	PAST PRES 1 00	0		
MIKE COOK 1100 HOLLAND ST CUMBERLAND, MD 21502	DIRECTOR 1 00	0		
DAVID JONES 115 PINE CREST DR CUMBERLAND, MD 21502	DIRECTOR 1 00	0		
KIM LEONARD 801 NEMACOLIN AVE CUMBERLAND, MD 21502	DIRECTOR 1 00	0		
GEORGE LAPP 11800 KNOB RD NE CUMBERLAND, MD 21502	DIRECTOR 1 00	0		
MARY ANN MOEN 14 CHEROKEE DR CUMBERLAND, MD 21502	DIRECTOR 1 00	0		
BARRY RONAN 15119 TRAIL RIDGE ROAD CUMBERLAND, MD 21502	DIRECTOR 1 00	0		
BRUCE EXTROM WILLOWBROOK ROAD CUMBERLAND, MD 21502	DIRECTOR 1 00	0		
LINDA THOMAS 16252 HARWOOD DR FROSTBURG, MD 21532	DIRECTOR 1 00	0		