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efile GRAPHIC print - DO NOT PROCESS

A For the 2010 calendar year, or tax year beginning 07-01-2010

C Name of organization

ROTARY CLUB OF CUMBERLAND MARYLAND

As Filed Data -

DLN: 93492293003061

OMB No 1545-1150

Form 990-EZ

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

Open to Public Inspection

D Employer identification number

Department of the Treasury Internal Revenue Service

B Check if applicable

year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 06-30-2011

	ldress o	hange ROTARY CLUB OF CUMBERLAND MARYLAND	52-0742204		
_	ame ch		E Telephone numb	er	
_	ıtıal ret		(301) 78	4-3000	
Terminated Amended return		C+ + + + + + + + + + + + + + + + + + +	F Group Exemption	ı	
_		n pending	Number ► 0573		
		Ing method			ganization is not
J Tax	-Exemp	ot status(check only one)— 501(c)(3) 501(c)(4) 4(insert no) 4947(a)(1) or 527	required to atta (Form 990, 990		
\$5	0,000	If the organization is not a section 509(a)(3) supporting organization and its gross re A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma tion chooses to file a return, be sure to file a complete return			
	lines 5	b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets Form 990 instead of Form 990-EZ	(Part II, line 25, colu	mn (B)	below) are \$500,000 or 80,400
Pa	rt I		See the instruction		r Part I)
	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	64,984
Revenue	4	Investment income		4	1,068
	5a	Gross amount from sale of assets other than inventory 5a			
	ь	Less cost or other basis and sales expenses 5b	0		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0	
ō O	6	Gaming and fundraising events			
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	О		
	b	Gross income from fundraising events (not including \$ 14,348 of contributions from fundreported on line 1) (attach Schedule G if the sum of such gross income and contributions \$15,000)			
	С	Less direct expenses from gaming and fundraising events 6c	1,136		
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtr	ract line 6c)	6d	13,212
	7a	Gross sales of inventory, less returns and allowances			
	ь	Less cost of goods sold	0		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	79,264
	10	Grants and similar amounts paid (list in Schedule O)	.	10	27,125
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
S O S	13	Professional fees and other payments to independent contractors		13	
Expenses	14	Occupancy, rent, utilities, and maintenance		14	
Ξ	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	51,399
	17	Total expenses. Add lines 10 through 16		17	78,524
Ð	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	740
NetAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree	with		
et je		end-of-year figure reported on prior year's return)		19	73,954
ž	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	▶	21	74,694

Check if the organization used Schedule O to respond to any question in this Part II	Form 990-EZ (2010)				Page 2
(See the instructions for Part II) (A) Beginning of year	Part II Balance S	heets			
22 Cash, savings, and investments	Check if the	organization used Schedule O to respond to any question in	this Part II		<u></u>
23 Land and buildings		(See the instructions for Part II)	(A) Beginning of year		(B) End of year
24 Store S	22 Cash, savings, and in	vestments	74,289	22	80,071
25 Total assets	23 Land and buildings			23	
26 Total liabilities (describe in Schedule O)	24 Other assets (descri	be in Schedule O)		24	
Part III Statement of Program Service Accomplishments Check if the organization used Schedule O to respond to any question in this Part III . What is the organization's primary exempt purpose? PROMOTE SOCIAL AND COMMUNITY SERVICES Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, program title 28 DONATE TO LOCAL CHARITIES PROMOTING SOCIAL, HEALTH, ARTISTIC AND EDUCATION ACTIVITIES AS WELL AS GRANT SCHOLARSHIPS TO STUDENTS (Grants \$ 27,125)	25 Total assets		74,289	25	80,071
Statement of Program Service Accomplishments Check if the organization used Schedule O to respond to any question in this Part III .	26 Total liabilities (desc	ribe in Schedule O)	335	26	5,377
Check if the organization used Schedule O to respond to any question in this Part III . What is the organization's primary exempt purpose? PROMOTE SO CIAL AND COMMUNITY SERVICES 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, and other relevant information for each program title. 28 DONATE TO LOCAL CHARITIES PROMOTING SO CIAL, HEALTH, ARTISTIC AND EDUCATION ACTIVITIES AS WELL AS GRANT SCHOLARSHIPS TO STUDENTS (Grants \$ 27,125) 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)	27 Net assets or fund ba	ilances (line 27 of column (B) must agree with line 21)	73,954	27	74,694
ACTIVITIES AS WELL AS GRANT SCHOLARSHIPS TO STUDENTS (Grants \$ 27,125) If this amount includes foreign grants, check here	What is the organization's PROMOTE SOCIAL AND Describe what was achiev describe the services pro	primary exempt purpose? COMMUNITY SERVICES ed in carrying out the organization's exempt purposes. In a	clear and concise manner,	(c) or:)(3) and 501(c)(4) ganizations and section 147(a)(1) trusts,
(Grants \$) If this amount includes foreign grants, check here 30a 31 Other program services (describe in Schedule O)	ACTIVITIES AS WELL A (Grants \$ 27,125)	S GRANT SCHOLARSHIPS TO STUDENTS		28a	51,399
(Grants \$) If this amount includes foreign grants, check here	<u> </u>	If this amount includes foreign grants, check he	ere ▶ ┌	29a	1
31 O ther program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign grants, check here	(Grants \$)	If this amount includes foreign grants, check he	ere ► _	30a	ı
, , , , , , , , , , , , , , , , , , , ,					
				+	

Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if not co	mpensated (See the instructions	s for Part IV)
Check if the organization used	Schedule O to respond to	any question in this Pa	rt IV	F
(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
See Additional Data Table				

Ра	rt v	Other Information (Note the statement requirements in the instr	· –			
		Check if the organization used Schedule O to respond to any question in this	s Part V		Yes	No
33		e organization engage in any activity not previously reported to the IRS? If "Y otion of each activity in Schedule O		33	103	No
34	Were a	ny significant changes made to the organizing or governing documents? If "Y amended documents if they reflect a change to the organization's name. Othe ule O (see instructions)	es," attach a conformed copy rwise, explain the change on	34		No
35	others	organization had income from business activities, such as those reported on I), but not reported on Form 990-T, explain in Schedule O why the organization of the companization of the companizatio	n did not report the income on			
а		e organization have unrelated business gross income of \$1,000 or more or wa or 501(c)(6) organization subject to section 6033(e) notice, reporting, and p	()())	35a		No
b	If"Yes	," has it filed a tax return on Form 990-T for this year? (see instructions) .		35b		
36		e organization undergo a liquidation, dissolution, termination, or significant dis ar? If "Yes," complete applicable parts of Schedule N	•	36		No
37a	Enter an	nount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the	e organization file Form 1120-POL for this year?		37b		No
38a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee	, or key employee or were			
	any su	ch loans made in a prior year and still outstanding at the end of the tax year c	overed 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				
а	Initiati	on fees and capital contributions included on line 9	39a			
ь	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 duri	ng the year under			
		4911 ▶, section 4912 ▶, section 4955 ■				
	transa reporte	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any sectorion during the year or did it engage in an excess benefit transaction in a priced on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, P	or year that has not been art I	40Ь		No
c		n 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on org lified persons during the year under sections 4912, 4955, and 4958	anization managers or			
	organiz	n 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reir zation	-			
е		anizations. At any time during the tax year, was the organization a party to a p ction? If "Yes," complete Form 8886-T		40e		No
41		states with which a copy of this return is filed 🕨				
42a		rganization's books are in care of ► STACEY BINGMAN BALTIMORE ST CLIMBEDIAND MD				-3006
		ed at F CUMBERLAND, MD			1302	
Ь		time during the calendar year, did the organization have an interest in or a si financial account in a foreign country (such as a bank account, securities acc		42b	Yes	No No
		," enter the name of the foreign country 🕨				
	See th	e instructions for exceptions and filing requirements for Form TD F 90-22.1, Re ial Accounts.				
c	Atany	time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		No
	If "Yes	," enter the name of the foreign country 🕨				
		n 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1 er the amount of tax-exempt interest received or accrued during the tax year				▶ Г
44a		e organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompleted instead of		Yes	No
	Form 9	90-EZ.		44a		Νo
b		e organization operate one or more hospital facilities during the year? <i>If 'Yes,'</i> I of Form990-EZ	Form 990 must be completed	44ь		No
С	Did the	e organization receive any payments for indoor tanning services during the ye	ar?	44c		No
d	If'Yes ın Sche	' to line 44c, has the organization filed a Form 720 to report these payments? Idule O	? If 'No,' provide an explanation	44c		110

orm 990	-EZ (2010)							Page 4
							Yes	No
	ny related organization a controlle ,' Form 990 and Schedule R must be		_	of section 5	12(b)(13)? <i>If</i>	45		Νο
	the organization receive any payn ining of section 512(b)(13)? <i>If 'Ye</i>		•		•	45a		N o
	the organization engage, directly of didates for public office? If "Yes,"			oehalf of or	ın opposition to	46		No
Part VI	Section 501(c)(3) orga	nizations and sect	ion 4947(a)(1) nor	nexempt	charitable tr		nly.	110
	All section 501(c)(3) organ 47-49b and 52.							stions
	Check if the organization used	l Schedule O to respond	to any question in this	Part VI .				Г
							Yes	No
7 Did	the organization engage in lobbyir	ng activities? If "Yes," o	omplete Schedule C, Pa	rt II		47		
8 Istl	he organization a school described	d ın section 170(b)(1)(A	(II)? If "Yes," complete	Schedule E		48		
9a Did	the organization make any transfe	ers to an exempt non-ch	arıtable related organıza	tion?		49a		
b If"Y	es," was the related organization	a section 527 organiza	tion?			49b		
	nplete this table for the organization							
•	oloyees) who each received more t	(b) Title and average			ntributions to		e) Expe	ns e
	e and address of each employee aıd more than \$100,000	hours per week devoted to position	(c) Compensation	employee	e benefit plans & compensation	a	count a	and
		devoted to position		deterred	compensation	Othe	Tanowe	111003
50(f) To	atal number of other ampleyees na	ud over \$100,000						
50(f) ⊤o	otal number of other employees pa	ıd over \$100,000 .				•		
i1 Com	nplete this table for the organization	on's five highest compe	·	ractors who	•	►	an \$10	0,000
i 1 Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"	_				
i1 Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"		each received n		an \$10 ompen	
1 Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None"					
1 Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None "					
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1 Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None "					
1 Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None "					
61 Com	nplete this table for the organization	on's five highest compe n Ifthere is none, enter	"None "					
61 Com of co (a) N	nplete this table for the organization ompensation from the organization Name and address of each indeper	on's five highest compe n If there is none, enter ndent contractor paid m	"None " ore than \$100,000					
(a) P	nplete this table for the organization	on's five highest compen If there is none, enter indent contractor paid m	"None " ore than \$100,000 ng over \$100,000 .	(b) Typ	oe of service	(c) C	ompen	sation
(a) P	nplete this table for the organization ompensation from the organization Name and address of each independent cotal number of other independent c	on's five highest compent of there is none, enterndent contractor paid months of the contractor paid months of the contractors each received and the contractors each received a	"None " ore than \$100,000 ng over \$100,000 .	(b) Typ	oe of service	(c) C	ompen	sation
1 Com of co (a) N 1(d) To 2 D m	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Scheust attach a completed Schedule	on's five highest compendent of there is none, enterndent contractor paid months of the contractors each received a contractor each received a	"None " ore than \$100,000 Ing over \$100,000 Ion 501(c)(3) organization Cluding accompanying sch	(b) Typ	tatements, and to	npt cha	ompen	trusts
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1 Comofice (a) N 1(d) To m ander pensowledge	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete Schemust attach a completed Schedule alties of perjury, I declare that I have and belief, it is true, correct, and constitutions.	on's five highest compendent of there is none, enterndent contractor paid months of the contractors each received a contractor each received a	"None " ore than \$100,000 Ing over \$100,000 Ion 501(c)(3) organization Cluding accompanying sch	(b) Typ	tatements, and to	npt cha	ompen	trusts
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51 Comofice (a) N 51(d) To 52 D m nder pens nowledge nowledge	nplete this table for the organization ompensation from the organization Name and address of each independent of the organization complete. In the organization complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete of the organization complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete of the organization complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury, I declare that I have and belief, it is true, correct, and complete Schedule alties of perjury. ****** Signature of officer ****** ****** ****** ****** ******	on's five highest compendent on If there is none, enterndent contractor paid montractors each received a	"None " ore than \$100,000 Ing over \$100,000 Ing o	(b) Typ	ate Preparer's taxpay (See instructions)	npt chapt chapt the best which	ompen ritable /es st of my prepare	trusts No r has ar
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As Filed Data -

DLN: 93492293003061

OMB No 1545-0047

2010

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 to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number
ROTARY CLUB OF CUMBERLAND MARYLAND	
	52-0742204

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 10		PROMOTE COMMUNITY AND SOCIAL SERVICES COMMUNITY VARIOUS NONE 22325 TO PROMOTE EDUCATION SCHOLARSHIPS VARIOUS 4800

ldentifier	Return Reference	Explanation
Form 990EZ, Part I, Line 16		OFFICE EXPENSES 453 CONFERENCES, MEALS AND MEETINGS 36096 DUES - INTERNATIONAL 6827 DUES - REGIONAL 3150 INSURANCE 988 MISCELLANEOUS 265 DUES - CHAMBER 265 PROGRAM EXPENSES 3355

ldentifier	Return Reference	Explanation
Form 990EZ, Part II, Line 26		PAUL HARRIS DONATION PAYABLE 0 5377 PREPAID MEMBER DUES 335 0

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
STEVE NELSON 13015 MALLARD ST CUMBERLAND, MD 21502	PRESIDENT 4 00	0		
CYNTHIA BAMBARA 12401 WILLOWBROOK RD CUMBERLAND, MD 21502	VICE PRESIDENT 3 00	0		
KAREN JOHNSON RT 4 BOX 139 RIDGELEY,WV 26753	VICE PRESIDENT 3 00	0		
MARK WIDMYER 12413 BUTLER DRIVE CUMBERLAND, MD 21502	SECRETARY 3 00	0		
STACEY BINGAMAN PO BOX 328 CUMBERLAND, MD 21502	TREASURER 3 00	0		
DAVID JONES 115 PINE CREST DR CUMBERLAND, MD 21502	DIRECTOR 2 00	0		
KERRI CAPORALE 117 VALLEY ST CUMBERLAND, MD 21502	DIRECTOR 2 00	0		
BARB RAPSON RT 1 BOX 393 RIDGELEY,WV 26753	PUBLIC RELATIONS CHAIR 2 00	0		
KIM LEONARD 801 NEMACOLIN AVE CUMBERLAND, MD 21502	DIRECTOR 2 00	0		
GEORGE LAPP JR 11800 KNOB RD NE CUMBERLAND, MD 21502	DIRECTOR 2 00	0		
BARRY RONAN 15119 TRAIL RIDGE ROAD CUMBERLAND, MD 21502	DIRECTOR 2 00	0		
JEFFERY O'NEAL 900 SETON DR CUMBERLAND, MD 21502	DIRECTOR 2 00	0		
LINDA THOMAS 16252 HARWOOD DR FROSTBURG, MD 21532	SERGEANT-AT-ARMS 2 00	0		
BECKY MCCLARRAN 266 NATIONAL HWY CUMBERLAND,MD 21502	PROGRAM CHAIR 2 00	0		