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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 year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

B Check if applicable

Address change

└ Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization	ROTARY CLUB OF FREDERICKTOWNE ROTARY INTERNATIONAL
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Number and street (or P O box, if mail is not delivered to street address) PO BOX 1720	Room/suite
---	------------

City or town, state or country, and ZIP + 4
FREDERICK, MD 217020720

D Employer identification number

52-1445890

E Telephone number

(240) 446-1526

F Group Exemption
Number  0573

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

H Check   if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

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. **\$ 53,848**

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	100	
	2	Program service revenue including government fees and contracts			2	0	
	3	Membership dues and assessments			3	5,556	
	4	Investment income			4	27	
	5a	Gross amount from sale of assets other than inventory	5a		5c	0	
	b	Less cost or other basis and sales expenses	5b	0			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
	6	Gaming and fundraising events			6d	22,283	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	947			
	b	Gross income from fundraising events (not including \$ _ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 		6b			31,558
	c	Less direct expenses from gaming and fundraising events	6c	10,222			
	d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)						
	7a	Gross sales of inventory, less returns and allowances	7a		7c	0	
b	Less cost of goods sold	7b	0				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
8	Other revenue (describe in Schedule O)			8	15,660		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	43,626		
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	22,056	
	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		
	14	Occupancy, rent, utilities, and maintenance			14		
	15	Printing, publications, postage, and shipping			15	456	
	16	Other expenses (describe in Schedule O)			16	30,089	
	17	Total expenses. Add lines 10 through 16			17	52,601	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	-8,975	
	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	76,462	
	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	67,487	

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

☐

(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	76,462	22	67,487
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	Total assets	76,462	25	67,487
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	76,462	27	67,487

Part IIIStatement 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?
To encourage and foster the ideal of service above self

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

28See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

☐

28a

29

(Grants \$) If this amount includes foreign grants, check here

☐

29a

30

(Grants \$) If this amount includes foreign grants, check here

☐

30a

31Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

☐

31a

32Total program service expenses (add lines 28a through 31a)

☐

32

22,556

Part IVList 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 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				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule 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	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
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	
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	No
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 Form 1120-POL for this year?	37b	No
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	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 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	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 ▶ JAMES D SUMMERS Telephone no ▶ (240) 446-1526 114 E CHURCH STREET Located at ▶ FREDERICK, MD ZIP + 4 ▶ 21701		
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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	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 Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	No
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	No

		Yes	No
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		

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 47-49b and 52.

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 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
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

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	Date		
	JAMES D SUMMERS TREASURER			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number
	DALE T SUMMERS CPA	2012-10-25	☒	(See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no
	DALE T SUMMERS CPA 700 WYNGATE DRIVE FREDERICK, MD 217016260			(301) 663-4535
May the IRS discuss this return with the preparer shown above? See instructions				
Yes No				

SCHEDULE G
(Form 990 or 990-EZ)

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

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ROTARY CLUB OF FREDERICKTOWNE ROTARY INTERNATIONAL

Employer identification number
52-1445890

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

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 services?

☐ 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 and address 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
		Octoberfest (event type)	Golf Tournament (event type)	1 (total number)	(Add col (a) through col (c))
	1 Gross receipts	14,309	6,255	6,002	26,566
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	14,309	6,255	6,002	26,566
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs		3,162		3,162
	7 Food and beverages		292	4,179	4,471
	8 Entertainment			1,000	1,000
	9 Other direct expenses		1,144	295	1,439
	10 Direct expense summary Add lines 4 through 9 in column (d)				(10,072)
	11 Net income summary Combine lines 3 and 10 in column (d)				16,494

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	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				

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?

☐ Yes ☐ No

b If "No," Explain

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

b If "Yes," Explain

- 11

Does the organization operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

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.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ROTARY CLUB OF FREDERICKTOWNE ROTARY INTERNATIONAL

Employer identification number
52-1445890

Identifier	Return Reference	Explanation
Pt III, Line 31		4-Way speech contest for high school students
		Expenses \$328, Grants \$328
Pt III, Line 31		Educational scholarships for two Maryland School for the Deaf graduating seniors
		Expenses \$1,000, Grants \$1,000
Pt III, Line 31		Free dictionaries to Frederick County public elementary
		school students Expenses \$420, Grants \$420
Pt III, Line 31		Charitable contributions to local charitable organizations
		Expenses \$3,889, Grants \$3,889
Pt III, Line 31		Assistance for troops going to and returning from active duty
		in Iraq and Afghanistan Expenses \$1,700, Grants \$1,700
Pt III, Line 31		Support for Carroll Creek Rotary Club's Richmond South Africa
		international project Expenses \$1,000, Grants \$1,000
Pt III, Line 31		Joint sponsor of local educational event-World Peace Understanding Day
		Expenses \$500
Pt III, Line 31		Sponsor of Cub Scout Pack #287 Expenses \$500, Grants \$500
Form 990EZ, Part I, Line 8		MEMBER MEAL REIMBURSEMENTS 15660
Form 990EZ, Part I, Line 10		CHARITABLE DONATIONS DISASTER RELIEF ROTARY INTERNATIONAL FOUNDATION FOUNDATION OF 4409 SPEECH CONTEST SCHOLARSHIP PUBLIC SPEAKING 4-WAY TEST HIGH SCHOOL CONTEST 2 OTHER ROTARY 328 COLLEGE SCHOLARSHIPS TO DISADVANTAGED LOCAL STUDENTS EDUCATIONAL FREDERICK COMMUNITY COLLEGE NONE 3000 EDUCATIONAL SCHOLARSHIPS TO DEAF STUDENTS EDUCATIONAL MARYLAND SCHOOL FOR THE DEAF NONE 1000 PURCHASE OF DICTIONARIES FOR PUBLIC ELEMENTARY SCHOOL STUDENTS EDUCATIONAL FREDERICK COUNTY PUBLIC SCHOOLS NONE 420 CH
Form 990EZ, Part I, Line 16		MISCELLANEOUS 310 CLUB SUPPLIES AND EXPENSES 1387 AWARDS 746 MEETING MEALS & MEETING ROOM RENT 20892 ROTARY INTERNATIONAL DUES 4111 CONFERENCES AND TRAINING 1991 INSURANCE 79 WORLD PEACE UNDERSTANDING DAY 500 BANK AND CREDIT CARD FEES 73

Additional Data

Software ID:

Software Version:

EIN: 52-1445890

Name: ROTARY CLUB OF FREDERICKTOWNE ROTARY INTERNATIONAL

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 After school homework mentoring four days per week for approximately twenty-five at risk third, fourth and fifth grade elementary school students (Grants \$ 5,610) If this amount includes foreign grants, check here . . . ☐	28a	5,610
29 COLLEGE SCHOLARSHIP AWARDS TO TWO DISADVANTAGED STUDENTS FOR TWO SEMESTERS ANNUALLY AT FREDERICK COMMUNITY COLLEGE (Grants \$ 3,000) If this amount includes foreign grants, check here . . . ☐	29a	3,000
30 CONTRIBUTIONS TO ROTARY INTERNATIONAL FOR POLIO ERADICATION, SHELTER BOXES FOR DISASTER RELIEF, HAITI MISSION TRIP, (Grants \$ 4,609) If this amount includes foreign grants, check here . . . ☐	30a	4,609
See Schedule O (Grants \$ 8,837) If this amount includes foreign grants, check here . . . ☐		9,337

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
TIM WINTER 2860 JEFFERSON PIKE JEFFERSON, MD 21755	President 4 00	0		
DEBORAH MORRONE 1925 FIELDSTONE WAY FREDERICK, MD 21702	President-elect 2 00	0		
SANDRA BUSICO 15959-C MANAHAN ROAD SABILLASVILLE, MD 21780	Secretary 3 00	0		
JAMES SUMMERS 114 E CHURCH STREET FREDERICK, MD 21701	Treasurer 3 00	0		
LESLIE KINKEAD 8902A LINKS BRIDGE ROAD THURMONT, MD 21788	Vice-President 2 00	0		
BRIAN YOUNG 105 GABRIEL COURT SMITHSBURG, MD 21783	Director 0 50	0		
ROBERT LINTHICUM 2631 MILL RACE ROAD FREDERICK, MD 21701	Director 0 50	0		
JAY GIVENS 5600 JORDAN BLVD NEW MARKET, MD 21774	Director 0 50	0		
GIL STROUP PO BOX 55 MYERSVILLE, MD 21773	Director 0 50	0		