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## 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) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public inspection

A	For th	ne 2008 ca	lendar year, or tax year begi	nning	JUL 1,	2008	;	and endi	ng JU	N 30	),	2009
В	Check if	f ble Please	C Name of organization							D Empl	oyer i	dentification number
	Addre	ss use IRS	ROTARY CLUB OF	HAGERS	STOWN							
	Name	ME PROPER CHAPTERRE FOINDATTON INC						52	2-1	192780		
Ē	Initia	type	Number and street (or P O bo			treet address)		R	loom/suite	E Telep	ohone	number
F	Teny	nn-Specific	1110 PROFESSION	IAL COU	JRT			3	00	30	1-	739-5300
F	ation Ame	nded tions	City or town, state or country,					I-		F Grou		
F	retur Applio pendi	n cation	HAGERSTOWN, MD	21740	)						ber 🕨	
			(3) organizations and 4947(a)(1)			s must attach	a comp	leted	G Accour			X Cash Accrual
	•		Schedule A (Fo				ц оор		I	specify)		
1	Wehsi	te: ► N/										the organization is <b>not</b>
			(check only one)— X 501(c	1/3 1	(insert no )	4947(a)(1	ı) or	527				Jule B (Form 990, 990-EZ, or 990-PF)
	Check		the organization is not a section 5									
			organization chooses to file a retu						,			
			nd 7b, to line 9 to determine gros				990 ins	tead of Fo	rm 990-EZ	<b>1</b>	<b>►</b> \$	112,718.
	art I		nue, Expenses, and Ch							uctions 1	for Pa	
<b>k</b>	1		ons, gifts, grants, and similar amo	_			•	•	•		1	
	2		ervice revenue including governm		contracts						2	
	3	Membersh	ip dues and assessments								3	
	4	Investment	•								4	795.
	5a		unt from sale of assets other than	inventory			5a					
	b		or other basis and sales expenses	•			5b					
	C		ss) from sale of assets other than		ıbtract line 5b f	rom line 5a) (a	ttach so	hedule)			5c	
ō	6	•	ents and activities (complete appli						neck here	$\cdot \Box$		
en	a		nue (not including \$	,	of contribi			<b>3</b> ,				
Revenue	"	reported or					6a		111,5	83.		
_	b		t expenses other than fundraising	expenses			6b		48,5	85.		
			e or (loss) from special events and		obtract line 6h f	rom line 6a)		-			6c	62,998.
	7a		s of inventory, less returns and all	•			7a			r		, , , , , , , , , , , , , , , , , , , ,
	b		of goods sold	011411000			7b					
	C		it or (loss) from sales of inventory	/Subtract lin	e 7h from line 7	7a)	,				7c	
	8		nue (describe ► <u>OTHER</u>		, , , , , , , , , , , , , , , , , , ,	٠,				1	8	340.
	9		nue Add lines 1, 2, 3, 4, 5c, 6c, 7							′ [	9	64,133.
	10		I similar amounts paid (attach sch				STMT	1 2			10	47,697.
	11		aid to or for members	000.07							11	•
s,	12		ther compensation, and employee	benefits							12	
penses	13	•	al fees and other payments to ind		tractors						13	780.
þe	14		, rent, utilities, and maintenance	-						Ī	14	
Ä	15		ublications, postage, and shipping								15	
	16	• •	nses (describe	•		S	EE S	STATE	MENT	1 )	16	251.
,	17		enses. Add lines 10 through 16			·					17	48,728.
	18		(deficit) for the year (Subtract line	17 from line	9)						18	15,405.
ets	19		or fund balances at beginning of			4))						
\ss	'		ee with end-of-year figure reported			-11				ĺ	19	84,126.
Net Assets	20		nges in net assets or fund balance							Ī	20	
Ž	21		or fund balances at end of year (								21	99,531.
P	art I		ce Sheets. If Total assets				nore, file	Form 99	0 instead of	Form 99	90-EZ	
		· · · · · · · · · · · · · · · · · · ·	(See the instructions	for Part II )					Beginning o			(B) End of year
2	2 Ca:	sh. savings.	and investments	8 DE	C 2 9 200	S-OSC			84,	126	- 22	99,531.
2		nd and build				<u> </u>					23	
2		her assets (d	• .		ירביי		)				24	
2		tal assets			DEN, U				84,	126	- 25	99,531.
2			s (describe				)			0	- 26	0.
2			und balances (line 27 of column	(B) must agre	e with line 21)				84,	126	. 27	99,531.
83	2171 -17-08		or Privacy Act and Paperwork Re			Instructions fo	or Form	990.				Form <b>990-EZ</b> (2008)

Forr	m 990-EZ (2008) CHARITABLE FOUNDATION, IN	ic.		<u> 52-</u>	<u> 11927</u>	780 Page		
P	art    Statement of Program Service Accomplishment	nts (See the instructions for	Part III )		Е	xpenses		
	at is the organization's primary exempt purpose? SEE STATEMENT				(Required	for 501(c)(3)		
	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services							
	cribe what was achieved in carrying out the organization's exempt purposes. In a vided, the number of persons benefited, or other relevant information for each pi		escribe the services		for others	l) trusts, optional		
_		<del></del>	NI T MIL		TOT OTHERS	<u>' '</u>		
28	TO PROVIDE, THROUGH GRANTS, FUNDS T				1			
	CHARITABLE ORGANIZATIONS TO FURTHER	THEIR EXEMPT	MISSION					
	AND PURPOSE.							
	(Grants \$ ) If this amount includes foreign of	grants, check here			28a	47,697		
29								
	(Grants \$ ) If this amount includes foreign	rranta ahaak hara	<b>&gt;</b>	$\overline{\Box}$	29a			
30	(Grants w ) If this amount includes loreign (	grants, check here		<u> </u>	250			
30	The state of the s	·						
	<u> </u>			_				
	(Grants \$ ) If this amount includes foreign of	grants, check here	<u> </u>		30a			
31	Other program services (attach schedule)							
	(Grants \$ ) If this amount includes foreign of	grants, check here	<b>&gt;</b>		31a			
32	Total program service expenses (add lines 28a through 31a)		•	<b></b>	32	47,697		
P	art IV List of Officers, Directors, Trustees, and Key E	mplovees. List each one ev	en if not compensated	(See the	instructions	for Part IV )		
			]		ntributions			
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense		
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and		
		position	-0- )		eferred	other allowances		
_	2000		-	com	pensation			
	ARRELL FOWLER, 18929 PRESTON ROAD,	PRESIDENT	_			_		
	AGERSTOWN, MD 21742	5.00	0.		0.	. 0		
	M WILSON	VICE PRESIDEN	T	l				
11	18 KLICK WAY, HAGERSTOWN, MD 21742	5.00	0.	ļ	0.	. 0		
	M PALKOVITZ, 18136 OAK RIDGE	SECRETARY						
	RIVE, HAGERSTOWN, MD 21740	5.00	0.	1	0.	.l o		
	OHN LEAGUE, 10733 HERSHEY DRIVE,	TREASURER		<del>                                     </del>		· · · · ·		
	LLIAMSPORT, MD 21795	5.00	0.		0.	. 0		
<u> </u>	ELITAMSPORT, FID 21/93	3.00	0.	-	<u> </u>			
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8321 12-1			<del></del>	•	Form	990-EZ (2008		

Form 990-EZ (2008)

CHARITABLE FOUNDATION, INC.

Pe	rt V. Other Information (Note the statement requirements in the instructions for Part VI.)			
			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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		Х
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, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy		1	
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	<u>.</u>		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 unpaid at the start of the period 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			
а	Initiation fees and capital contributions included on line 9  39a N/A	_		
þ	Gross receipts, included on line 9, for public use of club facilities  39b N/A	_		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► , section 4955 ► 0 .			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958  Enter amount of tax on line 40c reimbursed by the organization  O •  O •			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			37
	transaction? If "Yes," complete Form 8886-T	40e	l	X
41	List the states with which a copy of this return is filed MD	)O E	200	
42 a	The books are in care of RANDY A. RACHOR, CPA, CFP  Telephone no 301-73			
		2174	<u> </u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	res	No X
	account)?	42b		
	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.	40-		Х
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	l	
40	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	N/A		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	14 / 14	·	
			Voc	N <sub>2</sub>
44	Did the executation maintain any denoy advised funds 2 if "Vee " Form 000 must be completed instead of		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	
	Form 990-EZ	44	Yes	No X
44 45		44	Yes	

Page 4

Part	VI Section 501(c)(3) organizations only. All section 5	501(c)(3) organizations mus	t answer question	s 46-49 and co	mplete th	e
	tables for lines 50 and 51.					<u></u>
	old the organization engage in direct or indirect political campaign activities of	n behalf of or in opposition to o	candidates for public	г	Ye	
	ffice? If "Yes," complete Schedule C, Part I			-	46	<u> X</u>
	old the organization engage in lobbying activities? If "Yes," complete Sche			-	47	X
	s the organization operating a school as described in section 170(b)(1)(A)(ii)	· ·	ule E	-	48	Х
	old the organization make any transfers to an exempt non-charitable related o	rganization?		-	49a	X
	"Yes," was the related organization(s) a section 527 organization?			Ĺ	49b	
	complete this table for the five highest compensated employees (other than o of compensation from the organization. If there is none, enter "None"	fficers, directors, trustees and	key employees) who	each received m	ore than \$	100,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contribution to employee benefit plans & deferred compensation	(E) Ex	pense nt and owances
		-				
Total nu	umber of other employees paid over \$100,000 ▶					
	complete this table for the five highest compensated independent contractors is none, enter "None"  NONE	who each received more than	\$100,000 of compe	nsation from the o	organizatio	n If there
	(a) Name and address of each independent contractor paid more t	han \$100,000	(b) Type of ser	vice (c	) Compen	sation
Total pu	umber of other independent contractors each receiving over \$100,000					
Sign Here	Under penalties of penjury, I degrare that I have examined this return, including accomment, and complete (Pectaration of pleparer (other than officer) is based on all in Signature of officer.  RACHOR	companying schedules and statemer formation of which preparer has any	I tis, and to the best of m knowledge	y knowledge and bel	ef, it is true	
Paid	Type or print name and title	Date Che	ok if calf-			
Prepare Use Oni	Firm's name (or yours ALBRIGHT CRUMBACKER MC	) 12/16/09 emp OUL & ITELL, C	oloyed 🕨 🔲	earer's Identifying Ni	imber (See i	nstr)
	if self-employed). 1110 PROFESSIONAL COURT		Phon			
	address, and ZIP+4 HAGERSTOWN, MD 21740		no	(301)	<u>739</u> -	5300
May the	e IRS discuss this return with the preparer shown above? See instructions			<b>▶</b> []	Yes	No
				F	orm <b>990-l</b>	<b>Z</b> (2008)

## **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

ROTARY CLUB OF HAGERSTOWN CHARTTABLE FOUNDATION. IN

Employer identification number 52 – 1192780

		D		TOUNDALI		110.					-1172700	
Pa	art I	Heason	tor Public Cha	rity Status (All organiz	zations mu	st complet	te this part	t.) (see ins	tructions)			
The	organ	ization is not a	a private foundation	because it is: (Please ch	neck only <b>o</b>	ne organiz	zation.)					
1		A church, co	nvention of churche	es, or association of chur	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hosp	ital service organization	described	n section	170(b)(1)	<b>(A)(iii).</b> (At	tach Sche	dule H)		
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital's name,	,
		city, and stat	te:									
5		An organizat	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental uni	t describe	d In	
		section 170	(b)(1)(A)(iv). (Comp	lete Part II.)								
6												
7		An organizat	on that normally re-	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic described in	
		section 170	(b)(1)(A)(vi). (Compl	ete Part II.)								
8		A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9	X	An organizat	on that normally re-	ceives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross receipts fro	om
		activities rela	ited to its exempt fu	inctions - subject to certa	ain exception	ons, and (2	2) no more	than 33 1	1/3% of its	support f	rom gross investm	ent
		income and i	unrelated business	taxable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	fter June 30, 1975	
		See section	509(a)(2). (Complet	e the Part III.)								
10		An organizat	on organized and o	perated exclusively to te	est for publi	c safety. S	See <b>sectio</b>	n 509(a)(4	<b>4).</b> (see ins	structions)		
11	Ш	An organizat	on organized and o	perated exclusively for the	he benefit o	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes of one or	
		more publicly	y supported organiz	ations described in secti	ion 509(a)(1	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(	a)(3). Che	ck the box that	
				organization and compl	let <u>e lin</u> es 1	1e through	11h.					
		a Type	! b∟	l Type II	с 📖 Тур	e III • Func	tionally int	tegrated		d L	Type III · Other	
€		By checking	this box, I certify th	at the organization is not	t controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons other than	
		foundation m	nanagers and other	than one or more publicl	y supporte	d organiza	ations desi	cribed in s	ection 50	9(a)(1) or s	ection 509(a)(2).	
1	ř	If the organiz	ation received a wr	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		supporting o	rganization, check t	his box								
ę	,	Since Augus	t 17, 2006, has the	organization accepted ai	ny gift or co	ontribution	from any	of the foll	owing per	sons?		
		(i) A perso	n who directly or in	directly controls, either a	lone or tog	ether with	persons c	described	ın (II) and (	(III) below,	Yes	<u>No</u>
		the gov	erning body of the s	supported organization?							11g(i)	
		(ii) A family	member of a perso	on described in (i) above?	?						11g(ii)	
		(iii) A 35%	controlled entity of	a person described in (i)	or (II) above	∍?					11g(iii)	
ŀ	1	Provide the f	ollowing information	about the organizations	s the organ	ızatıon su	oports.					
			T	(iii) Type of	(iv) Is the c	organization	(v) Did voi	u notify the	(vi) Is	the		
(1	•	of supported	(ii) EIN	organization	l, ,	sted in your		•	lorganizati	on in cof	(vii) Amount of support	
	uiya	inization	ļ	(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U S	ed in the	Support	
				(see instructions))	Yes	No	Yes	No	Yes	No		
				· · · · · · · · · · · · · · · · · · ·		•				<del>  </del>		
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Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

	The tire jeuis in the forth see is for the organization of met, seeding time, reaching or market year as a seed		
	organization, check this box and stop here		▶□
Se	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	
16	a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or	more, check	this box and
	stop here. The organization qualifies as a publicly supported organization		▶
ı	b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3	% or more, o	check this box

and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 CHARTTABLE FOUNDATION INC

Pa	rt III. Support Schedule for C	Organizations	Described in	Section 509(a)	(2) (Complete only	if you checked the ho	x on line 9 of Part 1 \
	ction A. Public Support				14-7 (Complete only	n you chooked the go	X On line 5 of Fart 1
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	216.	250.		643.	340.	1,449.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	96,955.	105,681.	105,542.	110,132.	111,583.	529,893.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			;			
	the organization without charge						
6	Total. Add lines 1 · 5	97,171.	105,931.	105,542.	110,775.	111,923.	531,342.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on tines 2 and 3 received	!					
	from other than disqualified persons that exceed the greater of 1% of the total of lines 9,	1					
	10c, 11, and 12 for the year or \$5,000				-		
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						531,342.
	ction B. Total Support	<del></del>					
	endar year (or fiscal year beginning in)		(b) 2005 105,931.	(c) 2006 105,542.	(d) 2007 110,775.	(e) 2008 111,923.	(f) Total 531, 342.
	Amounts from line 6	97,171.	103,931.	105,542.	110,773.	111,923.	331,342.
ıva	Gross income from interest, dividends, payments received on					}	
	securities loans, rents, royalties	174.	461.	406.	2,374.	795.	4,210.
	and income from similar sources	1/4.	401.	400.	2,314.	193.	4,210.
IC.	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_		174.	461.	406.	2,374.	795.	4,210.
11	Add lines 10a and 10b  Net income from unrelated business	1/4.	401.	400.	2/3/4.	,,,,,,	4,210.
• •	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital				1		
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)			, .			535,552.
	First five years. If the Form 990 is fo	r the organization's	s first second thir	d fourth or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	
	check this box and stop here	o. gaa		o, .ou, o	,	(-)(-)	<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				<u></u> _
15				column (f))		15	99.21 %
16	Public support percentage from 200					16	99.71 %
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	.79 %
18	Investment income percentage from		· · ·	<i>(,,</i>		18	.29 %
	33 1/3% support tests - 2008. If the			on line 14, and line	e 15 is more than 3		
_	more than 33 1/3%, check this box a						<b>►</b> X
b	33 1/3% support tests - 2007. If the			•			
	line 18 is not more than 33 1/3%, che						▶ 🗀
20	Private foundation. If the organization		_				

Schedule A (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES	S	STATEMENT	1
DESCRIPTION			AMOUNT	
LICENSES & FEES SUPPLIES				00. 51.
TOTAL TO FORM 990-EZ, LINE 16			25	51.
FORM 990-EZ CASH GRA	ANTS AND ALLOCA	ATIONS	STATEMENT	2
CLASS OF ACTIVITY/DONEE'S NAME AN	ND ADDRESS	DONEE'S RELATIONSHIP	AMOUN	r
AMERICAN RED CROSS 1131 CONRAD COURT HAGERSTOWN, MD 21740		NONE	1,00	00.
ASPIRING TO SERVICE INC.		NONE	1,25	50.
HAGERSTOWN, MD 21740  BOY SCOUTS OF AMERICA 18600 CRESTWOOD DRIVE HAGERSTOWN, MD 21740		NONE	2,50	00.
BOYS & GIRLS CLUB OF WASHINGTON O 805 PENNSYLVANIA AVE HAGERSTOWN, MD 21740	COUNTY	NONE	1,50	00.
BROOK LANE HEALTH SERVICES 13218 BROOKLANE DRIVE HAGERSTOWN, MD 21740		NONE	1,00	00.
CASA 116 WEST BALTIMORE STREET		NONE	50	00.

HAGERSTOWN, MD 21740

ROTARY CLUB OF HAGERSTOWN CHARITABLE FO		52-1192780
CEDAR RIDGE CHILDREN'S HOME & SCHOOL 12146 CEDAR RIDGE ROAD WILLIAMSPORT, MD 21795	NONE	1,800.
CHILDREN'S VILLAGE 1546 MOUNT AETNA ROAD HAGERSTOWN, MD 21740	NONE	1,500.
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	NONE	1,500.
DISCOVERY STATION 101 W WASHINGTON STREET HAGERSTOWN, MD 21740	NONE	500.
FEDERAL LITTLE LEAGUE 601 NORTHERN AVENUE HAGERSTOWN, MD 21740	NONE	1,250.
FRIENDS OF SAFE PLACE	NONE	1,000.
HAGERSTOWN, MD 21740	NONE	2,000.
GIRLS INC OF WASHINGTON COUNTY 626 WASHINGTON AVENUE HAGERSTOWN, MD 21740		
HABITAT FOR HUMANITY 100 CHARLES STREET HAGERSTOWN, MD 21740	NONE	1,850.
HAGERSTOWN CENTER	NONE	500.
HAGERSTOWN, MD 21740		
HCC FOUNDATION 11400 ROBINWOOD DRIVE HAGERSTOWN, MD 21740	NONE	500.

·ROTARY CLUB OF HAGERSTOWN CHARITABLE FO		52-1192780
HAGERSTOWN YOUTH HOCKEY ASSOCIATION	NONE	500.
HAGERSTOWN, MD 21740		
HUMANE SOCIETY OF WASHINGTON COUNTY	NONE	500.
HAGERSTOWN, MD 21740		
MARYLAND SYMPHONY ORCHESTRA 30 WEST WASHINGTON STREET HAGERSTOWN, MD 21740	NONE	407.
MARY'S CENTER 1200 DUAL HIGHWAY HAGERSTOWN, MD 21740	NONE	1,595.
MEMORIAL RECREATION CENTER 109 W NORTH AVENUE HAGERSTOWN, MD 21740	NONE	600.
NATIONAL LITTLE LEAGUE STALEY PARK HAGERSTOWN, MD 21740	NONE	1,250.
NHHS BOOSTER CLUB 1200 PENNSYLVANIA AVENUE HAGERSTOWN, MD 21740	NONE	500.
PARENT CHILD CENTER 998 POTOMAC AVENUE HAGERSTOWN, MD 21740	NONE	800.
REACH INC. 140 WEST FRANKLIN STREET HAGERSTOWN, MD 21740	NONE	1,500.
SAN MAR CHILDRENS HOME 8504 MAPLEVILLE ROAD BOONSBORO, MD 21713	NONE	1,250.

ROTARY CLUB OF HAGERSTOWN CHARITABLE FO		52-1192780
STAR COMMUNITY INC. 13757 BROADFORDING CHURCH ROAD HAGERSTOWN, MD 21740	NONE	1,500.
ST MARY'S CATHOLIC SCHOOL 218 W WASHINGTON STREET HAGERSTOWN, MD 21740	NONE	1,000.
THE W HOUSE OF HAGERSTOWN	NONE	1,500.
HAGERSTOWN, MD 21740		
WASHINGTON COUNTY COMMITTEE ON AGING 140 WEST FRANKLIN STREET HAGERSTOWN, MD 21740	NONE	500.
WASHINGTON COUNTY ARTS COUNCIL 14 WEST WASHINGTON STREET HAGERSTOWN, MD 21740	NONE	1,250.
WASHINGTON COUNTY COMMUNITY ACTION COUNCIL 101 SUMMIT AVENUE HAGERSTOWN, MD 21740	NONE	1,000.
WASHINGTON COUNTY COMMUNITY MEDIATION CENTER	NONE	850.
HAGERSTOWN, MD 21740	NONE	1 500
WASHINGTON COUNTY LEADERSHIP DEVELOPMENT PROG	NONE	1,500.
HAGERSTOWN, MD 21740	NONE	002
WASHINGTON COUNTY MUSEUM OF FINE ARTS 91 KEY STREET HAGERSTOWN, MD 21740	NONE	893.
WELL'S HOUSE 124 E BALTIMORE STREET HAGERSTOWN, MD 21740	NONE	2,600.

ROTARY CLUB OF HAGERSTOWN CHARITABLE FO		52-1192780
YMCA OF HAGERSTOWN 1100 EASTERN BOULEVARD NORTH HAGERSTOWN, MD 21742	NONE	700.
ROTARY CLUB OF HAGERSTOWN	NONE	5,352.
HAGERSTOWN, MD 21740		
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		47,697.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEMENT			
DIRECTLY C	RGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ONTRACT?	[	]	YES	[X]	NO
	RGANIZATION, DURING THE YEAR, PAY PREMIUMS, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [	]	YES	[X]	NO

990-EZ PG 2

STATEMENT 4

TO PROVIDE FUNDS TO CHARITABLE ORGANIZATIONS.