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990

Department of the Treasury

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)

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

OMB No 1545-0047

Open to Public Inspection

A	For the	e 2009 ca	lendar	year, or ta	x year beg	inning	JULY 1	, 2009,	and ending	JVN E		, 20	
В (Check if a	pplicable	Please	C Name of	organization		- COUNT	1 10-75	COVNO	IL, INC.	D Employ	yer identification	number
	Address		use IRS label or	Doing Bu	siness As		T COUNT		COVIC	IL. INC.	52	15325	73
_	Name ch		print or	1			ot delivered to stree		Room/suit		E Telepho	one number	•
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4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4a	(Code:) (Expenses \$ 10 \(\frac{1}{2} \), 7 \(\frac{3}{2} \) (Revenue \$)
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	If "Yes," describe these new services on Schedule O.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	IN THURST COUNTY AND MAKE SUR-GROWTS TO ELIGIBLE AND DESGROUND ANTS PROGRAMS OF NORPHOFIT AND GOTTENMENT - RELATED ON WAY 124510M, SCHOOLS, AND SCHOLARSHIPS TO BILL SCHOOL SWEENTS OF ANTISTIC PROMIS
	IN TALBOT COUNTY AND MORES SUR- GROWTS TO ENFIRE AND DESGROUND
	NECEITE GOVERNMENT (STATE, COUNTY, TOWN) FUNDS ALLOCATED FOR THE ANTS

Pai	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Y	
3	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	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Y
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		У
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	_	×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		x
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		x

Pa	t IV Checklist of Required Schedules (continued)	-		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Y
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		У
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Y
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization 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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		У
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		У
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Y
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		〉
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		×

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		{	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	N	4-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	*	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	Ĺ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	ļ		
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	^	14
4a	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)?	4a		х
b	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.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_	 	بر
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	<u> </u>	×
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	-	 ~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	, ~	4
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		7
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	14
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		*
d	If "Yes," indicate the number of Forms 8282 filed during the year			}
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>بر</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	 -	×
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 <u>g</u>	_~	14
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	~	9
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	├	<u> </u>
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
	initiation rees and capital contributions included on fair vin, into 12.			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		×
	If "Yes." enter the amount of tax-exempt interest received or accrued during the vear. 12b //4			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2_		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			\ \{\times_1}
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3_		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>×</u>
6	Does the organization have members or stockholders?	6		У
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			v
	of the governing body?	7a		×
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Y
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			X
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Hev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,		۸ ا	4
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	-	7
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		У	
	form?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	لينيا		
	Does the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	と	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		ょ	
	rise to conflicts?	12b	ļ <i>'</i> ·	ļ
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		X	
	describe in Schedule O how this is done	12c	•	×
13	Does the organization have a written whistleblower policy?	13 14	 	Ŷ
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		V
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		4
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	46-		V
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	~/	4
500	tion C. Disclosure	100	, , ,	
		~	0 N 6	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or 1024 if applicable)).	၁)(၁)၄	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
46	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: GEN4LD H. ENLLY, 8855 KEMP MAD, ENSTON, MD 2	rds o	t the	
	organization: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, 20	<i>(</i>	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co		any o	curr			cer, d	irec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee Of or director	tnstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PRESIDENT AND DIRECTOR	10	\ \		X				6	0	0
MICHARD L. HOTT VICE PRESIDENT AND DIRSONA	5	У		Y				v	0	0
CATHERINE PIEPER STEVENSON									h	
LOIS B. SHEPARD	2	Y	-	>				L	? 0	0
THEATUREN AND DIRECTOR	5	×		×				0	v	D
RINE CTOR	1	×						0	0	Ø
SHOUND BEULAH	l	Y						0	C	0
DONALD C. BUXTON DINECTON ANN E. DONBIN	l	X						0	0	0
DIRECTOR	1	X						0	U	0
PONY A J. DMSCOLL DINECTOR	(У						0	v	0
DINECTOR THOMAS 6. DUNCAN DINECTON	l	X						v	U	0
DINECTUR LESLIE A: HAMBURGER DINECTUR	1	X						0	0	0
DIRECTUR ALJÈL TANE LIPPSON CIRECTOR	1	x						0	O	0
KINA J. PANKHURST	l	k						U	U	0
WILSON WYATT, DR.	1	x						O	0	0
								25		
EXECUTIVE DIRECTOR	30				x	×		28,513 R	0	0

Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loye	ees,	an	d Hig	hes	t Compensate	d Employe	es (cor	itinued)	
	(A) Name and title	(B) Average	Positi	on (c		C) k all	that ap	(Ma	(D) Reportable	(E) Reportat	ole	(F) Estimate	
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensa from rela organizati (W-2/1099-i	tion ted ons	amount of other compensation from the organization and relate organization	ion e on ed
											_		
										_			
<u></u>													
						_							
1b	Total							>	28,533	0		0	
2	Total number of individuals (including but in reportable compensation from the organization from the organization)	ation ►	<u> </u>									0 in Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest o	ompensate	ed i	3	太
4	For any individual listed on line 1a, is the sthe organization and related organizations individual											4	X
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," comp	com; olete	pen: Sch	satio edu	on f ile J	from I for s	any ach	unrelated org	anization 1		5	X
Se	ction B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization	ompensate 	ed ind	epe	nde	nt o	contra	acto	rs that receive	d more tha	ın \$10 	0,000 of	
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compensation	
	NONE												

2	Total number of independent contractors (i more than \$100,000 in compensation from					l to	those	list	ed above) who	received			H

Pari	VII	Statement of Rev	enue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ints	1a	Federated campaigns		1a	0				
g go	b	Membership dues		1b	0	ļ			
an Es	c	Fundraising events .		1c	0				
ig ja	d	Related organizations		1d	6				
sin's	e	Government grants (contrib	outions).	1e	97,074				
er er	f	All other contributions, gifts, gr	rants,		6,724				
흕		and similar amounts not includ		1f					
Contributions, gifts, grants and other similar amounts		Noncash contributions included			6,000	.05.4.0			ļ
	<u> </u>	Total. Add lines 1a-1f				105,800			
une une				ŀ	Business Code			·	ļJ
eve	2a	•••••		-					· · · · · · · · · · · · · · · · · · ·
e E	b			⊦					
Š	С			⊦					
အီ	d	•••••		····					
Гап	e	All other program conve			0		Ø	2	
Program Service Revenue	g	All other program service Total. Add lines 2a-2f		_	•		Ð		
	3	Investment income (incline other similar amounts)	uding divid	dends,	, interest, and	164 46 2	0	0	0
	4 5	Income from investment of Royalties	tax-exemp	t bond	proceeds	\mathcal{O}	0	D	0
	٦	rioyanies	(i) Real	<u> </u>	(II) Personal				-
		Gross Rents .		<i>o</i>	0				
		-		2	0				
		Less: rental expenses Rental income or (loss)		0	0				
		Net rental income or (los		<u></u>	•	0	\mathcal{O}	0	D
		Gross amount from sales of	(i) Securitie		(ii) Other		-		
	l (a	assets other than inventory		0	0				
	b	Less cost or other basis		0	0		:		
	_	and sales expenses .		0	v				
	d	Gain or (loss) L Net gain or (loss) .			•	v	v	v	0
enne		Gross income from	fundraisin	ıg [
Other Rever		events (not including \$ of contributions reported	on line 1d	c).	6				
ē	Ι.	See Part IV, line 18							
¥		Less: direct expenses Net income or (loss) from				O	O		7
					rents, , P				
	9a	Gross income from gami	ng activitie	s	0				
	۱ ,	See Part IV, line 19 Less: direct expenses.			0				
		Net income or (loss) from			ties •	0	0	0	0
	1		-	Г	0				
	Iva	Gross sales of inverteurns and allowances			v				
	h	Less: cost of goods sole			U				
		Net income or (loss) from				0	12	6	7
	Ť	Miscellaneous Reve			Business Code				
	11a	REEVIDS				723			
	Ь			····					
	٦			····					
	٦	All other revenue		····				-	
		Total. Add lines 11a-11			•				
		Total revenue. See inst			•	106,289			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	72,695	72,695								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	O								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16	o	v								
4	Benefits paid to or for members		0								
5	Compensation of current officers, directors, trustees, and key employees	23,780	0	23, 780							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0		0	0						
7	Other salaries and wages	0		<u> </u>							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0		0	0						
9	Other employee benefits	626	0	624							
10	Payroll taxes	4,127		4,127							
11	Fees for services (non-employees):	0	6		0						
_	Management	- 0		0							
b	Legal	405		405	0						
	Lobbying	0	Ø	0	0						
	Professional fundraising services. See Part IV, line 17	0			0						
	Investment management fees	0	Ø	0							
g	Other		0	0	0						
12	Advertising and promotion	829	0	829							
13	Office expenses	213	0	513							
14	Information technology	724	0	724	<u> </u>						
15	Royalties	0	<u> </u>	0							
16	Occupancy	503		502	<u> </u>						
17	Travel	3 7 7									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	Ø	0	0						
19	Conferences, conventions, and meetings .	136	0	136	0						
20	Interest	0	6	U							
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization.	0	0	0							
23	Insurance		6	<i>v</i>							
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)										
а	POSTAL	255	O	255	D						
b	PRINTING	589	0	589	0						
С	DVES	507	0	507							
d					· · · · · · · · · · · · · · · · · · ·						
e		1040		1 216							
f 25	All other expenses	1,042	72,455	30 -21							
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1 × 4/ /3/	14, 475	-7,056							

Рa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,905	1	7,463
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	_	Part II of Schedule L		7	
Assets	7	Notes and loans receivable, net		8	
Ass	8	Inventories for sale or use		9	
,	9 10a	Prepaid expenses and deferred charges		Ť	
	IUa	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	<u>.</u>
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	<u> </u>
	13	Investments-program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,905	16	7,463
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18 19	
	19	Deferred revenue		20	
S	20	Tax-exempt bond liabilities		21	
ij	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	· <u> </u>
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	
Ş		Organizations that follow SFAS 117, check here ▶ □ and			
ĕ		complete lines 27 through 29, and lines 33 and 34.		07	
aga	27	Unrestricted net assets		27 28	
8	28	Temporarily restricted net assets		29	
Š	29	Permanently restricted net assets		23	
or Fund Balances		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
188	31	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		33	<u> </u>
ž	33 34	Total net assets or fund balances		34	
	<u> </u>				

Pa	rt XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: 🔀 Cash 🗆 Accrual 🗀 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.			>				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 22							
b	Were the organization's financial statements audited by an independent accountant?							
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c	N	4				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	20		Ė				
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		,				
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<u> </u>						
-	in 100, and the digamentation undergo the required addit of addits: If the digamentation did not undergo the	I		(<u>-</u>				

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

TALBOT COUNTY ARTS COUNCIL, INC.

Employer identification number 52:532573

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 📈 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ☐ Type III-Functionally integrated **d** ☐ Type III–Other a 🗍 Type I **b** Type II e 🖾 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? . . . 11g(ii) (ii) A family member of a person described in (i) above? . . . 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . Provide the following information about the supported organization(s). h (iii) Type of organization (i) Name of supported (iv) is the organization (v) Did you notify (vi) Is the (vil) Amount of (ii) EIN in col (i) listed in your the organization in organization in col (described on lines 1-9 organization above or IRC section governing document? col (i) of your (i) organized in the US2 (see instructions)) support? Yes Yes No Yes No NOKE

Total

Par	Support Schedule for Org (Complete only if you check					and 170(b)(1))(A)(vi)
Sect	tion A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005 ~	(b) 2006 ~7	(c) 2007-9	(d) 2008 -7	(e) 2009 1¢	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92,965	105,696	111,732	108,814	105,800	525,007
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	Ø	0	Ö	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	9	0	4,000	6,000	6,000	18,000
4	Total. Add lines 1 through 3	92,965	105,696	1/7,732	177,817	111,800	543,007
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9
6_	Public support. Subtract line 5 from line 4.				السيسيا		543,007
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005-4	(b) 2006 -)	(c) 2007- §			
7	Amounts from line 4	92,965	105,694	117,732	114,814	111,800	543,007
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	480	730	1. 334	648	164	3360
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	O	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	v	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						546,367
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>		n, or fifth tax y		on 501(c)(3)
				1		14	99.y %
14	Public support percentage for 2009 (line			i, column (i))		15	11.3 %
15 46-	Public support percentage from 2008 Sc 331/3 % support test—2009. If the organi			n line 13 and	lune 14 is 3316.9		
Ioa	and stop here. The organization qualifies				14 13 00/3		▶ □
b	33%% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2009. 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 18	10%-facts-and-circumstances test—2008. 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 ▶ □ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □						
	ivalidation il tilo digalization di			,,, or	,		· · · -

· SCHEDULE O (Form 990)

Supplemental Information to Form 990

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

TALBIT COUNTY ANTS COVICIL, INC. 52: 1532573
1. AER FORM 990, PORT VI, SECTION A 10: YES, COPY
Of FORM PROVIDED TO EXECUTIVE COMMITTED OF BOARD
OF DINECTORS BEFORE KILING. BOOMS MENNING MADE
DETAILED REVIEW ON BEHALF OF GAMITORE, DATE
MEMBERI MEVENED COMPLETED FRAM 896.
2. Net from 990, part VI, SECTION C 19: WEBSIFE
(WWW. TOR BOYONTS. ONL) INCLUDES A STAGEMENT PHOT
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS (INCLUDING MOST RECENT
INS FORM 950) ONE BYATLOBLE TO THE PUBLIC
Or REQUEST.
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