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Form **990-E7** Department of the Treasury

Short Form **Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

Open to Public Inspection

Under section 501(e), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring 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.

Internal Revenue Service For the 2008 calendar year, or tax year beginning 2008 and ending JUN 30, 2009 JUL Check if applicable C Name of organization D Employer identification number Please use IRS Address change label o cusude de me ROTARY OF ANNAPOLIS FOUNDATION. print or 52-1759743 Initia) return type. Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Specific iemnin ation PO BOX 603 410-295-3201 Instruc City or town, state or country, and ZIP + 4 F Group Exemption Applica Number **▶** 0573 NNAPOLIS, MD 21404 • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting method: X Cash Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: WWW.ANNAPOLISROTARY.COM H Check X if the organization is not Organization type (check only one)— X 501(c) (3) ◀ (insert no.) 4947(a)(1) or required to attach Schedule B (form 990, 950-FZ, or 990-PF) K Check lifthe organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 194,678. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) <u>71,2</u>12. Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 14,973. 2 Membership dues and assessments 3 4,763. investment income 4 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions 100,484 reported on line 1) 6a 70,984. b Less: direct expenses other than fundraising expenses 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 29.500. 6c 7a Gross sales of inventory, less returns and allowances 7a b- Less-cost of goods sold) 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 297 8 Mother revenue (describe SEE STATEMENT 3,246. 8 Total revenue. Add lines 12, 3, 4, 5c, 6c, 7c, and 8 123,694. 8 / Grants and similar amounts paid (attach schedule) 88,575. 10 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Expenses 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 4.851. Other expenses (describe SEE STATEMENT 16 16 4,425. 17 Total expenses. Add imes 10 through 16 97,851. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 25,843. Assets 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 <u>534,335.</u> ş 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 20 <89,704.> Net assets or fund balances at end of year. Combine lines 18 through 20 21 470,474. Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-FZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year Cash, savings, and investments 534,335 22 456,004. 22 23 Land and buildings 23 SEE STATEMENT 2 14,470. 0. 24 Other assets (describe 24 534,335.25 470,474. 25 Total assets Total flabilities (describe 0 . 26 534 470,474 Net assets or fund balances (line 27 of column (B) must agree with line 21) Form **990-EZ** (2008) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Form 990-EZ (2008) ROTARY OF ANNAPOLIS FOUND	ATION, INC.		52-	17597	43 Page 2
Part III Statement of Program Service Accomplishmer	ts (See the instructions for	Part III.)		Ex	penses
What 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			ganizations and trusts; optional		
provided, the number of persons benefited, or other relevant information for each pri	- 1	for others.) ii usis, upiionai)		
28 MARYLAND THERAPEUTIC RIDING - FUNDE			,		
		DENOS			
PROGRAM FOR INJURED AMERICAN VETERA	MD.	·			
					00 550
(Grants \$) If this amount includes foreign g	· · · · · · · · · · · · · · · · · · ·	<u></u>		28a	28,750.
29 ROTARY INTERNATIONAL FOUNDATION - I			<u>D</u>		
WITH AND PROGRAMS FOR MEDICATION, N	UTRITION AND	<u>DISEASE</u>		1	
PREVENTION.	<u></u>	· 			
(Grants \$) If this amount includes foreign g	rants, check here	<u></u>		29a	10,810.
30 PARTNERS IN CARE - MEAL DELIVERY FO	R HOMEBOUND S	ENIOR		,	
CITIZENS.					
(Grants \$) If this amount includes foreign g	rants check here	•		30a	3,500.
31 Other program services (attach schedule) SEE STATEMENT				999	<u></u>
, ,		_		31a	45,515.
(Grants \$) If this amount includes foreign of the strong	Irants, Check here				
Part IV List of Officers, Directors, Trustees, and Key E	indovoo			32	88,575.
Part IV List of Officers, Directors, Trustees, and Key E	III pioyees. List each one ev	en if not compensated.	$\overline{}$		for Part IV)
	(b) Title and average hours	(c) Compensation		ntributions mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		it plans &	account and
	position	-0-)		ferred	other allowances
			comp	ensation	
WILLIAM DAVIS, JR., ONE PARK PLACE,	IMMEDIATE PAS	T PRESIDE	NT		
SUITE 350, ANNAPOLIS, MD 21401	2.00	0.	1.	0.	0.
ALICE NEILY MUTCH, 214 DUKE OF	PRESIDENT				
GLOUCESTER ST., ANNAPOLIS, MD 21401	20.00	0.		0.	0.
	PRESIDENT-ELE				
SUITE 200, ANNAPOLIS, MD 21401	5.00	0.	İ	0.	0.
	VICE PRESIDEN				
126 WEST STREET, ANNAPOLIS, MD 21401	10.00	٥.		0.	0.
<u> </u>		0.	-	<u> </u>	· · ·
ELAINE SHANLEY	TREASURER	_		^	
PO BOX 914, ANNAPOLIS, MD 21401	10.00	0.		0.	0.
BILL REGAN, 705 MELVIN AVE., SUITE	SECRETARY	١		_	
104, ANNAPOLIS, MD 21401	8.00	0.	ļ	0.	0.
BETTY SCHWEITZER, 24 BELLEVIEW	DIRECTOR				
DRIVE, SEVERNA PARK, MD 21146	5.00	0.		<u> </u>	0.
JIM_LUDWICK, 8777B PINEY ORCHARD	DIRECTOR	Į			
PARKWAY, #177, ODENTON, MD 21113	5.00	0.	.[0.	0.
BEA CARSON, 1187 NEPTUNE PLACE,	DIRECTOR				
ANNAPOLIS, MD 21409	5.00	l o.		0.	0.
DEAN JOHNSON	DICECTOR				
480 SCHLEY ROAD, ANNAPOLIS, MD 21401	5.00	0.		0.	0.
400 DEMBET RORD, PARAMETERS, PED 21401	3.00		` 		<u> </u>
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832172				Eora	900-E7 (2000)

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form **990-EZ** (2008)

Yes No

Form 990-EZ

completed instead of Form 990-EZ

orm 990-E Part VI		UNDATION, INC.		<u>52-17597</u>	43	Page 4
BIL VI	tables for lines 50 and 51.	tion 501(c)(3) organizations mus	t answer question	is 46-49 and con	npiete tr	10
Did th	e organization engage in direct or indirect political campaign activiti	res on behalt of or in apposition to d	andidates for public		Ye	es No
	? If "Yes," complete Schedule C, Part I				46	Х
7 Did th	e organization engage in lobbying activities? If "Yes," complete 5	Schedule C, Part II			47	X
	organization operating a school as described in section 170(b)(1)(, ,	ule E	_	48	X
	e organization make any transfers to an exempt non-charitable rela	ted organization?			49a	X
	s," was the related organization(s) a section 527 organization?			_	49b	
	elete this table for the five highest compensated employees (other the organization. If there is none, enter 'None.'	ian onicers, directors, il ustees and	key employees) who	T	ie man p	-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) Contributions to employee benefit plans & deterred compensation	(E) E	xpense unt and llowances
tal numb	er of other employees paid over \$100,000	-				
	olete this table for the five highest compensated independent contra ne, enter "None." NONE	ctors who each received more than	\$100,000 of compe	nsation from the o	rganizatı	on. If the
	(a) Name and address of each independent contractor paid m	ore than \$100,000	(b) Type of ser	rvice (c)) Comper	sation
otal numb	er of other independent contractors each receiving over \$100,000					
ign ere	Under penalties of perjury, I declare that I have examined this return, Including correct and complete Declaration of preparer (other than princer is based of Signature of officer CHARA HUTZEU	n all information of which prepare has any	knowledge.	Date 200	HIC	
	Type or print name and title					
aid reparer's se Only	Preparer's signature SUHAS SHAH	05/17/10 em	played 🕨 🔲	parer s. Identifying Nu	mber (See	inst)
or only	Himm a name tor yours SOURCE ONE BUSINESS		EIN	-		
	d sett-employed) 6031 UNIVERSITY BLVD		Phor			
	EDUICOII CIII, FID ZI	043	no.	410-75		7
ay the IR	S discuss this return with the preparer shown above? See instruction	ons	**************************************		Yes COO	F7 (200
				F	orm 990 -	EL (LUU

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

internel Revenue Service

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.

OMB No 1545-0047

2008

Inspection

Employer Identification number

52-1759743 ROTARY OF ANNAPOLIS FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(III). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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) An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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) An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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 the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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 b Type II c Type III - Functionally integrated 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 organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports h (iii) Type of (vi) is the ganization in col. (iv) is the organization (v) Old you notify the (vii) Amount of (i) Name of supported (ii) EIN organization in col. (i) listed in your organization in col. organization support (i) organized in the U.S.? (described on lines 1-9 governing document? (i) of your support? above or IRC section No Yes No (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2008

	rt II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170/b)(1)(A)(s	Page 2
	(Complete only if you checke	_			(=)(-)(-)(-)(-)	(-)(.)(- 9(.	,
Sec	tion A. Public Support					*	
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						
·	membership fees received (Do not						
	include any "unusual grants ")				i	İ	
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to				İ		
	or expended on its behalf						
3	The value of services or facilities						
-	fumished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 · 3						
5	The portion of total contributions					-	
•	by each person (other than a		-		-		
	governmental unit or publicly						
	supported organization) included			i	į		
	on line 1 that exceeds 2% of the			i			
	amount shown on line 11,						
	column (f)						
6	Public Support. Subtract line 5 from line 4.						
	tion B. Total Support	····					
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	J	ļ		1]
	securities loans, rents, royalties	l				1	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital			ļ			
	assets (Explain in Part IV)						<u> </u>
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and sto			<u></u>			▶ 🗀
Sec	ction C. Computation of Pub	lic Support Pe	ercentage	······································			
14	Public support percentage for 2008	(line 6, column (f) d	divided by line 11,	column (f))		14	%
	Public support percentage from 200	•	•			15	%
16a	33 1/3% support test - 2008. If the	organization did n	ot check the box o	on line 13, and line	9 14 is 33 1/3% or	more check this b	ox and
	stop here. The organization qualifies		•				▶∟
Ł	33 1/3% support test - 2007. If the	organization did n	ot check a box on	line 13 or 16a, an	nd line 15 is 33 1/3	% or more, check t	this box
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes	et - 2008. If the or	ganization did not	check a box on lir	ne 13 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa	cts-and-circumsta	nces" test, check	this box and stop	here. Explain in P	art IV how the orga	inization
	meets the "facts-and-circumstances	" test The organiz	ation qualifies as a	a publicly support	ed organization		▶∟
ì	10% -facts-and-circumstances te	st - 2007. If the or	ganization did not	check a box on li	ne 13, 16a, 16b, o	17a, and line 15 is	s 10% or
	more, and if the organization meets	lhe "facts and-circ	umstances" test, (check this box and	d stop here. Expla	in in Part IV how th	ne
	organization meets the "facts-and-ci		•	•	-		▶Щ
18	Private foundation, If the organization	on did not check a	a box on line 13, 10	6a, 16b, 17a, or 1	7b, check this box	and see instruction	ns •
					Scl	nedule A (Form 99	0 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 R. Part III Support Schedule for C Section A. Public Support	rganizations	Described in	Section 509(ION, INC. a)(2) (Complete only i	f you checked the bo	9743 Page 3 ox on line 9 of Part I.
······································	() 0001	T				
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not				444 405	E4 040	405 225
include any "unusual grants ")				114,125.	71,212.	185,337.
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					_	
3 Gross receipts from activities that						
are not an unrelated trade or bus-		ļ				
iness under section 513						
4 Tax revenues levied for the organ-						
zation'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				114,125.	71,212.	185,337.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9						
10c, 11 and 12 for the year or \$5 000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support]			185,337.
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6				114,125.	71,212.	185,337.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				36,683.	8,009.	44,692.
b Unrelated business taxable income				30,0031	0,005	11,052.
(less section 511 taxes) from businesses		1				
acquired after June 30, 1975	Į.					
c Add lines 10a and 10b				36,683.	8,009.	44,692.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on				30,003.	0,005.	44,072.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add tnes 9 10c 11 and 12)						230,029.
14 First five years If the Form 990 is for	the organization	's first second, thi	rd, fourth or fifth	tax year as a sectio	n 501(c)(3) organu	
check this box and stop here						▶□
Section C. Computation of Publ	ic Support Po	ercentage				
15 Public support percentage for 2008 (ine 8, column (f)	divided by line 13,	column (f))		15	80.57 %
16 Public support percentage from 2007	' Schedule A, Par	nt IV-A, line 27g			16	%
Section D. Computation of Inves)			
17 Investment income percentage for 20)	17	19.43 %
18 Investment income percentage from		••		,	18	96
19a 33 1/3% support tests - 2008. If the		•		ne 15 is more than 3		
more than 33 1/3%, check this box a						→ X
b 33 1/3% support tests - 2007. If the	•	•			•	
line 18 is not more than 33 1/3%, che	eck this box and	stop here. The org	anization qualifie	s as a publicly supp	orted organization	
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	9a, or 19b, check			

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 980-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Open To Public Inspection

Name of the organization	•						Employer ide	ntification number
ROTARY	OF ANNA	POLIS	FOUND	ATI	ON,	INC.	52-1759	743
Part I Fundraising Activities	- Complete if t	he organiza	ation answe	red "Y	es" to	Form 990, Part IV, I	ine 17.	
Indicate whether the organization rai	sed funds thro or oral agreems Part VII) or entit Irviduals or entit	e f g 2 ent with any or the graph of the gra	the followin Solicitat Solicitat Special y individual ction with p users) pursi	ig activition of ion of fundration (includer rofess uant to	vities non-ge govern ising of ting of	Check all that apply overnment grants nment grants events fficers, directors, trus undraising services? ements under which	stees or Yes the fundraiser is to	 -
(i) Name of Individual or entity (fundraiser)		Form 990-E	Z filers are	(iii) function or contribution	Did aser	(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
BLACK TIE AND	SOCIAL	EVENT		Yes	No			
DIAMONDS	PROCEED				Х	100,484.	0.	100,484.
Total						100,484.	,	100,484.
3 List all states in which the organizat MD	on is registere	d or license	ed to solicit	funds	or has	s been notified it is e	xempt from registrat	ion or licensing
I HA For Privacy Act and Panerwork 6	Reduction Act	Notice se	e the Instri	sction	s for I	Form 990.	Schedule G (Form	990 or 990-EZ) 2

Sch Pa	edul irt I	e G (Form 990 or 990-EZ) 2008 ROTARY Fundraising Events. Complete if the	OF ANNAPOLI	S FOUNDATION "Yes" to Form 990, Part	, INC. 52- IV. line 18, or reported	1759743 Page 2 more than \$15,000
		on Form 990-EZ, line 6a List events with	_			
		······································	(a) Event #1	(b) Event #2	(c) Other Events	487.15
			BLACK TIE		NONE	(d) Total Events
					ANOM	(Add col (a) through
			AND DIAMONDS		(total aumbor)	col (c))
90			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	100,484.			100,484.
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	100,484.			100,484.
	4	Cash prizes		•		
nses	5	Non-cash prizes				
Direct Expenses	6	Rent/facility costs				
Direc	7	Other direct expenses	70,984.			70,984.
	8	Direct expense summary. Add lines 4 throug	h 7 in column (d)		•	(70,984.)
	9	Net income summary. Combine lines 3 and 8	3 in column (d)			29,500.
Pε	ırt l			990, Part IV, line 19, or r	eported 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))
æ						
	1	Gross revenue				
808	2	Cash prizes				
Direct Expenses	3	Non-cash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			☐ Yes%	Yes %	Yes %	
	6	Volunteer labor	☐ No	No	☐ No	
	7	Direct expense summary Add lines 2 throug	gh 5 in column (d)		•	
	8	Net gaming income summary. Combine lines	s 1 and 7 in column (d)		<u> </u>	
						Yes No
9	En	ter the state(s) in which the organization open	ates gaming activities.			
	ls i	the organization licensed to operate gaming a	ctivities in each of these	states?		9a
ı) If '	No," Explain				
	_					
10) W	ere any of the organization's gaming licenses i	revoked, suspended or to	erminated during the tax	year?	10a
1	o If '	'Yes," Explain:				
11		pes the organization operate gaming activities	with nonmembers?			11
12		the organization a grantor, beneficiary or trust		er of a partnership or other	er entity formed to	'
		minister charitable garning?		•	·	12
					Schedule G (Fo	orm 990 or 990-EZ) 2008

Schedule G (Form 990 or 990-EZ) 2008 ROTARY OF ANNAPOLIS FOUNDATION, INC. 52-17!	<u>,,, , =</u> ,	<u> </u>	<u> 3 ep</u>
	$\overline{}$	Yes	No
13 Indicate the percentage of gaming activity operated in.		ĺ	
a The organization's facility	¬ 1		
b An outside facility . 13b %	4		
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?	15a		
b if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
of garning revenue retained by the third party > \$	1		
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?	17a	ļ	ļ
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 > \$	1	1	i .

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
SUPPLIES OTHER EXPENSES BANK SERVICE FRES				95.
INTERNATIONAL LANE EXPENSES			2,73	
TOTAL TO FORM 990-EZ, LINE 16			4,42	25.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YEA	\R
LOAN TO ROTARY CLUB OF ANNAPOLIS	, INC.	0.	14,4	70.
TOTAL TO FORM 990-EZ, LINE 24		0.	14,4	70.
FORM 990-EZ	OTHER REVENUE		STATEMENT	3
DESCRIPTION			AMOUNT	
INTEREST ON SAVINGS AND TEMPORAR	Y CASH INVESTMENT	rs	3,2	46.
TOTAL TO FORM 990-EZ, LINE 8			3,2	16.
FORM 990-EZ OTHER CHANGES IN	NET ASSETS OR FUI	ND BALANCES	STATEMENT	4
DESCRIPTION			AMOUNT	
UNREALIZED GAIN / LOSS ON TEMPOR	ARY INVESTMENTS		<89,7	04.
TOTAL TO FORM 990-EZ, LINE 20			<89,7	04.

FOI	RM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATE	MENT	5
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL PERACT?	[) YES	[X]	NO
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	ĺ] YES	[X]	NO

990-EZ PG 2

STATEMENT

DONATIONS ARE MADE TO FURTHER DEVELOPMENT OF YOUTH, HELP THE LESS FORTUNATE, AND SUPPORT PROGRAMS FOR THE SICK AND ELDERLY.

FORM	990-EZ	OTHER PROGRAM SERVICES	STAT	PEMENT
	Donee's Name	Purpose	Grants	Expenses
	STAUNTON CENTER	AFTER SCHOOL PROGRAM FOR AT RISK CHILDREN	-	3 000
		HELP 10 CREATE AFIER SCHOOL PROGRAM FOR		
	ANNAPOLIS RECS AND PARKS	UNDERPRIVILEDGED KIDS	-	2 500
	ANNE ARUNDEL CASA	WORKING WITH CHILDREN CAUGHT IN THE COURT SYSTEM	•	2 500
		WORKING IN AT RISK NEIGHBORHOODS TO BUILD		
	CREATING COMMUNITIES	SUSTAINABILITY	-	2,000
	OBI	WORKING WITH ADUL IS ON FURTHERING EDUCATION	-	2,000
	IYN SERVICES	SUMMER CAMPS FOR UNDERPRIVILEDGE AND AT RISK BOYS	-	2,000
	FIRST PRESBY I ERIAN CHURCH	BUILDING STAIRS INTO NEW DAYCARE FACILITY		1 500
		SCHOLARSHIPS FOR SWIMMING PROGRAM FOR		
	BOX OF RAIN FOUNDATION	UNDERPRIVILEDGED KIDS	-	1,500
	ARUNDEL LODGE	ACTIVITIES PROGRAM FOR MENIALLY DISABLED ADUI IS	-	1,500
	ARUNDEL HABITA I FOR HUMANIIY	BUILDING HOUSES FOR UNDERPRIVILEDGED	-	1 500
	ARIS COUNCIL FOR AA COUNIY	BRINGING ARTS PROGRAMS INTO THE PUBLIC SCHOOL SYSTEM	•	1,365
	ANNE ARUNDEL COMMUNITY COLLEGE	STUDENT EMERGENCY FUND	-	1 200
	ANNE ARUNDEL COMMUNITY COLLEGE	SCHOLARSHIP FOR AN UNDERPRIVILEGED YOUTH	-	1 000
	ALL CHILDREN'S CHORUS	SCHOLARSHIPS FOR UNDERPRIVILEDGED CHILDREN	-	1 000
	THE ARC OF CENTRAL MD	GENERAL OUTREACH TO HOMEBOUND SENIOR CITIZENS	-	1,000
	YWCA ANNAPOLIS AND AA COUNTY	PROGRAM FOR BATTERED WOMEN	-	1 000
	PROVIDENCE CENTER	PROGRAM FOR MENTALLY DISABLED ADULIS	-	1 000
		RENOVATION OF AUDITORIUM TO HOST FREE COMMUNITY		
	MD HALL FOR CREATIVE ARTS	EVENIS	-	1,000
	CIRLS ON THE RUN	DEVELOPING FITNESS REGIME FOR GIRLS	-	1 000
	FRIENDS OF QUIET WATERS	RENOVATION OF OUTDOOR AUDITORIUM FOR FREE CONCERTS	•	1 000
	CHRYSALIS HOUSE	WORKING WITH DRUG-ADDICTED MOTHERS TO GET CLEAN	_	1 000
	CHILDRENS GUILD	ARTS PROGRAM FOR CHILDREN	-	1,000
	CHESAPEAKE BAY FOUNDATION	SCHOLARSHIPS FOR FIELD TRIPS INTO NATURE	-	1,000
	CHARLES CARROLL HOUSE	DEVELOPMENT OF NEW TOUR PROGRAM	-	1 000
	BOOKS FOR GOODWILL	SENDING BOOKS TO NEEDY INDIVIDUALS	-	1,000
	BAY THEATER COMPANY	HOSTING FREE CONCERTS FOR THE COMMUNITY	-	1,000
	CAPE ST CLAIR VOLUNTEER FRE DEPT	BUYING A NEW DEFIBRILATOR	-	700
	MATHEW EDWARD	DELIVERING MEALS TO HOMELESS	-	500
	KIDS AND COPS OUTREACH	WORKING ON ACTIVITIES FOR AT RISK KIDS	-	500
		HAITI PROJECT TO PURCHASE FUEL FOR PLANES BRINGING		
	ISUNAMI RELIEF FOUNDATION	SUPPLIES	-	700
		DEVELOPMENT OF YOUTH, HELP LESS FORTUNATE, AND		
	OTHER MISCELLANEOUS	SUPPORT ELDERLY		6,550
			-	

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If yo Do not	u are t	illing for an Automatic 3-Month Extension, complete only Part I and check this box illing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (o lete Part II unless you have already been granted an automatic 3-month extension on a p	n page 2 reviously		
Part	<u> </u>	Automatic 3-Month Extension of Time. Only submit original (no copies need	(bet		
A corp Part I		n required to file Form 990-T and requesting an automatic 6-month extension—check	this box	and comple	ete ▶ 🗀
		porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7 come tax returns	004 to r	equest an e	ktension of
one of electro returns	f the noncally s, or a c	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auteturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms composite or consolidated Form 990-T. Instead, you must submit the fully completed and redetails on the electronic filing of this form, visit www irs.gov/efile and click on e-file files.	er, you 990-BL, d signed	cannot file I , 6069, or 8 page 2 (Part	Form 8868 870, group II) of Form
Type or Name of Exempt Organization			Employe	er identification	on number
print		Rotary of Annapolis Foundation, Inc.	52	1759	743
File by to due date filing you	e for	Number, street, and room or suite no. If a P O box, see Instructions PO Box 603			
return. S Instruction	See	City, town or post office state, and ZIP code For a foreign address, see instructions Annapolis, MD 21404			
Check	c tyne	of return to be filed (file a separate application for each return):			
☑ Fo	•••	· <u>-</u> · · · · · · · · · · · · · · · · · · ·	Ε	☐ Form 472	20
	rm 990		Ī	☐ Form 522	
=	m 99		Ī	☐ Form 606	
☐ Fo		· · · · · · · · · · · · · · · · · · ·	Ī	☐ Form 887	-
Tele	phone le orga lls Is fo e whole	are in the care of ► Elaine Shanley, Treasurer 2008 - 2010 No. ► (410) 494-7766 FAX No ► (410) 494 nization does not have an office or place of business in the United States, check this r a Group Return, enter the organization's four digit Group Exemption Number (GEN). e group, check this box . ► □ If it is for part of the group, check this box is names and EINs of all members the extension will cover.		If t	► □ this is ttach
t f	intil for the	est an automatic 3-month (6 months for a corporation required to file For February 15 , 20 10 , to file the exempt organization return for the organization organization's return for: calendar year 20 or tax year beginning July 1 , 20 08 , and ending J	named a	above. The e	
2 1	If this t	ax year is for less than 12 months, check reason: Initial return Final return	☐ Chan	ge in accour	nting period
		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tay y nonrefundable credits. See instructions.		3a \$	
		application is for Form 990-PF or 990-T, enter any refundable credits and estimated to the made. Include any prior year overpayment allowed as a credit.		3b \$	
c l	Balano deposi	be Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment). See instructions	nt 摩	3c \$	
		ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84	53-EO a	nd Form 887	79-EO

Form 8	868 (Rev	4-2009)	Page 2
Note.	Only co	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and complete Part II if you have already been granted an automatic 3-month extension on a previous filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	ly filed Form 8868.
Par	10	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies needed).
Type print	or		oloyer identification number
File by extend due da	ed	entre entre	IRS use only
filmg ti retum. instruc	ne See	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Chec	k type	of return to be filed (File a separate application for each return):	
□ F	orm 990	D	☐ Form 6069
□ F	orm 990	0-BL	☐ Form 8870
_	om 99		
STOF	o Do no	ot complete Part II if you were not already granted an automatic 3-month extension on a p	previously filed Form 8868.
Tele If the lifth for the list was 4	ephone ne orga nis is fo ne whole ith the I reque For cal	nization does not have an office or place of business in the United States, check this box in a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ▶ ☐ . If it is for part of the group, check this box names and EINs of all members the extension is for. est an additional 3-month extension of time until	. If this is . ▶ ☐ and attach a
6 7	If this t	ax year is for less than 12 months, check reason. Initial return Final return Conditions Conditions Conditions Conditions Conditions Conditions Conditions Conditions Conditions	hange in accounting period
8 a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, ny nonrefundable credits. See instructions.	8a \$
b	estima	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and ted tax payments made. Include any pnor year overpayment allowed as a credit and any it paid previously with Form 8868.	8b \$
c		e Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$
Under	penalties ue correc	Signature and Verification s of perjury, I declare that I have examined this form including accompanying schedules and statements and to the ct and complete and that I am authorized to prepare this form	best of my knowledge and belief
Signat	ture 🕨	Title ▶	Date ▶
			Form 8868 (Rev 4-2009)

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Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (plete Part II unless you have already been granted an automatic 3-month extension on a	on page 2 c			
	Automatic 3-Month Extension of Time. Only submit original (no copies nee				
A corporation Part I only	n required to file Form 990-T and requesting an automatic 6-month extension—check	this box ar	nd complete		
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns	7004 to requ	uest an extension of		
one of the r electronically returns, or a	filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au etums noted below (6 months for a corporation required to file Form 990-T). Howe if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed arone details on the electronic filing of this form, visit www.irs gov/efile and click on e-file in the fully completed arone details on the electronic filing of this form, visit www.irs gov/efile and click on e-file in the file	ver, you ca s 990-BL, 6 nd signed pa	nnot file Form 8868 069, or 8870, group ge 2 (Part II) of Form		
Type or	Name of Exempt Organization	Employer identification number			
print	Rotary of Annapolis Foundation, Inc.	52 1759743			
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PO Box 603				
	City, town or post office state, and ZIP code For a foreign address, see instructions. Annapolis, MD 21404				
Check type	of return to be filed (file a separate application for each return):				
☑ Form 99	· · · · · · · · · · · · · · · · · · ·	☐ Form 4720			
☐ Form 99		☐ Form 5227			
☐ Form 99			Form 6069		
☐ Form 99	0-PF		Form 8870		
Telephone If the orga If this is for the whole	s are in the care of ► Elaine Shanley, Treasurer 2008 - 2010 No ► (410) 494-7766 FAX No. ► (410) 494-100 FAX No. ► (box			
1 I requuntil for the	est an automatic 3-month (6 months for a corporation required to file Fo February 15 , 20 10 , to file the exempt organization return for the organization organization's return for calendar year 20	named abo	ve The extension is		
▶ ₩	tax year beginning July 1 , 20 08 , and ending	iuite 30	, 20		
2 If this	tax year is for less than 12 months, check reason. Initial return Final return	☐ Change	ın accounting period		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tally nonrefundable credits. See instructions.	х,	\$		
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated to nts made. Include any prior year overpayment allowed as a credit.	ах 3 b	\$		
c Baland	Due. Subtract line 3b from line 3a include your payment with this form, or, if require twith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen). See instructions.	d,			
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 instructions.	453-EO and	Form 8879-EO		

Form 8	3868 (Rev	4-2009)									Page 2
Note.	. Only co	omplete Part II i	ditional (Not A if you have alread tomatic 3-Mon	dy been granted	an autor	natic 3-mon	th exter	ision on a prev	nd check t viously filed	nis box Form 886	▶
 If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). 											
Type or print		Name of Exempt Organization					Employer identification number				
		Rotary of Annapolis Foundation Inc.						52	1759	1743	
File by the		Number street, and room or suite no. If a PO box, see instructions						For IRS use	only		
extended due date for	nte for	PO Box 603									
filing the return.		City town or post office, state, and ZIP code. For a foreign address, see instructions						国建筑建筑			
instruc	tions	Annapolis, MD 21404									
			e filed (File a se	parate applicat	ion for e	ach return):					
		m 990				☐ Form 6069					
_		n 990-Bl.		☐ Form 8870							
	orm 990			T (trust other th		_,		orm 5227			
STOP	! Do no	t complete Pa	rt II if you were	not already gra	inted an	automatic	3-mont	h extension o	n a previou	sty filed I	Form 8868.
			of ▶ Elaine S	hanley, Treasu	rer 2008	-2010					
Teld	ephone	No ► (_410) 494	-7766	FAX N	lo. ▶ (41	0)	494-82	31		
• If th	ne organ	nization does n	ot have an offic	e or place of b	usiness i	in the Unite	d State	s, check this	box ,		▶ 🗆
• If th	nis is fo	r a Group Retu	ım, enter the or	ganization's fou	ır digit G	roup Exemp	otion N	umber (GEN)		If 1	this is
for the whole group, check this box ▶ □ . If it is for part of the group, check this box ▶ □ and attach a											
list w	th the	names and EIN	is of all membe	rs the extension	n is for.						
		pest an additional 3-month extension of time until May 15th 20 10									
		elendar year , or other tax year beginning July 1 , 20.08, and ending June 30 , 20.09									
6	If this t	ax year is for le	ess than 12 mor	nths, check rea	son: 🔲	Initial retur	n 🔲	Final return	Change	n accour	nting period
7	State in	detail why yo	u need the exte	nsion We are i	n the pr						
			are asking for a	n extension							
	in orde	r to get them	up to speed.								
								······································		,	
			or Form 990-BL		T, 4 7 20,	or 6069, e	nter the	tentative tax			
		ny nonrefundable credits. See instructions. Application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						8a	\$		
estima											
		atted tax payments made. Include any prior year overpayment allowed as a credit and any						, 8.151.55	1		
	amount	paid previous	ly with Form 88	68.					8b	\$	
С	Balance with FTE	Due. Subtract coupon or, if re	line 8b from line 8 quired, by using E	Ba. Include your p FTPS (Electronic I	oayment v Federal Ta	with this form ax Payment S	ystem).	equired, deposi See instructions	t s. 8c	\$	
	_					Verification					
Under it is tru	penalties le correct	of penury, I declar I and complete ar	e that I have examin nd that I am authoriz	ed this form, includ ed to prepare this f	ling accom iom	panying sched	ules and	statements and t	o the best of r	ny knowled	ge and belief
Signat	ure 🕨				Title ▶	President	Elect,	2009-2010	Date ▶	1-2	22-10
									E,	8868	(Pay 4-2000)