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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds 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

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 10/1/2008, and ending 9/30/2009	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AUGUSTOBERFEST CHARITABLE FOUNDATION INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 864 JEFFERSON BLVD City, town, or country State ZIP + 4 HAGERSTOWN MD 21740
D Employer identification number 52-2101777	E Telephone number 301-797-6609
F Group Exemption Number <input type="checkbox"/>	

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► N/A**J** Organization type (check only one) ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the 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.**L** 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. ► \$ 90,671**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	23,300
	2	Program service revenue including government fees and contracts	2	67,371
	3	Membership dues and assessments	3	
	4	Investment income	4	0
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
6b	Less: direct expenses other than fundraising expenses	6b	0	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8	Other revenue (describe ►)	8	0	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	90,671	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	7,658
	16	Other expenses (describe ► See attached statement)	16	92,615
	17	Total expenses. Add lines 10 through 16	17	100,273
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,602
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	38,240
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	28,638

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-EZ.

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	38,240	28,638
23	Land and buildings		
24	Other assets (describe ►)	0	0
25	Total assets	38,240	28,638
26	Total liabilities (describe ►)	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21).	38,240	28,638

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

(HTA)

Form **990-EZ** (2008)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>HOST ANNUAL GERMAN FEST/SUPPORT CHARITIES</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28 <u>HOST ANNUAL GERMAN FESTIVAL TO CELEBRATE THE GERMAN HERITAGE</u> <u>OF OUR REGION & OUR SISTER CITY WESEL, GERMANY</u> <u>ANY PROFITS TO BE DONATED TO LOCAL CHARITIES</u>	28a	100,273
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>		
29	29a	0
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	0
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>		
31 Other program services (attach schedule)	31a	0
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>		
32 Total program service expenses. (add lines 28a through 31a)	32	100,273

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>CHARLIE SEKULA</u> Str <u>58 S POTOMAC ST</u> City <u>HAGERSTOWN</u> ST <u>MD</u> ZIP <u>21740</u>	Title <u>VICE CHAIR</u> Hr/WK <u>.00</u>	0	0	0
Name <u>PHIL KELLY</u> Str <u>17907 GARDEN SPR</u> City <u>HAGERSTOWN</u> ST <u>MD</u> ZIP <u>21740</u>	Title <u>CHAIR</u> Hr/WK <u>00</u>	0	0	0
Name <u>SCOTT DRAPER</u> Str <u>864 JEFFERSON BL</u> City <u>HAGERSTOWN</u> ST <u>MD</u> ZIP <u>21740</u>	Title <u>CO TREASURER</u> Hr/WK <u>.00</u>	0	0	0
Name <u>DAVID LEATHER</u> Str <u>864 JEFFERSON BL</u> City <u>HAGERSTOWN</u> ST <u>MD</u> ZIP <u>21740</u>	Title <u>CO TREASURER</u> Hr/WK <u>00</u>	0	0	0
Name <u>KAREN GIFFIN</u> Str <u>1 EAST FRANKLIN S</u> City <u>HAGERSTOWN</u> ST <u>MD</u> ZIP <u>21740</u>	Title <u>SECRETARY</u> Hr/WK <u>.00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0
Name _____ Str _____	Title _____	0	0	0
City _____ ST _____ ZIP _____	Hr/WK <u>00</u>	0	0	0

Part 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.		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.		X
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 tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	Section 501(c)(3) and (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		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter amount of tax on line 40c reimbursed by the organization ▶		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶		
42 a	The books are in care of ▶ Name N Y T CERTIFIED PUBLIC ACCOUNTANTS Telephone no ▶ (301) 797-6609 Located at ▶ 864 JEFFERSON BLVD City HAGERSTOWN ST MD ZIP + 4 ▶ 21740		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
		42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S.? If "Yes," enter the name of the foreign country ▶		X
		42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** **49b**
- b** If "Yes," was the related organization(s) a section 527 organization? **49b**
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . ▶		0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Signature of officer</div> </div> </div>	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Date</div> </div> </div>	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Preparer's Identifying Number (See instructions)</div> </div> </div>	
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Type or print name and title</div> </div> </div>			
Paid Preparer's Use Only	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Preparer's signature</div> </div> </div>	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Date</div> </div> </div>	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Check if self-employed <input type="checkbox"/></div> </div> </div>	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Preparer's Identifying Number (See instructions)</div> </div> </div>
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Firm's name (or yours if self-employed), address, and ZIP +4</div> </div> </div>		<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">EIN</div> </div> </div>	
	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Phone no</div> </div> </div>		<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">▶</div> <div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="font-size: 0.8em;">Phone no</div> </div> </div>	

May the IRS discuss this return with the preparer shown above? See instructions

▶ ☐ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal 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

Open to Public Inspection

Name of the organization

AUGUSTOBERFEST CHARITABLE FOUNDATION INC

Employer identification number

52-2101777

Part I 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.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 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 hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 ☐ 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 _____
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ 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.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ 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 Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ 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
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III—Functionally integrated
 - d ☐ Type III—Other
- 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)**.
- f 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 ☐
- g 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, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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 include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0			0
4 Total. Add lines 1-3.	0	0	0	0	0	0
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).						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10.						0

12 Gross receipts from related activities, etc. (see instructions)**12****13** **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 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. ▶ <input type="checkbox"/>		
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, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		
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. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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 include any "unusual grants.")	46,400	48,934	10,798	24,350	23,300	153,782
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	31,918	39,959	72,919	108,532	67,371	320,699
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	78,318	88,893	83,717	132,882	90,671	474,481
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						474,481

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	78,318	88,893	83,717	132,882	90,671	474,481
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						474,481

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐ ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	100.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	92.63%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒ ►

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐ ►

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information (see instructions).

Area for supplemental information with horizontal dotted lines.

Name of the organization

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

52-2101777

Schedule O (Form 990) 2008

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return) AUGUSTOBERFEST CHARITABLE FOUNDATION INC	
	Business name, if different from above	
	Check appropriate box <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 864 JEFFERSON BLVD	
	City, state, and ZIP code HAGERSTOWN, MD 21740	
Requester's name and address (optional)		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

52-2101777

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	1,000
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8	SPONSORSHIPS	8	22,300
9		9	
10		10	
11	Total	11	23,300

Part I, Line 16 (990-EZ) - Other Expenses

92,615

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc	5	
6	Equipment rental and maintenance	6	345
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	FOOD & BEVERAGES EVENT	11	15,892
12	MERCHANDISE	12	2,605
13	ENTERTAINMENT	13	14,214
14	ADVERTISING	14	12,278
15	INSURANCE	15	558
16	OFFICE EXPENSE	16	436
17	TENT RENTAL	17	30,221
18	SOUND SYSTEM	18	4,380
19	CHILDRENS AREA	19	2,194
20	CLEANUP	20	300
21	DISTRIBUTION TO CHARITIES	21	2,000
22	REGISTRATIONS AND PERMITS	22	85
23	DECORATIONS	23	6,207
24	STORAGE RENTAL	24	900
25		25	
26		26	