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## i/04/2010 2 20 PM Form

Department of the Treasury Internal Revenue Service

### **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 2009

Open to Public Inspection

<u> </u>	For the 200	9 calendar year, or tax year beginning , and ending					<del></del>	
	Check if application	use IPS	FOR		] [	) Emplo	oyer identification	n number
$\equiv$	_	label or David A				20-	0126157	
$\equiv$	Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)		Room/su	ıte E		none number	
$\sqcup$	Initial return	See P.O. BOX 20426				410	952-67	23
Ц	Termination	Specific Instruc- City or town, state or country, and ZIP + 4			9	Gross rece	erpts \$	20,534
	Amended retur	n tions. BALTIMORE MD 21284-0426						
	Application per	ding F Name and address of principal officer				• •	a group return for	ভিত
						affiliate	affiliates -	es X No
					1	ınclude		es No
_	Tax-exempt	status				II NO,	* attach a list. (see in:	structions)
	Website:					i(c) Gmun	exemption number	•
	Type of organi			Year of form			M State of legal do	
	art I	Summary						
	1 Brie	fly describe the organization's mission or most significant activities						
ø	1	HARITABLE ORGANIZATION WITH THE EXPRESS PURPOSE						
ZUADLivities & Governance		ROGRAMS AND FINANCIAL SUPPORT TO "UNDER PRIVILE						
/ern		ND TO OTHER CHARITABLE FOUNDATIONS LOCATED IN T						
ĝ		ck this box  if the organization discontinued its operations or disposed of mo	re than 25%	6 of its ne	et assets	اما	12	
<b>න්</b> ග		ther of voting members of the governing body (Part VI, line 1a)				3 4	12	
itie		iber of independent voting members of the governing body (Part VI, line 1b) I number of employees (Part V, line 2a)				5	0	
		I number of volunteers (estimate if necessary)				6	120	
3	i	I gross unrelated business revenue from Part VIII, column (C), line 12				7a		
.~ =⊥	I	unrelated business taxable income from Form 990-T, line 34				7b		0
╡					Prior Year		Current \	
9		tributions and grants (Part VIII, line 1h)				780		571
凝化		gram service revenue (Part VIII, line 2g)			2	101		1,915
ģ	i	stment income (Part VIII, column (A), lines 3, 4, and 7d)	<del></del>			,101 ,895	·	0,411
<u>u</u>	1	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 <del>0c, and 11E).</del> I revenue – add lines 8 through 11 (must equal Part VIII, column(A), line 12)	)	·		,776		2,897
penses Cally all the with	1	nts and similar amounts paid (Part IX, column (A), lines 1–3)	181	<u> </u>		,345		2,808
₹		efits paid to or for members (Part IX, column (A), line 4) (APR 1 5 2010	ir					
	1	nes, other compensation, employee benefits (Part IX, column (A), lines 5–10)	\$					
use(	1							
хре	<b>b</b> Tota	essional fundraising fees (Part IX, column (A), line 11e)  OGDEN, U						
Ж	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				,848		<u>5,131</u>
		l expenses Add lines 13–17 (must equal Part IX, column (A), line 25)				,193		7,939
<u> </u>	19 Rev	enue less expenses Subtract line 18 from line 12		Paginn	ing of Currer	, 583	End of Y	<u>.4,958</u>
Net Assets or Fund Balances	20 Tota	I assets (Part X, line 16)		Deginin		,760		2,718
Ass	21 Tota	I liabilities (Part X, line 26)						
Š	22 Net	assets or fund balances Subtract line 21 from line 20			107	,760	12	2,718
P	art II	Signature Block						
		Under penalties of perjury, I declare that I have exampled this return, including accompanying and belief, it is fue, correct, and flomplete Dictaration of preparer (other than officer) is base	schedules a	nd statem	ents, and to	the best o	f my knowledge	
٠.		and belief, it bride, correct, and tempere discardant of preparer (other than officer) is base	eu on all mion	nadon or v	vilicii prepai	_	_	
Sig		4 Johan VIIV					9-10	
He	re	Signature of officer  DONALD MILLER	TREAS	STREE		Date		
		Type or print name and title	INDAL	OICHI	<u> </u>			
			Date	T	Check if		Preparer's ident	
Pai		Preparer's signature JOHN J. DEBUSKI, CPA	l .	4/10	self- employed	▶ □	(see instructions	
	eparer's	JOHN J. DEBUSKI, CPA				EIN ▶		
US	e Only	f self-employed), 8 HUNT RUN DRIVE				Phone		
		address, and ZIP+4 NEW FREEDOM, PA 17349					443-421	<u>-2</u> 206
May	the IRS di	scuss this return with the preparer shown above? (see instructions)					<del></del>	es No
For	Privacy A	t and Paperwork Reduction Act Notice, see the separate instructions.					Form	990 (2009)

04/04/2010 2 20 PM						
Form 990 (2009) <b>F</b>	RAVENS ROOST 50	FOUNDATION FOR	20-012 <i>6</i> 1	57		Page 2
		rvice Accomplishments				
CHARITAB: PROGRAMS	AND FINANCIAL	WITH THE EXPRESSIBLE SUPPORT TO "UNDEST TO LOCATIONS LOC	R PRIVILEGED"	FAMILIES, CHI	LDREN,	;
the prior Form	zation undertake any significar 990 or 990-EZ? ibe these new services on Sch	nt program services during the year	which were not listed on		Yes	X No
3 Did the organis	zation cease conducting, or ma	ake significant changes in how it co	nducts, any program		Yes	X No
4 Describe the e Section 501(c)	(3) and 501(c)(4) organization	e O for each of the organization's three s and section 4947(a)(1) trusts are revenue, if any, for each program	required to report the amou			
PROVIDING TO "UNDER OTHER CHAREA. TO AND DONA! \$25,103	G CHARITABLE PR R PRIVILEGED" F ARITABLE FOUNDA HIS FOUNDATION TED TO OTHER CH DONATED IN 2009	36,239 including grants I WITH THE EXPRES COGRAMS AND FINANCE AMILIES, CHILDRED ATIONS LOCATED IN HAS RAISED THOUS LARITABLE ORGANIZ AND \$11,155 DON HOLIDAY OVER 26	S PURPOSE OF CIAL SUPPORT N, AND TO THE BALTIMORE ANDS OF DOLLAR ATIONS INCLUDINATED IN 2008.	S NG ALSO,		)
4b (Code	) (Expenses \$	including grants	of \$	) (Revenue \$		)
4c (Code	) (Expenses \$	including grants	of \$	) (Revenue \$		)
	-					
(Expenses \$	services (Describe in Schedu	ale O) actualing grants of \$ 36,239	) (Revenue	\$	)	

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	1930 (2009) RAVIND ROOM SE SCHOOL TON 20 120137			<u>_</u>	aye v
<u> </u>	art IV Checklist of Required Schedules	····	-		
4	In the experimentary decembed in contrary 501(n)/2) or 4047(n)/1) (other than a provide foundation)? If "Yes "		Γ.	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	ĺ
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			$\vdash$	
,	candidates for public office? If "Yes," complete Schedule C, Part I		3	l	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		<u> </u>	$\vdash$	
•	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)		<u> </u>		<del></del>
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		Ť		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		ļ		]
	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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
•	complete Schedule D, Part III		8		x
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,"				l
	complete Schedule D, Part IV		9	1	х
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		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	
•	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 related 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	<del>,,</del>	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
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,				3.5
4.5	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		4-		v
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		40		x
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		47		X
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		17		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a?		-10		
-	If "Yes," complete Schedule G, Part III		19		X
		1			

20

Checklist of Required Schedules (continued)

<u> </u>		$\overline{}$	$\overline{}$	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24	x	]
22	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	22	х	
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	- 22		<del> </del>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ł		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		<del>                                     </del>
24a		ļ		]
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	24a		x
	24b through 24d and complete Schedule K. If "No," go to line 25	24b		<del></del>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		$\vdash$
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		1
	to defease any tax-exempt bonds?  Did the exemptation set as an "an hehelf of requestor heads outstanding at any time during the year?	24d		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	250		x
L	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
Ь	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	256		x
20	990-EZ? If "Yes," complete Schedule L, Part I	25b	_	_ A
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		x
27		26		<u> </u>
21	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		х
28				-
20	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)	28a		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		
b		28b		х
С	Schedule L, Part IV  An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	200		
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive entributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del></del>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	- 33		
	III, IV, and V, line 1	34	x	
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		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	X	l

Form	1 990 (2009) RAVENS ROOST 50 FOUNDATION FOR 20-0126	<u> 157</u>	·		Р	age 5
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?	. ,		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	li				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a_				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y				
	this return?			3a		X
b	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial				
	account)?			4a		X
þ	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 Bar	ık				
	and Financial Accounts					.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		├ <u>^</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng		١.		
	Prohibited Tax Shelter Transaction?			_5c_	-	<del></del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					х
	organization solicit any contributions that were not tax deductible?			6a_		<u>                                      </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	DF		c h		
7	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	10				
а	and services provided to the payor?	13		7a	i	Ī
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<del></del>
c	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	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person			1		
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			1		}
	required?			7h	<u> </u>	ļ
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	ļ	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter	t i				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<del></del>	-{		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-		
11	Section 501(c)(12) organizations. Enter	 				
a	Gross income from members or shareholders	11a	<del></del>	-		I
b	Gross income from other sources (Do not net amounts due or paid to other sources against					l
40	amounts due or received from them.)	11b	<del></del>	1,_	[	Ī
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1		12a		<del> </del>
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				ŧ

Yes

No

20-0126157 Form 990 (2009) RAVENS ROOST 50 FOUNDATION FOR

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

					Yes	No
1a	Enter the number of voting members of the governing body	1a	12			
b	Enter the number of voting members that are independent	1b_	12	_		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following					
а	The governing body?			8a	X	
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					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X

Revenue Code.)

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,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	<u> </u>
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?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		X
	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			
	with a taxable entity during the year?	16a	<u></u>	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		<u> </u>
	Aire O. Disalassus			

### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ▶
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website X Another's website X Upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization > DONALD MILLER 5 CLEARLAKE COURT

BALTIMORE

MD 21234

410-952-6723

DAA

20-0126157

Form 990 (2009)

# 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.
- 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

(A) Check this box if the organization	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week	or director		(chec Officer		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
STEVEN PEARCE				<u> </u>						
PRESIDENT	5.00	X		X				0	0	0
ALAN LIJEWSKI	]					IJ				
VICE PRES.	5.00	X		X				0	0	0
MARGARITA SALAH						1				
SECRETARY	5.00	X		X	<u> </u>	Ш		0	0	0
DONALD MILLER	}					1 1				
TREASURER	5.00	X		X		$oxed{oxed}$		0	0	0
LEE HAVILAND										_
BOARD MEMBER	2.00	X		L_	_	$\sqcup$		0	0	0
JOHN PURVIS								_		_
BOARD MEMBER	2.00	X		<u> </u>	<u> </u>	1-1		0	0	0
JOYCE BURK										
BOARD MEMBER	2.00	X	_			$\vdash$		0	0	0
MARIA SCHENNING		l			ļ					
BOARD MEMBER	2.00	X	├			$\vdash$		0	0	0
LOUIS GARMER						1 1				
BOARD MEMBER	2.00	X	<u> </u>	├—		₩		0	0	0
KAREN PEARCE	1 2 22	1								o
BOARD MEMBER STEVEN EINIG	2.00	X	┝			$\vdash$	_	0	0	
	2 00	x							0	0
BOARD MEMBER MARY FOEHRKOLB	2.00	<del> </del> ^-	$\vdash$	├─		╀╌┤		0		
BOARD MEMBER	2.00	x	ŀ			1 1		o	0	0
MICHAEL BROOKS	2.00	<del>  ^</del>	<del> </del>	-	_	$\Box$				
BOARD MEMBER		1				ł l	х	o	0	0
WAYNE CIAMPAGLIA		+-	_	$\vdash$	-	╁	-			
BOARD MEMBER	 	l				li	x	o	0	0
AMI MILLER		$\vdash$		$\vdash$						
TREASURER	1	i				Ιİ	$\mathbf{x}$	o	0	0
PATRICIA REBBERT		1	$\Box$			1 1			<del></del>	<del>_</del>
SECRETARY							х	o	0	0
JAMES SCARBROUGH		Γ				1 1				
BOARD MEMBER						1	х	o	0	0

Par		1	tees	, Ke			<del>yêê</del> 5	, and	d Righest Compensated E			<del></del> -		
	(A) Name and Title	(B) Average hours per	_	,	(chec	_	hata		compensation	(E) Reportable compensation	am	(F) stimated nount o		
	•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org: and	other ipensation the ianization direlate anization	on ed	
													_	
													· . — .	
			_											
				_		_								
			_	_				ļ						
						_								
			_	<u> </u>			_							
			_	_			_							
			<u> </u>	<u> </u>			_							
			<u> </u>				_							
1b	Total							L			·	<del></del>		
2	Total number of individuals (i	-		_	ose	liste	d abo	ve)	who received more than \$1	00,000 in				
	reportable compensation from	n the organization		0_								Y	es N	lo
	Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lir	" complete Schedi	ıle J	for s	uch i	ndiv	idual	-	-			3 2	x L	
	the organization and related or individual	organizations grea	er th	an \$	150,	0007	If "Y	es,"	complete Schedule J for su			4		K
	Did any person listed on line services rendered to the orga	inization? If "Yes,"									!	5		K
1	ion B. Independent Contrac Complete this table for your fi compensation from the organ	ive highest compe	nsate	ed inc	lepe	nder	nt cor	ntrac	ctors that received more tha	n \$100,000 of			_	
		(A) nd business address							Descrip	(B) tion of services		Comp	C) ensation	_
								_		-				
								_	<del></del>					
2	Total number of independent	contractors (malica	line b		at tre-		10.45		listed shows) who recovered			<del></del>		
	Total number of independent more than \$100,000 in comp		-				เบเท	use	msteu above) who received			0	200	
DAA											F	orm 3	90 (20	109)

<u>F</u> orm	990	(2009) RAVENS ROOS	T 50	FOUNDATION	FOR	20-0126157		Page 9
Pa	rt VI	II Statement of Reve						
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b	Federated campaigns Membership dues	1a 1b					
ffs,		Fundraising events	1c				1	
gig		Related organizations	1d		`			
Sis		Government grants (contributions)	1e					
iğ je	T	All other contributions, gifts, grants, and similar amounts not included above	46	571				
Ę	_		<b>1f</b> \$					
and	_	Noncash contributions included in lines 1a- Total. Add lines 1a-1f	11 4		571			
$\rightarrow$	<u> </u>	Total. Add lines 1a-11		Busn. Code	<u> </u>			
Program Service Revenue	2a			Busin. Code				
Š	b			<del>                                     </del>				
8								
S	d							
S	8				-			<del></del>
gra	•	All other program service rever	nue					
g		Total. Add lines 2a–2f		<b>•</b>				
$\neg$	3	Investment income (including d	ividends,	interest, and				
		other similar amounts)		<b>▶</b>	1,915			1,915
	4	Income from investment of tax-	exempt b	ond proceeds				
	5	Royalties		▶				
ļ		(ı) Real		(II) Personal				
- 1	6a	Gross Rents					Ī	
	b	Less rental exps						
	c	Rental inc or (loss)						
	_d	Net rental income or (loss)		<b></b>				
	7a	Gross amount from sales of assets (i) Securities	s	(II) Other				
		other than inventory						
	b	Less cost or other	ļ					
		basis & sales exps						
	C	Gain or (loss)					1	
		Net gain or (loss)	_	<u> </u>				
<u>.</u>	8a	Gross income from fundraising ever	nts					
- E		(not including \$						
Other Revenue		of contributions reported on line 1c)						
er F		See Part IV, line 18	a	118,048				
됩		Less direct expenses	ь <u></u> _	67,637	FO 411			50,411
		Net income or (loss) from fund		rents 🕨	50,411			30,411
	9a	Gross income from gaming activitie						
		See Part IV, line 19	. a _					
		Less direct expenses	b	ries 🕨		· · · · · · · · · · · · · · · · · · ·		
		Net income or (loss) from gam	ing activit	les 🔻				
	ıva	Gross sales of inventory, less returns and allowances	اء					
	_		a b					
		Less cost of goods sold  Net income or (loss) from sale:	~ _	tory			†	
	C	Miscellaneous Revenue		Busn. Code			,,	
	11a	HIIOCIIDIIOOG NCVCIIIO		223 0000		·	<i>"</i> '	
	b							
	C							<del></del>
	d	All other revenue				<u>                                     </u>		
		Total. Add lines 11a-11d		<u> </u>				5. v
	12	Total Revenue. See instructio	ns	•	52,897	0	0	52,326
		. Jan. 1.5 toriage. God manacho					·	Farm 990 (2000)

Page **10** 

#### Form 990 (2009) Statement of Functional Expenses Part IX

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

ations must complete column (A) but are not required to complete columns (B), (C), and (D).

	- ' - ' - ' - ' - ' - ' - ' - ' - ' - '			(C)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
	8b, 9b, and 10b of Part VIII.		ехрензез	goneral expenses	
1	Grants and other assistance to governments and	25,103	25,103		
_	organizations in the U.S. See Part IV, line 21	23,103		-	
2	Grants and other assistance to individuals in	7,705	7,705		
_	the U.S. See Part IV, line 22	7,705			
3	Grants and other assistance to governments, organizations, and individuals outside the			<b>1</b>	
	U S See Part IV, lines 15 and 16				
,	· · · · · · · · · · · · · · · ·	-			
4	Benefits paid to or for members  Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified		<del> </del>		<del></del>
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	-			
8	Pension plan contributions (include section 401(k)				
U	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	-			
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting	1,500		1,500	
	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		<u> </u>		
g	Other		1.14.		
12	Advertising and promotion	125	125		
13	Office expenses	246	246		
14	Information technology				
15	Royalties				
16	Occupancy	-			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			<u>.</u>	<u> </u>
19	Conferences, conventions, and meetings		<del></del>		<u></u>
20	Interest	-	<del></del>	· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates		<u> </u>		
22	Depreciation, depletion, and amortization	1,690	1,690	·	
23	Insurance	1,090	1,090		
24	Other eveness termine eveness and				
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	STORAGE	1,004	1,004		
b	SUPPLIES	366	366		
c	STATE REGISTRATION FEES	200	-	200	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	37,939	36,239	1,700	
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				
DAA					Form 990 (2009)

	00 (2009) RAVENS ROOST 50 FOUNDATION FOR	20-0126157		Page 11
Part	X Balance Sheet	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	29,297	1	30,442
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		1	
	Schedule L	İ	5	
6	Receivables from other disqualified persons (as defined under section		<del></del>	VII
"	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		I	
- 1	Part II of Schedule L		6	
ر ا <del>ب</del> ا	Notes and loans receivable, net		7	<del>- · · -</del>
Assets	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
A S	Prepaid expenses and deferred charges		9	<del></del> , •
1 '	a Land, buildings, and equipment cost or		<u> </u>	· · · · · · · · · · · · · · · · · · ·
'0'	other basis Complete Part VI of Schedule D		1	
	b Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	64,376	11	77,536
12	· · · · · · · · · · · · · · · · · · ·	14,087	12	14,740
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)	107,760	16	122,718
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	·		21	
Liabilities 51	•			
園	employees, highest compensated employees, and disqualified		1	
<u>.</u>	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	
25			25	
26	Total liabilities. Add lines 17 through 25		26	
S	Organizations that follow SFAS 117, check here ▶ X and		1	
ညို 	complete lines 27 through 29, and lines 33 and 34.		1	
<u>e</u> 27	Unrestricted net assets	107,760	27	122,718
Balances 27 28	Temporarily restricted net assets		28	
[29	, , , , , , , , , , , , , , , , , , ,		29	
교	Organizations that do not follow SFAS 117, check here ▶ ☐		- 1	
5	and complete lines 30 through 34.		- 1	
<u>ي</u> 30	Capital stock or trust principal, or current funds	.,	30	
<u>ق</u> 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund 30 31 33 34	Total net assets or fund balances	107,760	33	122,718
<b>Z</b> 34	Total liabilities and net assets/fund balances	107,760	34	122,718

Form **990** (2009)

ūrm	990 (2009) RAVENS ROOST 50 FOUNDATION FOR 20-0126157		_ Pa	ge 12
Pa	art XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 X 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?	2a	$\mathbf{x}$	Ī
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			[
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	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			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

RAVENS ROOST 50 FOUNDATION FOR FAMILIES, INC.

Employer identification number 20 - 0126157

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 3 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 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 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 11 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 b Type II 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? Yes 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? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(m) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of (ii) EIN (iii) Type of organization (i) Name of supported rganization in col (described on lines 1-9 in col. (i) listed in your the organization in support organization (i) organized in the col (i) of your above or IRC section governing document? support? US? (see instructions)) Yes No Yes No Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

<u> 2000</u>	edule A (Form 990 or 990 EZ) 2000 RAY	VENS ROOST	E 20 FOUNT	WITON FOR	<u> </u>	)-U126157	Page 2
P	Support Schedule for O (Complete only if you che				(1)(A)(iv) and	170(b)(1)(A)(vi)	
Sec	ction A, Public Support						
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	L				L	
12	Gross receipts from related activities, etc (	•				12	
13	First five years. If the Form 990 is for the o	-	second, third, fourth	n, or fifth tax year a	s a section 501(c)(	3)	. —
	organization, check this box and stop here					<del></del>	
	tion C. Computation of Public Su	<del></del>			<del></del>		
14	Public support percentage for 2009 (line 6,			f))		14	%
15	Public support percentage from 2008 Sche					15	%
16a	33 1/3 % support test—2009. If the organi			, and line 14 is 33	1/3 % or more, che	ck this box	. 🗖
	and stop here. The organization qualifies a		-				▶ ⊔
b	33 1/3 % support test—2008. If the organi				s 33 1/3 % or more	e, check this	
	box and stop here. The organization qualifi						▶ ∐
17a	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "fac					V how the	
	organization meets the "facts-and-circumsta						▶ [_]
b	10%-facts-and-circumstances test—2008						
	more, and if the organization meets the "fac					/ how the	, _
	organization meets the "facts-and-circumsta						P
8	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	17a, or 17b, check	this box and see in	structions	▶ ∐

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

Page 3

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.)

Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f)   Otal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,053	4,642	1,252	780	571	11,298
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	158,265	135,874	155,278	135,266	118,048	702,731
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 through 5	162,318	140,516	156,530	136,046	118,619	714,029
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				İ		
	from other than disqualified persons that	i i	[			1	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						<del></del>
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						714,029
Sec	tion B. Total Support	L	.,,				714,023
-	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	162,318	140,516	156,530	136,046	118,619	714,029
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	962	2,197	3,456	2,101	1,915	10,631
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	962	2,197	3,456	2,101	1,915	10,631
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		···			4,841	4,841
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)	163,280	142,713	159,986	138,147	125,375	729,501
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	secona, tnira, tourtr	i, or iiπn tax year a	s a section 501(c)(	3)	▶ [
Sec	tion C. Computation of Public St						
15	Public support percentage for 2009 (line 8,		<u> </u>	f))		15	97.88%
16	Public support percentage from 2008 Sche		•	-77	-	16	98.80%
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (li			olumn (f))		17	1%
18	Investment income percentage from 2008			***		18	1%
19a	33 1/3 % support tests—2009. If the orga	nization did not ched	k the box on line 1	4, and line 15 is mo	ore than 33 1/3 %,	and line	<b></b>
_	17 is not more than 33 1/3 %, check this be		=				<b>▶</b> [X
b	33 1/3 % support tests—2008. If the orga						
20	line 18 is not more than 33 1/3 %, check the		<del>-</del>		-		-
20	Private foundation. If the organization did	not check a box on	me 14, 19a, or 19	o, cneck this box ai	iu see instructions		·····

Schedule A (Form 990 or 990-EZ) 2009 RAVENS ROOST 50 FOUNDATION FOR

20-0126157

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

Омь No 1545-0047
2009

Open to Public

Inspection

Employer identification number Name of the organization RAVENS ROOST 50 FOUNDATION FOR 20-0126157 FAMILIES, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes | No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Scho	dule D (Form 990) 2009 RAVENS ROC					<u>126157                                    </u>			Page 2
Pa	ert III Organizations Maintaining (						sets (d	ontinue	<u>d)</u>
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other r	ecords, check a	ny of the following t	that are a significant	use of its			
а	Public exhibition		d Loan or	exchange program	ıs				
b	Scholarly research		e Other						
c	Preservation for future generations								
4	Provide a description of the organization's collect Part XIV	ctions and e	explain how they	further the organiz	ation's exempt purp	ose in			
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive dona	tions of art, histo	orical treasures, or organization's colle	other similar ction?			Yes	No
Pa	art IV Escrow and Custodial Arrar	ngement	s. Complete	if the organiza	tion answered	"Yes" to Fo	rm 99	0. Part	
	IV, line 9, or reported an amo							•	
12	Is the organization an agent, trustee, custodian of				assets not				
ıa	included on Form 990, Part X?	or ource and	siniculary for co	inibations of outer	4000.0			Yes	☐ No
<b>.</b>	If "Yes," explain the arrangement in Part XIV and	d complete	the following tal	nie.					
U	II Tes, explain the arrangement in Fatt XIV and	Complete	the following tal	,,,				Amount	
_	Decimaling halance					1c			
	Beginning balance					1d	-		
đ	Additions during the year					10			
0	Distributions during the year					16 1f			
1	Ending balance	000 D 41	V I 040			<u> </u>			
	Did the organization include an amount on Form	1990, Part	X, line 217					∐ Yes	∐ No
	If "Yes," explain the arrangement in Part XIV	A = :6 = = = =			- Form 000 Po	+ 1\ / line 1(			
Pa	ert V Endowment Funds. Comple							In) Faur	
		(a) Cur	rent year	(b) Prior year	(c) Two years back	(d) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance					<del> </del>			
þ	Contributions		ļ		! !				
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
0	Other expenditures for facilities		l		<u> </u>				
	and programs			·					
f	Administrative expenses			<u> </u>					
g	End of year balance					J			
2	Provide the estimated percentage of the year en	d balance l	held as						
а	Board designated or quasi-endowment ▶		_%						
b	Permanent endowment ▶ %								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possession	on of the or	ganization that a	ire held and admini	stered for the			_	
	organization by							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations lis	ted as requ	iired on Schedu	le R?				3b	
4	Describe in Part XIV the intended uses of the or	•							
Pa	ert VI Investments—Land, Buildin				), Part X, line 10	).		-	
	Description of investment		or other basis	(b) Cost or ot		ccumulated		(d) Book va	alue
	·	(Inv	vestment)	basis (other	) der	preciation			
1a	Land	† · · · · · ·		<del>                                     </del>		·	1		
	Buildings				-	- <del></del>	1		
	Leasehold improvements	<del></del>		<del>                                     </del>			1		
	Equipment		-				1		
	Other	<b></b> -					+		
	Other  1. Add lines 1a through 1e (Column (d) must equal	al Form 900	) Part Y colum	n (B) line 10(c) \		<u> </u>	.—		
, vid	inco mes ra unough re (Column (a) must eque	<u> </u>	, i art A, colum	11 (D), mic 10(c) )					

Schedule D (Form 990) 2009 RAVENS ROOST 50 FOUNDA		20-0126157	Page 3
Part VII Investments—Other Securities. See Form 990,		(a) Mathed o	funluation
(a) Description of security or category	(b) Book value	(c) Method o Cost or end-of-yea	
(including name of security)		Cost of end-of-yea	al tharket value
Financial derivatives .			<del></del>
Closely-held equity interests			
Other _ CERTIFICATES OF DEPOSIT	14,740	COST	
		<del></del>	<del></del>
			<del></del>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	14,740		
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.	<u> </u>	
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
,, , , , , , , , , , , , , , , , , , , ,		Cost or end-of-year	ar market value
		- ,	
			···
			/
		······································	······
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.	······································		(h) Dook yelye
(a) Description		<del></del>	(b) Book value
			*:-
· · · · · · · · · · · · · · · · · · ·		<del>_</del>	
		<del></del>	
			·
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	·········	<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25.		<del></del>	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
		., ., .	
	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiza	tion's financial statements t	that reports the	
organization's liability for uncertain tax positions under FIN 48	. I		

Sche	dule D (Form 990) 2009 RAVENS ROOST 50 FOUNDATION FOR	20-01261	<u> 57 </u>	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	<b>Audited Financial Stater</b>	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5_	
6	Investment expenses		6	ļ
7	Prior period adjustments		7	. <u> </u>
8	Other (Describe in Part XIV )		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1	
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	_	
С	Recovenes of pnor year grants	2c	_	
d	Other (Describe in Part XIV)	2d	_	
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	ļ
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Retur	<u>n</u>
1	Total expenses and losses per audited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
C	Other losses	2c	4	
d	Other (Describe in Part XIV)	2d	4	
8	Add lines 2a through 2d		2ө	
3	Subtract line 2e from line 1		3	ļ
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4	
b	Other (Describe in Part XIV)	4b	-	1
С	Add lines 4a and 4b		4c	ļ
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<del> </del>	5	L
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines			
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and 4b Also complete		
this p	art to provide any additional information			
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Sched	t XI	٧	Sup	plen	nen	tai i	nfor	rmat	ion	(cor	ntinue	ed)												_							
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service Employer identification number RAVENS ROOST 50 FOUNDATION FOR Name of the organization 20-0126157 FAMILIES, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part 1 Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(v) Amount paid to (iv) Gross receipts (vi) Amount paid to (i) Name of individual (ii) Activity raiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of contributions? col (i) Yes No

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

	art		vents. Complete if the orga	anization answered "Yes" to 6a. List events with gross re	Form 990, Part IV, line	e 18, or rep		aye Z
		٠	(a) Event #1  PARKING LOT  (event type)	(b) Event #2 SHRIMP FEAST (event type)	(c) Other events  1 (total number)	(d) Total e (add col (a col (	) throug	h
Revenue	1 2	Gross receipts Less Charitable contributions	90,759	15,164	12,125	1:	18,0	048
	3	Gross revenue (line 1 minus line 2)	90,759	15,164	12,125	1:	18,0	048
	4	Cash prizes		,	·			
	5	Noncash prizes				<del></del>		
sasu	6	Rent/facility costs						
Direct Expenses	7	Food and beverages	-				<del></del>	
Ö	8	Entertainment						
	9	Other direct expenses	46,189	11,779	9,669		57,6	37
	10 11	Net income summary Co	Add lines 4 through 9 in column (o	10	<b>&gt;</b>		57,6 50,4	537 <sub>)</sub> 111
Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gam col (a) throug		
 	1	Gross revenue				<del></del>		
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses	Yes %	Yes %	Yes %			<del></del>
	6	Volunteer labor	No	No	No			
	7	Direct expense summary	Add lines 2 through 5 in column (c	d)	<b>•</b>	<u> </u>		)
	8	Net gaming income sumr	mary Combine line 1, column d, an	d line 7	<b>•</b>	···-	<del></del> T	
9 a b	ls t		e organization operates gaming action operate gaming activities in each o			9a	Yes	No_
10a b		ere any of the organization' Yes," Explain.	s gaming licenses revoked, suspen	ided or terminated during the tax yea	r?	10a		
11 12	ls t	he organization a grantor,		rs? member of a partnership or other er	ntity	11		
DAA	ion	med to administer charitab	ie gaining /	<del></del>	Schedule G (F	orm 990 or 99	0-EZ) :	2009

Sche	dule G (Form 990 or 990-EZ) 2009 RAVENS ROOST 50 FOUNDATION FOR	20-012615	7	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
þ	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ▶				
	Address ►				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
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 ▶ \$				

Schedule G (Form 990 or 990-EZ) 2009

04/04/2010 Z Z1 PM	SCHEDULEI	(Eorm 990)
3	0,	•

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ► Attach to Form 990.

2009 :

Open to Public Inspection OMB No 1545-0047

Name of the organization RAVENS ROOST 50 FOUNDATION FOR FAMILIES, INC.	NDATION F	S S			Employer 20-01	Employer identification number 20-0126157	Ŀ	
Part I General Information on Grants and Assistance	Assistance							
1 Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant	s amount of the graine?		or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	blity for the grants or a	issistance, and		Yes	<u>\$</u>
Part if Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an ecipient that rec if additional s	d Organi ceived mo pace is no	Organizations in the United States. Complete if the organization answered "Yes" to ived more than \$5,000. Check this box if no one recipient received more than \$5,000 ce is needed	ted States. Comprheck this box if n	lete if the orga o one recipient	inization answe received more	red "Yes" to than \$5,000. Use	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
ST. VINCENTS CENTER								
TIMONIUM MD 21093			15,200					
				:				
-								
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	rganizations							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ne Instructions for	r Form 990.					Schedule I (Form 990) 2009	m 990) 2009

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Schedule I (Fc	Schedule I (Form 990) 2009 RAVENS ROOST 50 FOUNDATION	50 FOUNDATIO	N FOR 2	20-0126157		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Cor Use Part IV and Schedule I-1 (Form 990) if additional space is needed	to Individuals in the (Form 990) if addition	United States. Com	plete if the organizatio	Jnited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Il space is needed.	1990, Part IV, line 22.
<b>.</b>	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHILDR	CHILDREN AND FAMILIES	260	1,200	6,505	PURCHASE	FOOD, CLOTHING
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	n required in Part I, lir	ne 2, and any other addition	nal information.

SCHEDULE J (Form 990)

Part I

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RAVENS ROOST 50 FOUNDATION FOR

FAMILIES, INC. **Questions Regarding Compensation**  Employer identification number 20-0126157

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
		1		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the		1	
	organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant Compensation survey or study	1	1	
	Form 990 of other organizations  Approval by the board or compensation committee	1	-	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		1	
	organization or a related organization	- 1	- 1	
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of	ĺ		
а	The organization?	6a		X
b	Any related organization?	6b_		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	-	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?			

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

Schedule J (Form 990) 2009

04/04/2010 2 21 PM

Schedule J (Form 990) 2009 RAVENS ROOST 50 FOUNDALLON FOR AND ACCOUNTS. OF Schedule J-1 if additional space is needed.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule 3, report compensation from the organization on row (i) and from related organizations, described in the

Note. The sum of columns (B)(i)—(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

	(B) Breakdown		compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)+(D)	reported in prior Form 990 or Form 990-EZ
MICHAEL BROOKS		0	0	0	0		
			0	0	0	0	0
WAYNE CIAMPAGLIA		0	0	0	0		0
			0	0	0		0
AMI MILLER		<del>•</del> •	0 0	0 0	0 (		0 (
			0	0	D		0
PATRICIA REBBERT (	© ©	0 0	0 0	0 0	0 0	0 0	00
JAMES SCARBROUGH			0	0	0		0
0)	(ii)	0	0	0	0		0
) )	(n)						
	(E)	•	·				
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0	(u) (t)						
)	(1)	•					
)	(e)						
)	(1)						
)	(m) (0)						<u>'</u>
)	(II) (I)	•					
)	(II) (i)						
)	(n) (r)	•					
						Sched	Schedule J (Form 990) 2009

Schedule J (Form 990) 2009 RAVENS ROOST 50 FOUNDATION FOR Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

20-0126157

for any additional information

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SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047 2009

(Form 990)

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization

RAVENS ROOST 50 FOUNDATION FOR FAMILIES, INC.

Employer identification number 20-0126157

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A DRAFT FORM 990 IS E-MAILED TO ALL BOARD MEMBERS FOR THEIR REVIEW. ONCE

ALL MEMBERS HAVE REVIEWED THE FORM AND ANY NECESSARY CHANGES MADE THE FORM

990 IS FINALIZED AND FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL OFFICERS AND BOARD MEMBERS MUST COMPLETE AN ANNUAL DISCLOSURE CHECKLIST

AND QUESTIONNAIRE REGARDING ANY POTENTIAL CONFICTS OF INTEREST. ANY ISSUES

ARE REVIEWED AND RESOLVED BY THE BOARD MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING THE PRESIDENT OR ANY OF THE OTHER OFFICERS OF THE ORGANIZATION.

SCHEDULE R	Related Organ	Belated Organizations and Unrelated Partnerships	related Dartner	rchine		OMB
(Form 990)	Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	lion answered "Yes" to F	orm 990, Part IV, line 3:	3, 34, 35, 36, or 37.		-
Department of the Treasury Internal Revenue Service	► Attach to Form 990.	•	See separate instructions.	ø		Ö Ö
Name of the organization	RAVENS ROOST 50 FOUNDATION FOR FAMILIES, INC.				Employer identificat 20-0126157	dentific 6157
Part i Identific	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	rganization answere	d "Yes" to Form 99	00, Part IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Dire
Part II Identific	Identification of Related Tax-Exempt Organizations (Complete if the organization answered had one or more related tax-exempt organizations during the tax year.)	omplete if the organ the tax year.)	ization answered "	Yes" to Form 990, F	"Yes" to Form 990, Part IV, line 34 because	use it
z	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	a d
RAVENS ROOST 50 C P.O. BOX 20426 BALTIMORE	0 OF CARNEY, INC. 20-0126222 MD 21284-0426	SOCIAL	Q	501		N/2
For Privacy Act and Pape	For Privacy Act and Paparowork Beduction Act Notice see the Instructions for Form 990.	Ubb			Stop	Schodulo D (6

(f)
Direct controlling
entity

N/A

Schedule R (Form 990) 2009

200'9Open to Public inspection
Employer identification number 20-0126157

(f)
Direct controlling
entity

OMB No 1545-0047

•	General or managing partner?		·	1	) ntage: ship			
בס טון	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			Part IV,	(h) Percentagı: ownership			
, ר מונוע, וו	(h) Dispro- portonate amour alloc? Sct (Fc			to Form 990, Part IV	(g) Share of end-of-year assets			
066 111	Pod al			ss" to	1			
0 0 53	(g) Share of end-of-year assets			answered "Ye	(f) Share of total income			
year.)	(f) Share of total income			if the organization	(e) Type of entity (C corp. S corp. or trust)	.,-		
p during the tax	Predominant income (related, unrelated, excluded from tax under sections 512-514)	6070		ust (Complete rporation or trus	(d) Direct controlling entity			
as a partnershi	(d) Direct controlling entity			poration or Tr	(c) Legal domicile (state or foreign country)			
ated a	(c) Legal domicile (state or foreign			a Cor				
ganizations tre	(b) Primary activity			s Taxable as ated organizat	(b) Primary activity		: : : : : :	
because it had one or more related organizations treated as a partnership during the tax year.)	(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			
Part III				Part IV	N			

Schedule R (Form 990) 2009

20-0126157

Page 3

RAVENS ROOST 50 FOUNDATION FOR

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		108	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	<b>!</b>	-	:
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	•	19	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)	•	<del>1</del> Р	×
c Gift, grant, or capital contribution from other organization(s)		10	×
d Loans or loan guarantees to or for other organization(s)	•	14	×
e Loans or loan quarantees by other organization(s)		16	×
			*****
f Sale of assets to other organization(s)		<b>*</b>	×
g Purchase of assets from other organization(s)	•	19	×
h Exchange of assets	<b>-</b>	ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)		;	×
i Lease of facilities, enument or other assets from other organization(s)		<del>.</del>	×
k Performance of services or membership or fundraising solicitations for other organization(s)		<b>*</b>	×
		=	×
m Sharing of facilities, equipment, mailing lists, or other assets	-	1m	×
n Sharing of paid employees		ᄩ	×
Reimbursement paid to other organization for expenses		10	×
n. Reimbilisement hald by other organization for expenses		1 <sub>0</sub>	×
			<u> </u>
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s)			×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	sp		
		(2)	
Name of other organization (1907)	type (a-r)	Amount involved	
(1)			
(2)			
(4)			
(5)			
(9)			ļ
	Schedule R (Form 990) 2009	۲ (Form 99)	9) 2009

Part VI

RAVENS ROOST 50 FOUNDATION FOR Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

20-0126157

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

		اہ ا	1						!	١	1	İ	60
(h) General or	partner?	2		<del>-</del>									90) 20
Ger		Yes					 <del></del>	_					orm 9
JBI	0X 20 1 K-1 65)	.									ļ		Schedule R (Form 990) 2009
(g) Code V—UBI	chedule orm 10												Sched
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rtonate	<u> </u>	٥											
(f) Disproportionate	8 8 8	Yes											
		•											
(e) Share of	enu-or-year assets		:			:							
5													i
ners	.suc	N <sub>S</sub>			·		 						
(d) Are all partners	501(c)(;	Yes		_			 						
							 				-		
(c) Legal domicile	or rores												
Legi	eleis)												
ııty										:			
(b) Primary activity													
Print													
<u> </u>				-									
						!							
entity													
(a) Name, address, and EIN of entity													
(a) Iress, ar													
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	Federal Statements	_
•		
•	FORM 990 PART V - A 75 C	
	Description	
RGANIZATION HAS ADOPTED	A CONFLICT OF INTEREST POLICY.	
		- •