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200912

OMB No. 1545-0047

Form 990

## **Return of Organization Exempt From Income Tax**

(2009

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

Open to Public

THE	A NEVEN	ue Service		no organization ma	y nave to use a co	opy or this return	to saus	ily state rep	orung requ	Jirements.	Inspectio	n	
<u>A_</u>	For th	<u> </u>		year, or tax year b				nd ending	Dec	ember	, 20 09		
B	heck if a	applicable:	Please use IRS	C Name of organizati		nity Outreach	Found	ation Inc		D Employe	or identification n	umber	
	kddress	change	tabel or	Doing Business As						26	243754	4	
	Name ci	hange	print or type.	Number and street (or	PO box if mail is not o	delivered to street add	ress)	Room/suite		E Telephor	ne number		
	natial ret	turn	See Specific	29770 Three No				20	)4	( 240 )	538-187	6	
	Termina!	ted	tristruc-	1 '	or country, and ZIP	+ 4							
$\mathbf{Z}_{i}$	Amende	d return	tions.	Charlotte Hall, I						G Gross rec	expts \$		
	\opticatio	n pending	F Nan	ne and address of prin	cipal officer: Alic	e Gaskin			H(a) is the	a group return f	or affiliates? Yes	No 🔽	
				eron , MD	<u>-</u>				r		cluded? Yes	_	
		empt status		501(c) () <b>⊲</b> (insert n	io.) 4947(a)(1)	or 🔲 527			t .		ist. (see instructio		
				cofine.com			<del>,</del>		H(c) Group	extemption man	ber ► 31205	025	
				oration 🔲 Trust 🔲 Ass	ociation L.J Other >	·	L Year	of formation	2007	M State of	legal domicile: M	<u> </u>	
٣á	rt I				<del></del>								
	1 1	Briefly d	escribe	the organization's	s mission or mo	st significant a	ctivities			·····			
•		Raise F	unds f	or Charities and	Non-Profits	••••••				·			
Activities & Governance	Ι.		<b></b>	•••						······			
Ę										·		******	
ફ્રે				if the organization				than 25% of	its net ass	ets.			
æ				ng members of th						. 3		0	
Ş	4	Number	of inde	pendent voting m	embers of the g	overning body	(Part V	I, line 1b)		. 4		0	
棄				f employees (Part	•					. 5		45	
¥				f volunteers (estin						. 6		17	
	7a ]	Total gro	SS unre	elated business re	venue from Part	VIII, column (0	C), line :	12		. 7a		0	
	D	Net unre	nated b	usiness taxable in	come from For	n 990-1, line 3	<u>4 </u>	·	<del></del>	. 7b		0	
	l							<u> </u>	Prior Y		Current Yes		
ş				nd grants (Part VI				· · · <del>  -</del>		2,113.00		79.98	
Revenue				e revenue (Part VI				· · · <del>  -</del>	29	1,392.00	1,205,1		
Ş				me (Part VIII, coli				· · ·		- 0			
	11 12	Other rev	yenue (	Part VIII, column add lines 8 through	(A), lines 5, 6d, i	BC, 9C, 10C, an	d 11e)	. 13.		0	4 000 0	0	
								9 12)		3,505.00	1,692,5		
										8,680.00	487,379.98 9,868.00		
8								: <u>. :</u> . ·}—		2,211.00			
Expenses				ompensation, empl			), lines 5	⊢10) <del>[</del> —	4	3,069.15	\$255,724.78		
Š				ndraising fees (Par				· }		<del>}</del>		0	
_	170	Other ev	uraising	g expenses (Part IX	, column (U), line	20) P	<del></del>		10	9 005 72	031.4	E4 06	
	18	Total av	penses	(Part IX, column Add lines 13-17		TO LETT !		<u> </u>		8,005.73 1,965.88	1,677,9	54.96	
	19	Revenue	less ex	penses. Subtract	inex18 from line 1	2	line 2	<sup>(3)</sup>		1,539.12		38.74	
ار ان خ					1.7.	0 2012	<del>} </del>	Be	ginning of C		End of Yes		
şş	1	Total ass	sets (Pa	art X, line 16) .	The Aug I	<u> </u>	2			0		0	
₹ B	21	Total leaf	silituae (	Part V line 26\	L		<b>=</b>   `     '	· -		0		0	
<u>8</u> 5	22	Net asse	ts or fu	and balances. Sub	pract line Dio	in Vine teb	1 . :		5	1,539,12	8.1	38.74	
	art II			Block									
		Under pe	enalties o	perjury, I declare that	I have examined this	return, including a	ccompan	ying schedule	s and state	ments, and to	the best of my kr	owledge	
		and bell		ue, correct, and compl	grey Decraration of pr	reparer (other than	ottioer) is	based on all	enformation	at which pre	parer has any kno	wiedge.	
Sig	n		M	raia or	·	w				10-	7-201		
He	re	V∕ Sagr	ature of	officer	1		~		Da	te			
		<b>N</b> _	Vic	e Mrside	ent SAG	U.DRAL.	13,00	wn					
		Тур	e or print	name and title									
		Preparer					Date	Chec self-	k if		entifying number		
Paid	1	signature	• 🚩				}		oyed 🕨 🔲	(see instructi	ons)		
	parer's	l					L.,_		<del></del> -	<u> </u>			
	Only	Firm's ni	ame (or y						EIN	<b>•</b>			
		address,	and ZIP						Phone r	10. ▶ (	)		
Ma	y the	IRS disc	uss this	return with the p	preparer shown	above? (see in:	struction	ns)			V Yes	No	

	Page 2
Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Raise funds for Charites and Non-Profits
	**
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 0 including grants of \$ \$116,879.00 ) (Revenue \$ 0 ) St.Mary's Hospital Auxiliary
	These are Bingo funds which is really considered not Income for ADFCOF but rather for licenced non-profits that hold bingo Sessions in our facility. How ever as advised by IRS we have included this as income and expensed it out once again as advised by IRS.
	***************************************
	***************************************
	***************************************
	***************************************
4b	(Code: ) (Expenses \$ 0 including grants of \$ \$45,291.88 ) (Revenue \$ 0 ) Knights of St. Jerome
	Blngo funds same as mentioned above 4a.
	***************************************
	***************************************
	·
4c	(Code: ) (Expenses \$ 0 including grants of \$ \$155,549.00 ) (Revenue \$ 0 )  Southern Youth Football
	Bingo Funds same as mention in 4a please see above.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 0 )
40	(Expenses \$ including grants of \$ ) (Revenue \$ 0 )  Total program service expenses ▶ 0

Par	Checklist of Required Schedules			
_	to the second state of the second sec		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	•	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	,	1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	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.			
•	Old the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		-	
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	1
		For	n 990	(2009)

Par	t IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>✓</b>
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		7
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		<b>→</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part !	25Ь		<b>→</b>
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 !!	26		<b>√</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>✓</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
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		<b>✓</b>
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		1
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,			
38	Part VI	37		1
	19? Note. All Form 990 filers are required to complete Schedule O	38		<u> </u>
		Form	990	(2009)

Par	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			:
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	j		•
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 45			\
þ	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 this return?	3a_		. ✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>√</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
b	If "Yes," enter the name of the foreign country: ▶ no			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		1
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 goods and services provided to the payor?	7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year			l .
6	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	<b>-~</b>
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	ļ	1
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		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	/
10	Section 501(c)(7) organizations. Enter:	<b>[</b>	<b>{</b>	1
a	Initiation fees and capital contributions included on Part VIII, line 12. 10a 0  Gross receipts, included on Form 990, Part VIII, line 12 for public use of club facilities 10b 0	}	l	
	and the state of t	{	1	1
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	[	}	
	Gross income from other sources (Do not net amounts due or paid to other sources against			l
_	amounts due or received from them.)	1	1	
1 <b>2</b> a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 10412	128	l	1
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			
		Form	990	(2009)

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
Ъ	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	.		
	any other officer, director, trustee, or key employee?	2		_
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
_	of the governing body?	7a		<u> </u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			[
_	the year by the following:			,
	The governing body?	8a		<b>!</b>
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b		✓_
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			,
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	9a		
Rev	enue Code.)	ii iai		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		
	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 filling the			
	form?	11		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a		
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		ļ
13	Does the organization have a written whistleblower policy?	13	<u></u>	}
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by	1		}
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
	The organization's CEO, Executive Director, or top management official	15a		├-
D	Other officers or key employees of the organization	15b		<del> </del>
460	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
108	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		Ì
L		104		
Đ	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			1
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Maryland			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	2(3)(3	onlvi	
	available for public inspection. Indicate how you make these available. Check all that apply.	,,,-,-	···,	
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inti	erest	
	policy, and financial statements available to the public.	J		
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds o	f the	
	organization: ▶ 29770 three notch road , Charlotte Hall, MD 20622 Alice Gaskin and or Sandy Brown .			

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

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

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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.										
(A)	(B)	ļ		•	C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (c		k ell	that ap		Reportabla	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Schedule J					_					
										-
										·
							_			
					_					
			_	_						
			L							
								]		

Part VII Section A. Officers, Directors,	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)							(F)				
Name and title	Average hours per week	Individual trustee or director	Institutional	Officer	H Key employee	Highest compensate employee	oly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from retated organizations (W-2/1099-MISC	con con	stimated mount of other appensation from the ganization ad related
		8	trustee			emsated				ort	enodazina
schedule j										<del>                                     </del>	
									-		
		<u> </u>									
1b Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>	٠	<u></u>	:	▶	<u></u>	L		
2 Total number of individuals (including to reportable compensation from the organization)		to th	ose	list	ed a	above	) wl	ho received m	ore than \$100	ni 000,	
							-				Yes No
3 Did the organization list any former or employee on line 1a? If "Yes," complete							oye	_	-	3	1
4 For any individual listed on line 1a, is t the organization and related organization	ons greater the									4	
<ul><li>individual.</li><li>Did any person listed on line 1a recesservices rendered to the organization?</li></ul>		com: nlete	pen Sch	satı	on de	from	any	unrelated org	anization for	5	/
Section B. Independent Contractors	, , , , , , , , , , , , , , , , , ,	<i>D.</i> <b>O</b> · <b>O</b>	-			107		, person .	<del></del>		<u> </u>
Complete this table for your five higher compensation from the organization.	st compensate	ed ind	lepe	ende	ent (	contra	acto	rs that receive	d more than \$	100,00	0 of
(A) Name and busines	address							(B) Description of s	services		C) ensation
none							0				0
	<del></del>		_				$\vdash$				
Total number of independent contractor more than \$100,000 in compensation	rs (including b	out no	t lim	itec • 0	l to	those	list	ed above) who	received		· · ·

Part	VIII	Statement of Re	Venue					<del></del>	Page 8
			<u> </u>			(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	1a	Federated campaigns		1a		)			
g a		Membership dues		1b			I		1
a,	С	Fundraising events		1c	487,379.9	3			Ì
<u>a</u> a		Related organizations		1d				1	
S, E		Government grants (contri	butions).	1e				ł	
등	1 .	All other contributions, gifts, g	-			]		1	
혈		and similar amounts not inclu		1f	(	)			· ·
E S	9	Noncash contributions include		f: S		5 <b>1</b>			
ပို့ န	_h	Total. Add lines 1a-1f				487,379.98		1	
, B					Business Code				T
Program Service Revenue	2a	1,205,184.50			900999	7			
ğ	ь	0							
<u>.</u>	-	0							
2	ď	.0				<u> </u>			<del></del>
6		0			· · · · · · · · · ·			<del> </del> -	<del></del>
<u> </u>	f	All other program servi	ce revenue	3				+	<del></del>
5	g	Total. Add lines 2a-2f				1,205,184.59		<del> </del>	·
	<del> </del>				·	1,220,104.00		<del> </del>	<del></del> -
	3	Investment income (inc	-			o			
	۱.					0		<del> </del>	<del></del>
	5	Income from investment of Royalties		DE DON	a proceeas	0		<del> </del>	+
	١	noyames,	(i) Real	<u> </u>	(ii) Personel	<del> </del>		<del> </del>	
		0 - 0 - 1	- (71100	0					
	1	Gross Rents		0	<del></del>	┥ !			
		Less: rental expenses	}·	- 0		- <b> </b> '			} .
	d	Rental income or (loss)  Net rental income or (lo	L		· <b>•</b>	-[			1
		•	(i) Secunti	<u>· · · · </u>	(ii) Other			<del></del>	<del></del>
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	<u> </u>	(a) Other	<b>-</b>			
	ł	•				<b>-</b>			į.
	þ	Less: cost or other basis		0					
		and sales expenses .		- 0		-			1
		Gain or (loss)	L	<u>-</u>	<del>!</del>	-∤			1
	a	Net gain or (loss)			<u>, , , , , , , , , , , , , , , , , , , </u>	-		<b>_</b>	
Revenue	8a	Gross income from			1			1	-{
ē	1	events (not including \$							
é	ļ	of contributions reporte		•					- }
er		•		_		<u>o</u>			<b>,</b>
	b	Less: direct expenses		. b		<u>o</u>			
ð	C	Net income or (loss) from	om fundrai	sıng e	vents .	0			
	9a	Gross income from gan	nno activiti	es.					
		See Part IV, line 19				<u>o</u> ]	ł	Ì	Į
	ь	Less: direct expenses.		b		0			
	С	Net income or (loss) fro	om gaming	activ	nties 🕨				
	10a	Gross sales of inve	entory. le	SS	1	_			
		returns and allowances	•			<u>o</u>	1		
	ь	Less: cost of goods so		. b		0			
		Net income or (loss) from		nvent	ory <b>&gt;</b>	7			
		Miscellaneous Rev			Business Code		1		
	112	0				3		ļ	1
	ь	0						T	<del></del>
	c	0					<u> </u>	<del> </del>	
	1 -							<del>                                     </del>	<del> </del>
	•	All other revenue				<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>
		Total. Add lines 11a-1 Total revenue. See ins			💍	1,692,564.40		<del> </del>	+
	<u>''</u>	Taran Tevering. See III	, J J J J J J J J J J J J J J J J J J J	<del></del>		1,032,304.40	L		

# Part IX Statement of Functional Expenses

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

Do	All other organizations must complete column include amounts reported on lines 6b,	W	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	487,379.98	······································		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			•
3	Grants and other assistance to governments,	1			
	organizations, and individuals outside the			İ	
	U.S. See Part IV, lines 15 and 16	9,866.00	<del></del>		
4	Benefits paid to or for members	9,000,00	<del></del>		
5	Compensation of current officers, directors, trustees, and key employees	255,724.78			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
0	Payroll taxes	36,155.06			
11	Fees for services (non-employees):	42 204 22			
	Management	12,291.23 8,705.00			<del></del>
a	Legal	4,196.89			<del></del>
	Accounting	4,130.03	<del></del>	<del> </del>	<del></del>
	Lobbying	9		<del> </del>	<del></del>
f	Investment management fees	0	<del></del>		
	Other	Ō	~ <del>~~~</del> ~		
2	Advertising and promotion	30.220.22			
3	Office expenses	29,960.09			
4	Information technology	16,601.16			
15	Royalties	0			
6	Occupancy	756,493.10			
7	Travel	4,247.58	<del></del>		
8	Payments of travel or entertainment expenses	ol		<b> </b>	
	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings .	0			
1	Interest	0			
2	Depreciation, depletion, and amortization	0		_	
:3	Insurance	38,128.40			
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.)				<u></u>
а	lana amida	2 505 22	· · · · · · · · · · · · · · · · · · ·	<del> </del>	
þ	lawn service	2,595.00		<del> </del>	
C				<b> </b>	<del> </del>
d		· <del>  </del>			
e	All other expenses		<del></del>	<del> </del>	<del></del>
25 25	Total functional expenses. Add lines 1 through 24f	1,692,564.40		† ·· ·	<del></del>
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	· jessiss-1.44			

Part	X Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	\$9,539.97	1	\$8,138.74
2	2 Savings and temporary cash investments	0	2	
{ 3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6	
뭐 :	7 Notes and loans receivable, net	0	7	
Assets	8 Inventories for sale or use	0	8	131,655.43
١ إلة	9 Prepaid expenses and deferred charges	0	9	
10	Da Land, buildings, and equipment: cost or 10a 0  other basis. Complete Part VI of Schedule D			
	b Less: accumulated depreciation 10b 0	0	10c	
11		0	11	
12	Investments—other securities. See Part IV, line 11	0	12	
13	Investments-program-related. See Part IV, line 11	0	13	
14			14	
15	5 Other assets. See Part IV, line 11	0	15	
16			16	
17	The state of the s		17	
18			18	
19			19	
_   20			20	
Liabilities 21		9	21	
23		0	·23	0
24			_	
25	Other liabilities. Complete Part X of Schedule D	· 0	25	
26		0	26	
Sauces	Organizations that follow SFAS 117, check here ▶  and complete lines 27 through 29, and lines 33 and 34.			
	7 Unrestricted net assets	0	27	
a 21	B Temporarily restricted net assets	0		
일 23	Permanently restricted net assets	0	29	
Net Assets or Fund Ba	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ಫ್ಟ್ 30	Capital stock or trust principal, or current funds	0		
8 31		0		
Ž   3		0	_==-	
<u>≅</u>  3≾	3 Total net assets or fund balances	0		(
-   3 <sup>4</sup>	4 Total liabilities and net assets/fund balances	0	34	

Form **990** (2009)

Form	orm 990 (2009)						
Pa	TXI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990:						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1			
b	Were the organization's financial statements audited by an independent accountant?	2b		1			
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?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c					
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis						

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
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.

Form **990** (2009)

3ь

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

### **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

Internal Revenue Service Name of the organization Employer identification number ADF COMMUNITY OUTREACH FOUNDATION INC 2437544 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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: section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % 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 33/3 % 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 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 !! c Type III-Functionally integrated d Type III-Other e D 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? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii (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? 11g(11) Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (i) Name of supported (vii) Amount of organization in col (i) listed in your (described on lines 1-8 the organization in organization in col. support governing document? above or IRC section col. (ii) of your (i) organized in the (see instructions)) US? support? Yes No Yes No

Total

Schedule	Δ	Œwm	200	<b>- αα</b> Λ.	57	2000

Page 2

Pa	Support Schedule for Org (Complete only if you chec	ganizations li ked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)(	1)(A)(vi)
Sec	tion A. Public Support						
	lendar 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		<del></del>			<u> </u>	<u> </u>
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.	<u></u>	<u> </u>	L		1:	
	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		<u></u>		<u></u>
12	Gross receipts from related activities, etc.	(see Instruction	ons)			12	<del></del>
13	First five years. If the Form 990 is for organization, check this box and stop he	<u>re</u>	<del></del>	nd, third, fourth			on 501(c)(3)
Sec	tion C. Computation of Public Sup	port Perce	ntage				
14	Public support percentage for 2009 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2008 Sch	redule A, Part	II, line 14 .			15	%
16a	33%% support test -2009. If the organization qualifies	as a publicly s	supported organ	nization .			▶ 🛚
b	331/4 % support test - 2008. If the organization quality box and stop here. The organization quality				and line 15 is	33% % or more	, check this ▶ □
17a	10%-facts-and-circumstances test - 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums	acts-and-circur	nstances" test,	check this box	and stop here	. Explain ın Parl	IV how the
b 18	10%-facts-and-circumstances test – 2008, more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	nstances" test, o organization qua	theck this box a diffes as a public	and stop here. By supported or	Explain in Part ganization	IV how the

Sec	(Complete only if you check tion A. Public Support	ed the box o	n line 9 of Pa	art I.)			
	lendar year (or fiscal year beginning in)	(a) 2005	(p) 500e	(c) 2007	(d) 2008	(e) 2009	(f) Total
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1-2	(0) 2000	177.13
1	Gifts, grants, contributions, and membership fees received. (Do not include	}	(			ļ	
	any "unusual grants.")					\$487,379.98	\$487,379.98
2	Gross receipts from admissions, merchandise	j					•
	sold or services performed, or facilities furnished in any activity that is related to the	}	}			1	
	organization's tax-exempt purpose	<b></b>				\$1,205,184.50	\$1,205,184.50
3	Gross receipts from activities that are not an unrelated trade or business under section 513				o	0	0
					· · · · · · · · · · · · · · · · · · ·		
4	Tax revenues levied for the organization's benefit and either paid to or expended on	ļ	ļ				
	its behalf				0	0	0
5	The value of services or facilities	ł					
•	furnished by a governmental unit to the	(	ļ				
	organization without charge	<b></b>	ļ		0	0	0
6	Total. Add lines 1 through 5	<b></b>				\$1,692,564.40	\$1,692,564.40
7 <b>a</b>	Amounts included on lines 1, 2, and 3	1	ļ				
	received from disqualified persons .	ļ	<del> </del>			0	0
ъ	Amounts included on lines 2 and 3 received	ŀ	1				
	from other than disqualified persons that			į	,		
	exceed the greater of \$5,000 or 1% of the	<b>}</b>				o	0
_	amount on line 13 for the year			<del></del>		<del>-</del>	0
	Add lines 7a and 7b	<del></del>	<del></del>				
8	Public support (Subtract line 7c from line 6.)	1		1			s
ect	ion B. Total Support	·	<u></u>	L		L	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6					\$1,692,564.44	\$1,692,564.40
	Gross income from interest, dividends,						
	payments received on securities toans, rents, royalties and income from similar			1			
	sources				0	0	0
ь	Unrelated business taxable income (less			]			!
	section 511 taxes) from businesses						•
	acquired after June 30, 1975				0	0	0
-	Add lines 10a and 10b	<b> </b>	<del></del>		0	0	<u> </u>
1	Net income from unrelated business activities not included in line 10b.						!
	whether or not the business is regularly				0	o	o
	carned on	}					
	Other income. Do not include gain or					į	l
	loss from the sale of capital assets (Explain in Part IV.)				0	اه	0
	Total support. (Add lines 9, 10c. 11.						
	and 12.)	<u> </u>	<u> </u>		0	0	5544 1/21
	First five years. If the Form 990 is for to organization, check this box and stop to			na, tnira, tourtr _· _· _· ·	_		▶ Ø
ect	ion C. Computation of Public Su	pport Percer	ntage				
5	Public support percentage for 2009 (lin	e 8, column (f	divided by lin	e 13, column	(f))	15 \$1,692	2,564.40 %
	Public support percentage from 2008 S			<u> </u>		16	%
ect	ion D. Computation of Investmer	nt Income Pe	ercentage				
7	Investment income percentage for 2009	9 (line 10c, col	ບກາກ (f) divided	d by line 13, ca	olumn (1)) .	17	. %
	investment income percentage from 20					18	%
	33% % support tests - 2009. If the orga				ind line 15 is n	nore than 33% 9	%, and line
	17 is not more than 331/3 %, check this b						
	33% % support tests-2008. If the organ						
	line 18 is not more than 33½ %, check this		_				
)	Private foundation, If the organization	did not check	a box on line 1	4, 19a, or 19b	, check this bo	ox and see inst	ructions 🕨 🗀

	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information	. Complete this	part to provide t	the explanations require	ed by Part II, line 10;
	Part II, line 17a or 17b; and	Part III, line 12	. Provide any oth	er additional informatio	n. See instructions.
				• • • • • • • • • • • • • • • • • • • •	
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			•••••		.,

#### SCHEDULE J (Form 990)

Opportment of the Treesury Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete If the organization enswered "Yes" to Form 990,
Part IV, line 23.

➤ Attach to Form 690. ➤ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

ADF Community OUtreach Foundation INC 2437544 Questions Regarding Compensation 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) b If any of the boxes on line 1s are 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 , . . . . . . 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? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract Independent compensation consultant ☐ Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 40 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement?. . 4c 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 5-8. For persons tisted in Form 990, Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? . . . . . Sæ b Any related organization? . . . . 5b If "Yes" to line 5a or 5b, describe in Part III. For persons tisted in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: ßه a The organization?............ **b** Any related organization? . . . 6h If "Yes" to line 6a or 6b, describe in Part III. For persons tisted in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 if "Yes," describe in Part III 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 8 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 980.

Schedule J (Form 990) 2009

Schedule J (Form 990) 2006

Pape 2 Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)()-(ii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown o	wn of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontacable	(E) Total of columns	(F) Companyation
(♠) Name		(i) Buse compensation	(ii) Bonus & Incertivo compensation	(iii) Other reportable compensation	other deferred compensation	Denofits	(a)-(d)a	reported in prior Form 890 or Form 890-EZ
Alice Gaskin	25	\$30,715.83	0	0	0	0	30,715.83	\$4500.00
Alysha D. Hanson	88	\$5,797.18	0	0	0	0	\$5,797.16	\$728.51
Beck Tenner	€ €	\$15,648.40	0	0	0	0	\$15,848.40	\$1,894.20
Christopher Frey	€ €	\$3,386.64	0	0	0	0	\$3,386.64	\$910.99
Oale Buckler	68	\$854.83	0	0	0	0	\$854.83	\$440.42
Daniel Martin	€ 8	\$273.56	0	0	0	0	\$273.56	0
Dawn Oliver	<u>e</u>	\$71.32	0	0	0	0	\$71.32	\$310.75
Denise M. Shlegle	EB	\$12,39	o	00	0	O	\$12,394.00	\$500.00
Dina Downs	88	\$698.47	0	0	0	0	\$698.47	O
Donald Vennemann	68	\$922.25	0	0	0	0	\$922.25	\$552.00
Dorma Haldelbach	88	\$2,100.67	0	0	0	0	\$2,100.67	\$572.66
Eric J. Stoftlemyer	G €	\$857.25	0	0	0	0	\$857.25	0
Erica Ecobar	88	\$1,185.00	Ô	0	0	0	\$1,185.00	\$221.90
Garyin Chambers	8.5	\$3,392.00	Q	û	0	0	\$3,392.80	\$985.20
Stacy Tanner	8 8	\$1,293.28	0	0	0	0	\$1,293,28	0
Stephania Ostrowski	88	\$3,381,35	0	e	0	0	\$3,381.35	\$308.25
								4.4. 4 C Onto

Schodule J (Form 880) 2003

OMB No. 1545-0047

SCHEDULE J-1 (Form 990)

Department of the Instany interest Riverta Sevica Name of the organization

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 890 to list additional information for Schedule J (Form 890), Part II.

➤ See Instructions for Schedute J (Form 690).

2009

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Part Continuation of Officers, Directors	.ers,	Directors, Trust	s, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II)					
		(8) Breakdown of	kdown of W-2 and/or 1099-MISC compensation	compensation	(C) Rethament and	eldexadook (D)	(E) Total of columns	(F) Compensation
(A) Name		(A Base compenention	(II) Bonus & incentive compensation	(III) Other reportubia compensation	other deferred compensation	thereof its	(O+f)(E)	Form 990 or Form 990-E2
Marlene Martone	EE	\$229.95	0	0	0	0	\$229.95	0
Mary Beth Rose	€ €	\$2,940.58	O	0	0	0	\$2,940.68	\$678.67
Megan Guy	52	\$15,863.25	0	o	e	0	\$15,863,25	\$3400.00
Melissa Rosa	88	\$3,103.46	0	O	0	0	\$3,103.46	\$111.18
Michael Dodson	<b>E E</b>	\$10,803.97	0	0	0	0	\$10,803.97	81,554.17
Michael Lyan	EE	\$4,797.60	0	0	0	0	\$4,797.60	\$1,499.60
Michelle Guyer	€ 🗉	\$1,310.43	0	0	0	C	\$1,310.43	\$224.26
Natasha McDougal	EE	\$18,419.75	0	0	0	O	\$18,419.75	\$3400.00
Nicolas J. Grinder	58	\$109.84	0	O	0	0	\$109.84	0
Nicole J. Grinder	EE	\$109.84	0	0	9	0	\$109.84	0
Rene G. Longaria	E \$	\$1,673.25	0	O	0	0	\$1,673,25	\$438.50
Sandra Brown	8	\$31,605.76	0	0	0	0	\$31,605.76	\$4500.00
Waynisha Miles	68	\$352.80	0	0	0	0	\$352.80	\$418.25
	3		0	0	0	0		
	<b>≘</b> €	-	0	0	0	0		
	E E		0	0	0	0		•••••••

Schedde J-1 (Form 980) 2009

Cert. No. 61027H

For Princy Act and Peperwork Reduction Act Notice, see the Instructions for Form 880.

SCHEDULE J-1 (Form 990)

Occarron of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule J (Form 990)

► Attach to Form 890 to list additional information for Schadule J (Form 890), Part (I. ▶ See Instructions for Schadule J (Form 990).

OMB No 1545-0047 2009

Open to Publi Inspection Employer Identification number

(B) Breakt		ŀδ	wn of W-2 and/or 1099-MISC compensation	C compensation			711 un 1 'C elen	(F) Compensation
(А) Матв	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(it) Bonus & Incentive compensation	(Bi) Other reportable compensation	(c) retrement and the	(D) Noviexebre benefits	(E) Total of columns (B)()-(D)	reported in prior Form 990 or Form 990-EZ
Tammy Fazenbaker	E <b>E</b>	76 078 VS	0	0	0	0	\$1,820.94	\$771.99
Tinika Washingotn	88	23,704.64	0	0	0	0	\$3,704.64	\$429.21
Tyler Ostrowski	eŝ	\$148.99	0	0	0	0	\$148.99	\$101.39
Gary Buchman	EE	\$2,233.61	o	0	0	0	\$2,233.81	\$40.65
Gregory D, Johnson	€ 5	\$876.40	0	0	0	0	\$876.40	
ins Cordova	EE	\$1,078.11	0	0	0	0	\$1,078.11	0
Jamie L. Thorne	88	\$1,090,11	0	0	0	0	\$1,080,11	\$362.95
Jeffery D. Heidelbach	88	\$784.17	Q	0	0	0	\$794.17	0
Jeremy Wall	<b>6 E</b>	\$2,405.47	0	0	0	0	\$2,405.47	\$223.85
Jherushyr Samuel	23	\$1,475.53	0	0	0	0	\$1,475.53	\$726.91
Joseph L. Collins	8.3	\$1,446.71	0	0	0	0	\$1,446.71	O
Kalityn Carter	<b>e a</b>	\$2,044.62	0	0	0	0	\$2,044.62	0
Kenny Carter	58	\$106.94	0	0	0	0	\$108.94	0
Kyle King	<b>E E</b>	\$1,869.00	0	0	0	0	\$1,869.00	\$632.75
Laura Moreland	88	\$33,921.91	0	0	0	0	\$33,821.91	\$4500.00
Megan McDougal	<b>€</b> 8	\$1,108.87	0	0	0	0	\$1,106.67	0
For Privacy Act and Paperwork Reduction Act Wotice, see th	X	9	Pendantellene fine Come Offi					

m- of the organization		Employer Identification furniser
DF Community Outresch Foun	idation inc	26 2437544
art III Page 2:		
on-Profits Name:	ADFCOF Recipients	Exhibit B:
forld Vision	Internal Child Hunger Relief	\$1,020.00
ttle Flower School	General Fund	\$5,500.00
ternative for Youth	Mental Health for Troubled Youth	\$26,010.00
outhern MD Shockers	General Funds	\$12,812.00
Other Catherina School	General Funds	\$4,600.00
nights of Columbus	General Funda	\$6,757.00
outhern MD Sabres Ice Hockey	General Funds	\$2,500.00
T.Johns School	General Fund	\$4,600.00
lue Knights Hockey	Sports Equipment	\$4,000.00
haries County Lacrosse	Sports Equipment	\$2,000.00
outhern MD Softball	Sports Equipment	\$16,231.90
outhern MD Softball otal \$84,630.00	Sports Equipment	\$16,231.90
	Sports Equipment	\$16,231.00
	Sports Equipment	\$18,231.90
	Sports Equipment	\$16,231.00
	Sports Equipment	\$18,231.90
	Sports Equipment	\$18,231.90
	Sports Equipment	\$18,231.90
	Sports Equipment	\$18,231.80
	Sports Equipment	\$18,231.90
	Sports Equipment	\$16,231.90
	Sports Equipment	\$16,231.90

Schedule O (Form 990) 2009