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

OMB No 1545-1150

2009

Open to Public
Inspection

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010

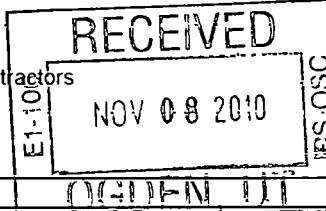
B Check if applicable	C Name of organization Women's Club at Hagerstown, Inc.	D Employer identification number 52-0534940
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions. Number and street (or P O box, if mail is not delivered to street address) 31 S. Prospect Street City or town, state or country, and ZIP + 4 Hagerstown MD 21740	E Telephone number (301) 739-0870
		F Group Exemption Number ►

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

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► **N/A**J Tax-exempt status (check only one) — 501(c) (4) ▶ (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **95,255.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1 1,074.
2 Program service revenue including government fees and contracts	2 51,400.
3 Membership dues and assessments	3 13,190.
4 Investment income	4 2,340.
5a Gross amount from sale of assets other than inventory	5a
b Less. cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a 20,622.
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b 7,771.
b Less direct expenses other than fundraising expenses	6c 12,851.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a
7a Gross sales of inventory, less returns and allowances	7b
b Less cost of goods sold	7c
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8 6,629.
8 Other revenue (describe ► Non member rents)	9 87,484.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	
10 Grants and similar amounts paid (attach schedule)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 16,805.
13 Professional fees and other payments to independent contractors	13 3,095.
14 Occupancy, rent, utilities, and maintenance	14 26,613.
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► See Other Expenses Statement)	16 40,827.
17 Total expenses. Add lines 10 through 16	17 87,340.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 144.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 345,879.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 346,023.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	218,462.22	207,852.
23 Land and buildings	135,920.23	128,329.
24 Other assets (describe ► See L-24 Stmt)	458.24	19,829.
25 Total assets	354,840.25	356,010.
26 Total liabilities (describe ► See L-26 Stmt)	8,961.26	9,987.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	345,879.27	346,023.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)				Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)
What is the organization's primary exempt purpose? Social club				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28	Provide adequate affordable temporary housing to members in need.			
(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>			28a	68,037.
29	Promote and provide social activities for members			
(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>			29a	23,412.
30				
(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>			30a	
31	Other program services (attach schedule)			
(Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>			31a	
32	Total program service expenses (add lines 28a through 31a)			91,449.
Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Mary Anne Kamas 13116 Hepplewhite Circle Hagerstown MD 21742	President 0.00	0.	0.	
Myra Poffenberger 17815 Garden View Rd Hagerstown MD 21740	Vice President 0.00	0.	0.	
Lois Weil Kaufman 9008 Cynthia Court Boonsboro MD 21713	2nd Vice Pres 0.00	0.	0.	
Doris Glessner 13307 Fairfax Rd Hagerstown MD 21740	3rd Vice Pres 0.00	0.	0.	
Ruthann Koeneke 17305 Branden Terrace Hagerstown MD 21740	Recording Sec'y 0.00	0.	0.	
Joan Schupp 19640 Spring Creek Road Hagerstown MD 21742	Corresp Sec'y 0.00	0.	0.	
Patricia Fender 19600 Granada Ct Hagerstown MD 21742	Treasurer 0.00	0.	0.	
Mary Kalin 803 Oak Hill Ave Hagerstown MD 21742	Asst Treasurer 0.00	0.	0.	0.
Barbara Smith 19118 Rock Maple Dr Hagerstown MD 21742	Board of Director 0.00	0.	0.	
Ruth Ann Snook 16025 Clovertown Lane Williamsport MD 21795	Board of Director 0.00	0.	0.	
Glenna Cross 16853 Hampton Road Williamsport MD 21795	Board of Director 0.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

Part V Other Information (Note the statement requirements in the instrs for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity **33**

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes **34**

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? **35a**

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? **35b**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N **36**

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** **37b**

b Did the organization file **Form 1120-POL** for this year? **38a**

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?
 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b**

39 Section 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9 **39a**

b Gross receipts, included on line 9, for public use of club facilities **39b**

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►
 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40e**

41 List the states with which a copy of this return is filed ► Maryland

42 a The organization's books are in care of ► Patricia Fender, Treasurer Telephone no ► (301) 739-8443
 Located at ► 31 S Prospect St, Hagerstown MD ZIP + 4 ► 21740

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country ►

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country ►

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43**

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

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

f Total number of other employees paid over \$100,000 ► _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	► <i>Patricia Fender</i>	Date <i>10/26/10</i>
	Signature of officer	
	► Patricia Fender - TREASURER	
	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► <i>John W. Moore</i>	Date <i>9-2-10</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See Instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► SULCHEK & MOORE, LLC ► 1185 MT AETNA RD #101 ► HAGERSTOWN	MD <i>21740</i>	EIN ►	Phone no ► (301) 733-1200

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

BAA

► Yes No

Form 990-EZ (2009)

Supplemental Information Regarding Fundraising or Gaming Activities

2009

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Women's Club at Hagerstown, Inc.

Employer identification number

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, Line 17. Form 990EZ filers are not required to complete this part

Part I Fundraising Activities. Complete if the organization ans Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

Indicate whether the organization raised funds through any of the following activities. Check all that apply

- Mail solicitations
- Internet and email solicitations
- Phone solicitations
- In-person solicitations
- Solicitation of non-government grants
- Solicitation of government grants
- Special fundraising events

2a Did the organization have 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?

Yes No

b 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

Total

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.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>Fall Frolic</u> (event type)	(b) Event #2	(c) Other Events <u>11</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts	6,359.		14,263.	20,622.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	6,359.		14,263.	20,622.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	1,539.		6,186.	7,725.
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 7,725.
	11 Net income summary Combine lines 3, column (d) and line 10				► 12,897.

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 gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1, column (d) and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: _____

YES	NO
9a	

a Is the organization licensed to operate gaming activities in each of these states?
b If 'No,' explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

10a

b If 'Yes,' explain:

11 Does the organization operate gaming activities with nonmembers?

11

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

12

13 Indicate the percentage of gaming activity operated in
 a The organization's facility
 b An outside facility

	YES	NO
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► Patricia Fender

Address ► 19600 Granada Ct Hagerstown, MD 21742

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c 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

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

15a	X	
-----	---	--

17a		
-----	--	--

Depreciation and Amortization
(Including Information on Listed Property)

2009

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Women's Club at Hagerstown, Inc.

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	5,063.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	2,528.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22	7,591.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Name as Shown on Return <u>Women's Club at Hagerstown, Inc.</u>	Employer Identification No <u>52-0534940</u>
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Line 24 - Other Assets:	Beginning of Year	End of Year
<u>Prepaids</u>	<u>458.</u>	<u>137.</u>
<u>Bequest anticipated</u>		<u>9,692.</u>
<u>Due from Foundation</u>		<u>10,000.</u>
Totals to Form 990-EZ, Part II, line 24	458.	19,829.
Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>Accounts Payable & Accrued Expenses</u>	<u>8,961.</u>	<u>9,987.</u>
Totals to Form 990-EZ, Part II, line 26	8,961.	9,987.

Form 990-EZ, Part I, Line 16

Other Expenses Statement

Other expenses (describe)

<u>Board discretionary fund</u>	314.
<u>Casual labor</u>	1,390.
<u>Office supplies</u>	2,215.
<u>Rental license fee</u>	50.
<u>Supplies & misc bldg expense</u>	1,963.
<u>Snow removal & Laundry</u>	1,707.
<u>Payroll taxes</u>	1,531.
<u>Real estate taxes</u>	1,791.
<u>Insurance</u>	4,983.
<u>Telephone</u>	566.
<u>Philanthropy</u>	1,085.
<u>Activities exp</u>	15,641.
<u>Depreciation</u>	7,591.
 Total	 <u>40,827.</u>

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Connie Mozingo</u> <u>933 Kenwood Drive</u> <u>Hagerstown MD 21740</u>	Title <u>Board of Director</u> Hours/Week <u>0.00</u>	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Donna Smith</u> <u>11204 Eastwood Dr</u> <u>Hagerstown MD 21742</u>	Title <u>Board of Director</u> Hours/Week <u>0.00</u>	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Jennette Spies</u> <u>9508 Downsville Pike</u> <u>Williamsport MD 21795</u>	Title <u>Board of Director</u> Hours/Week <u>0.00</u>	0.	0.	
Foreign city _____ Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> <u>Carolyn Cowden</u> <u>225 Sunbrook Lane</u> <u>Hagerstown MD 21742</u>	Title <u>Board of Director</u> Hours/Week <u>0.00</u>	0.	0.	
Foreign city _____ Foreign country _____				

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Joann King 18814 Dover Dr Hagerstown MD 21742	Title <u>Board of Director</u>			
Foreign city _____	Hours/Week 0.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Betty McCune 314 Radcliffe Ave Hagerstown MD 21740	Title <u>Board of Director</u>			
Foreign city _____	Hours/Week 0.00	0.	0.	
Foreign country _____				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Marilyn Shearer 18909 Waldron Place Hagerstown MD 21742	Title <u>Board of Director</u>			
Foreign city _____	Hours/Week 0.00	0.	0.	
Foreign country _____				