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Internal Sevenue 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)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning $JUL 1, 2009$ and endi	ng JUN 30, 2010	
B Check if applicable use IRS C Name of organization	D Employer identifie	cation number
Address label or TOTIDISM COLINCII, OF EDEDEDICK COLINTY IN	IC.	
Name change type Doing Business As		057866
Initial See Number and street (or P 0 box if mail is not delivered to street address) Room Terminated Instruc- 19 EAST CHURCH STREET	n/suite E Telephone number 301-	r 663–8687
Amended return City or town, state or country, and ZIP + 4	G Gross receipts \$	1,498,330
Applica FREDERICK, MD 21701	H(a) Is this a group re	
F Name and address of principal officer:GEORGE WUNDERLICH	for affiliates?	Yes X No
SAME AS C ABOVE	H(b) Are all affiliates inc	
I Tax-exempt status: X 501(c) (6 ) ◀ (insert no.) 4947(a)(1) or 527  J Website: ► WWW • FREDERICKTOURISM • ORG		list. (see instructions)
	H(c) Group exemption L Year of formation 1976	
Part I Summary	L Year of formation 1970 N	1 State of legal domicile 14.
PROMOTI	ON OF TOURISM	TN
Briefly describe the organization's mission or most significant activities: PROMOTI FREDERICK COUNTY	ION OF TOURIDIT	111
	of more than 25% of its net as	sets.
3 Number of voting members of the governing body (Part VI line 1a)	3	1
- I A Number of independent voting members of the governing body (Part VI line 1b)	4	1
% 5 Total number of employees (Part V, line 2a)	5	1
6 Total number of volunteers (estimate if necessary)	6	
<ul> <li>Total number of employees (Part V, line 2a)</li> <li>Total number of volunteers (estimate if necessary)</li> <li>Total gross unrelated business revenue from Part VIII, column (C), line 12</li> </ul>	7a	12,750
b Net unrelated business taxable income from Form 990-T, line 34	7b	<2,972
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) RECEIVED	1,812,846.	1,450,966
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d) and 10 9 2010  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,813.	14,993
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 8c, 10d\and 10e8 2010	14,593.	14,872
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line_12) C	1,831,252.	1,480,831
13 Grants and similar amounts paid (Part IX, column (A), lines 13 DEN, UT	74,223.	79,600
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	518,018.	575,439
16a Professional fundraising fees (Part IX, column (A), line 11e)	310/0100	3,3,103
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,031,716.	779,466
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,623,957.	1,434,505
19 Revenue less expenses. Subtract line 18 from line 12	207,295.	46,326
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20	2,226,283.	2,442,533
21 Total liabilities (Part X, line 26)	1,349,817.	1,519,741
	876,466.	922,792
Part II Signature Block		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known of the complete of t	tements, and to the best of my knowled owledge	ge and belief, it is true, correct,
a la OM	1 11/3	/2010
Sign Signature of officer	Date	· ·
JOHN FIESELER, EXECUTIVE DIRECTOR	5410	
Type or print name and title	<del></del> .	
Preparer's Date		er's identifying number
Paid signature   11/2/10	self- employed > (see in:	structions)
Preparer's Firm's name (or RSM_MCGLADREY, INC.	EIN >	<del></del>
Use Only yours if self-employed), 5291 CORPORATE DR., #100	<u> </u>	<del></del>
address, and ZIP+4 FREDERICK, MD 21703	Phone no > 3	01-712-9600
May the IRS discuss this return with the preparer shown above? (see instructions)	Trilone no P 3	X Yes No

Form **990** (2009)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  1 If "Yes," compilete Schedule A  2 Is the organization required to complete Schedule B, Schedule of Continutors?  3 Did the organization required to complete Schedule B, Schedule of Continutors?  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  5 Section 501(c)(4), 501(c)(6); and 501(c)(6) organizations. B the organization subject to the section 6033(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  5 Did the organization maximal any donor adverded funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II  5 Did the organization required his organization subject to the section 6033(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III  6 Did the organization required his organization in the organization 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 II  7 Did the organization report and amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide Schedule D, Part II  8 Did the organization insport an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide oracle consensing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II  8 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X, line 147 II "Yes," complete Schedule D, Part X, line 157 II "Yes," complete Schedule D, Part X, line 157 II "Yes," complete Schedule D, Part X, line 157 II "Yes," complete Schedule D, Part X, line 157 II "Yes," complete Schedule D, Part X, line 157 II "Yes," complete Schedule D, Part X, line 157 II "Yes," complete Schedule D, Part X, line 157 II "Yes," complete		•		Yes	No
2 Is the organization required to complete Schedule 6, Schedule 6 Contributions?  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 II  Section 501 (c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Section 501 (c)(4), 501 (c)(6), 405	1	ks the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2 is the organization required to complete Schedule B, Schedule C, Contributions?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public office? If "Yes," complete Schedule C, Part II  Section 501 (c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III  Section 501 (c)(4), 501 (c)(6), 401 (c)(6), 40		If "Yes," complete Schedule A	1		Х
public office? If "Yes," completes Schedule C, Part II Section 501 (c)(4), 301 eight, 501 (c)(5), and 501 (c)(6) organizations. Did the organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advased 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 where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advice on the distribution or investments such funds or accounts where donors have the right to provide advice on the distribution or investments in such funds or accounts where donors have the right to provide advice on the distribution or investments and provides accounts of the section for accounts of the repair and the right to provide advice on the right to	2		2	Х	
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8 Did the organization maintain collections of works of art, historical freasures, or other similar assets? If "Yes," complete Schedule D, Part III  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 IVI  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V is as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V is as applicable  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V ii.  Did the organization report an amount for investments - other securities 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 V ii.  Did 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 V ii.  Did 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 X ii.  Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization slability for uncertain tax positions under Fill N8? If "Yes," complete Schedule D, Part X ii.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X ii.  Did the organization neutral and office, employees, or agents outside of the United States? If Yes," complete Schedule F, Part II  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of organization separate or tondividual	7				
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		complete Schedule G, Part III	19		-
	20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<u> </u>	

Part IV Checklist of Required Schedules (continued)

		1		
	· · · · · · · · · · · · · · · · · · ·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		х	
	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 United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u> </u>
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25	24a		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-	N/	70
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	14/	<u> </u>
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	25b	N/	Δ
ne.	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	250	-11/	
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-20		
Li	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	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	· <del></del>		
_~	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
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 contributions 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			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u> </u>
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		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		<u>X</u>
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	N/	A
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		<u> X</u>
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
		F	ann /	2000

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance				<u>_</u>	<u>g</u>
<u></u>					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		8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	eporta	ible gaming			
	(gambling) winnings to prize winners?			1c	<u> </u>	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	_	_		
	filed for the calendar year ending with or within the year covered by this return	2a	1	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ınstru	ctions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by t	his return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			,
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	ļ	X
b	If "Yes," enter the name of the foreign country:	<u> </u>	•	1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank	and			
<b>.</b>	Financial Accounts.					X
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action'	<b>)</b>	5a 5b	<u> </u>	X
ь	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg			30	<b> </b>	<del>                                     </del>
·	Tax Shelter Transaction?	arding	Tombited	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit	55		
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		N/A			[
а	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	<u> </u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	ļ .	↓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as rec	ured			
	to file Form 8282?	ı	I	7c	ļ	ļ
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<u> </u>	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal	1_		
	benefit contract?			7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confusion of supplied intellectual proportion did the organization file form 8800 or required			7f	<del> </del>	+
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		aurod?	7g 7h	+-	<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		•	<b>/</b> 11	1 " "	<del>                                     </del>
·	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	-				
	at any time during the year?	,000	N/A	8		1
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?		N/A	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:				Γ	T
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		_		
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:					
а	Gross income from members or shareholders N/A	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	•	4		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	ļ	ļ
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	1

TOURISM COUNCIL OF FREDERICK COUNTY, INC.

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	1a	17			
b	Enter the number of voting members that are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p 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	e direct supervis	sion			
	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 Fo	orm 990 was filed	<del>!</del> ?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		X
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the				
	governing body?	_	}	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following:			_	v	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?		}	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	iched at the				Х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1 C	J	9		
<u>sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenue Code.)			Vaa	Na
100	Describe executation have level shorters broughes or efflicted?		ſ	10a	Yes	No X
	Does the organization have local chapters, branches, or affiliates?  If "Yes," does the organization have written policies and procedures governing the activities of such	chapters offiliat		IVa		<del></del>
	and branches to ensure their operations are consistent with those of the organization?	Chapters, annat	cs,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling the form?		11	Х	
11A		iling the lenth				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld give rise	-			
_	to conflicts?	<b>g</b>		12b	Х	
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	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	
15	Did the process for determining compensation of the following persons include a review and approv	al by independer	nt			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				
а	The organization's CEO, Executive Director, or top management official			15a	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 arrange	ment with a				
	taxable entity during the year?			16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-		ation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızatıon's				
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure	-				
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	i (501(c)(3)s only	y) available	tor		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict of interes	it policy, ar	id fina	ncial	
00	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books a TOURISM COUNCIL OF FREDERICK COUNTY - (301) 663-86		e organizat	ion: 🕨		
	TOURISM COUNCIL OF FREDERICK COUNTY - (301) 663-86 19 EAST CHURCH STREET, FREDERICK, MD 21701	, , ,		_		
	13 BASI CHUNCH SINEEI, FREDERICK, MD 21/01					

# 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 no		у сц	rren			, dire	ecto		(E)	<del> </del>
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours	(c				ı ∶app	hA.	Reportable compensation	Reportable compensation	Estimated amount of
	per	-		T T	liat	app 	''y <i>'</i>	from	from related	other
	week	individual trustee or director				L		the	organizations	compensation
		8	<b>3</b> 8			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	İ	#st	Institutional trustee		<b>8</b>	ombe		(W-2/1099-MISC)		organization
		vidua	혍	<u>ş</u>	Key employee	lest c	Former			and related organizations
		Ē	last	Officer	Şē	E E	ᅙ			o gameation o
DARRELL BATSON										
DIRECTOR	2.50	X				<u> </u>		0.	0.	0.
MIKE IRONS										
TREASURER	2.50	X				_		0.	0.	0.
MICHAEL HENNINGSEN								_	_	_
PAST PRESIDENT	2.50	X				_		0.	0.	0.
HELEN GREGORY										
DIRECTOR	2.50	X	_	_		_		0.	0.	0.
JOHN HEALEY										
1ST VICE PRESIDENT	2.50	X	ļ			-		0.	0.	0.
ROBERT BLACK	2.50						ļ			
DIRECTOR	2.50	X	<u> </u>	_		₩		0.	0.	0.
RANDY MCCLEMENT	2.50	,							•	0
DIRECTOR DAVID ZIEDELIS	2.50	X				-		0.	0.	0.
SECRETARY	2 50	l.						0.	0.	^
GEORGE WUNDERLICH	2.50	X	<u> </u>	$\vdash$	-	-		<u> </u>	0.	0.
PRESIDENT	2.50	X						0.	0.	0.
CAROL WILSON	2.50		$\vdash$			-		0.	0.	0.
DIRECTOR	2.50	X					1	0.	0.	0.
CARROLL JONES	2.30	<u> </u>					$\vdash$		•	
DIRECTOR	2.50	X						0.	0.	0.
KAI HAGEN	1 2.30	1				$\vdash$	$\vdash$			
DIRECTOR	2.50	X				İ		0.	0.	0.
SEAN QUILL										
2ND VICE PRESIDENT	2.50	X						0.	0.	0.
SUSAN TRAIL										
DIRECTOR	2.50	X						0.	0.	0.
ROBERT BRENENGEN		Ī							-	
DIRECTOR	2.50	X						0.	0.	0.
RANDY JONES										
DIRECTOR	2.50	X			L	L	L	0.	0.	0.
DAN PATRELL										
DIRECTOR	2.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
· (A)	(B)				C)			(D)	(E)			(F)	
, Name and title	Average	,,	h1	Pos			.13	Reportable	Reportable			stimate	
	hours per		Teci	all	ınaı	app	עניין ר	compensation from	compensation from related		ar	nount other	
	week	Jirecto				_		the	organization		com	pensa	
		5	\$£			nsate		organization	(W-2/1099-MI	SC)		rom th	
	1	l first	멸		8 S	omos a		(W-2/1099-MISC)			_	janizat d relat	
		Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	ije.					anızatı	
		Ē	ğ	5	ᄛ	₹5	<u>د</u>		_				
SCOTT WISNOM	0.50		ĺ										•
DIRECTOR JOHN FIESELER	2.50	X	<u> </u>	-	_	-		0.		0.			0.
EXECUTIVE DIRECTOR	40.00			Х		X		122,803.		0.	}	4,4	55
EXECUTIVE DIRECTOR	40.00			^		<u> </u>		122,003.				4,4	<del>55.</del>
				·									
			1										
		-	ļ	<u> </u>			ļ	-					
		+	╁		-	+	-						-
		1	<u> </u>			1	1						
			<u> </u>	<u> </u>	<u> </u>								
	i			]		Ļ		122,803.		0.		4,4	<u> </u>
Total     Total number of individuals (including but n	-4 1::4		lina		<b></b>	<u> </u>	<u> </u>		000			4,4	33.
<ul> <li>Total number of individuals (including but n</li> <li>compensation from the organization</li> </ul>	ot iimited to ti	iose	ust	eu a	DOV	e) Wi	no r	eceived more than \$100	,000 in reportab	ie			1
Compensation from the organization								·-				Yes	No
3 Did the organization list any former officer,	director or tru	istee	, ke	y en	nplo	yee,	or I	highest compensated er	nployee on			-	
line 1a? If "Yes," complete Schedule J for s				•	•			,			3_		X
4 For any individual listed on line 1a, is the su									the organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or a	*			from	any	y uni	relat	ted organization for serv	ices rendered to	ı	l _		v
the organization? If "Yes," complete Sched	ule J for such	pers	on								5	<u> </u>	<u> </u>
Complete this table for your five highest co	mnensated in	dene	en de	ent c	ont	racto	ore f	that received more than	\$100,000 of cor	moens	ation	from	
the organization. NONE	mponoatoa m	p						mar roson oo moro mar	<b>4</b> 100,000 01 001	прото	allon		
(A)								(B)			(0	C)	
Name and business	address							Description of s	services	C	Compe	nsatio	'n
										l			
						_	_			<del>                                     </del>			
										<u> </u>		-	
	-					i							
								<del></del> .					
2 Total number of independent contractors (i	ncluding but r	not li	mite	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 in compensation from the organi						0							

Forn	n 99	00 (	2009) TOURI	SM COUNC	IL OF FR	EDERICK CO	UNTY, INC.	52-1057	866 Page <b>9</b>
Pa	rt \	VII							
	`		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns	1a					
gra		b	Membership dues	1b	48,918.				
ts, g am		С	Fundraising events	1c					
gif Iar		d	Related organizations	1d					
Sim.		е	Government grants (contribut	ions) 1e 1 ,	296,842.				
utio er s		f	All other contributions, gifts, gran						
g t			similar amounts not included abo	ve 1f	105,206.				
Contributions, gifts, grants and other similar amounts		_	Noncash contributions included in lines	:1a-1f \$		1 450 066			
<u>0 e</u>		h	Total. Add lines 1a-1f			1,450,966.			
_					Business Code				
Program Service Revenue	2	: a							<del></del>
še		b	<del></del>						
ver S		C							
gra		d		<del></del>					
Pro		f	All other program service reve	2010	-			· · · · · · · · · · · · · · · · · · ·	
		-	Total. Add lines 2a-2f		<b></b>				
	3		Investment income (including	dividends, inter					
			other similar amounts)	,	<b>&gt;</b>	14,993.			14,993.
	4		Income from investment of ta	x-exempt bond p	oroceeds ►				
	5	;	Royalties		<b>.</b>				
				(i) Real	(II) Personal				7 11111
	6	а	Gross Rents						
		b	Less: rental expenses						
		c	Rental income or (loss)						
		d	Net rental income or (loss)		<u> </u>				
	7	a	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory						
		b	Less. cost or other basis						
			and sales expenses						
			Gain or (loss)		<u> </u>				
	_		Net gain or (loss)						v
Jue	8	а	Gross income from fundraisin including \$						
Other Revenue			contributions reported on line						
ŭ			Part IV, line 18	a 10). 000					
the		ь	Less: direct expenses	- b					
0			Net income or (loss) from fund		<b></b>		ĺ		
	9		Gross income from gaming ad						
			Part IV, line 19	а					
		b	Less: direct expenses	b	,				
		С	Net income or (loss) from gam	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
			Less: cost of goods sold	b	17,499.				
		С	Net income or (loss) from sale		<u> </u>	2,122.	2,122.		
			Miscellaneous Revenu		Business Code			10 750	
	11	_	ADVERTISING FOR	CALEND	511190	12,750.	_	12,750.	
		b					<del> </del>	<del></del>	
		C	All add an marris are						
		d				12,750.			
		e	Total Add lines 11a-11d			1 490 931	2 122	12 750	1/ 002

## Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	79,600.			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	127,258.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	372,403.			
8	Pension plan contributions (include section 401(k)	5 616			
	and section 403(b) employer contributions)	7,616.			
9	Other employee benefits	28,611.			
10	Payroll taxes	39,551.			
11	Fees for services (non-employees):				
а	Management .	2 551			
ь	Legal	3,551.			
C	Accounting	11,705.			
d	, ,				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	2,747.			
9	Other	324,795.			
12	Advertising and promotion	2,944.			
13 14	Office expenses Information technology	2/744.			
15	Royalties				
16	Occupancy				
17	Travel	6,598.			
18	Payments of travel or entertainment expenses	0,0300			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,554.			
20	Interest	23,206.			
21	Payments to affiliates	<u>,                                      </u>			
22	Depreciation, depletion, and amortization	5,113.			
23	Insurance	3,095.			
24	Other expenses Itemize expenses not covered		17 711111 7111111		
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below )				
а	HSC OPERATIONS	96,413.			
b	REGIONAL PARTNERSHIP AC	78,037.			
C	POSTAGE & SHIPPING	51,394.			
d	PRINTING & PUBLICATIONS	42,435.			
е	HOMEPAGE SERVICE	25,874.			
f	All other expenses	90,005.			
25	Total functional expenses. Add lines 1 through 24f	1,434,505.			
26	Joint costs. Check here				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		l		

Par	tΧ	Balance Sheet			•		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			122,678.	1	69,968.
	2	Savings and temporary cash investments			430,109.	2	432,320.
	3	Pledges and grants receivable, net			194,489.	3	207,512.
	4	Accounts receivable, net			11,872.	4	4,846.
	5	Receivables from current and former officers, di	rectors	trustees, key			
		employees, and highest compensated employe		•			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			· · · · · · · · · · · · · · · · · · ·
	_	4958(f)(1)) and persons described in section 49					
		Part II of Schedule L	\-/\-/	,-,		6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			12,034.	8	13,495.
As	9	Prepaid expenses and deferred charges			1,850.	9	13,495. 2,550.
		Land, buildings, and equipment: cost or other	I		······································		
		basis. Complete Part VI of Schedule D	10a	1,675,148.			
	Ь	Less: accumulated depreciation	10b	1,675,148.	669,400.	10c	1,575,733.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11		783,851.	12	136,109.
	13	Investments - program-related. See Part IV, line			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	13	
	14	Intangible assets		14	<u> </u>		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	34)	2,226,283.	16	2,442,533.	
	17	Accounts payable and accrued expenses	60,496.	17	254,704.		
	18	Grants payable	45,264.	18	51,410.		
	19	Deferred revenue			24,319.	19	41,275
	20	Tax-exempt bond liabilities				20	11/2/5
	21	Escrow or custodial account liability. Complete	Dort IV	of Schodule D		21	
ties	22	Payables to current and former officers, directo					
Liabilities	22	highest compensated employees, and disqualif		· · · · · · · · · · · · · · · · · · ·			
Lia		of Schedule L	ieu pei	sons. Complete Part II		22	
	22	Secured mortgages and notes payable to unrel	atad th	ird partice		23	
	23 24	Unsecured notes and loans payable to unrelate		· ·		24	
	25	Other liabilities. Complete Part X of Schedule D	d lillid	parties	1,219,738.	25	1,172,352.
	26	Total liabilities. Add lines 17 through 25			1,349,817.	26	1,519,741.
	20	Organizations that follow SFAS 117, check h	oro D	X and complete	1/01/01/1		
<sub>s</sub>		lines 27 through 29, and lines 33 and 34.		and complete			
Ç	27	Unrestricted net assets			876,466.	27	922,792.
lar	28	Temporarily restricted net assets				28	, , , , , , , , , , , , , , , , , , ,
18%	29	Permanently restricted net assets				29	
un	23	Organizations that do not follow SFAS 117, or	hack t	ere 🕨 🔲 and	,		
F		complete lines 30 through 34.	HICCK I				
ts d	30	Capital stock or trust principal, or current funds				30	
Sei	31	Paid-in or capital surplus, or land, building, or e		int fund		31	
Net Assets or Fund Balances		• • • • • •				32	
Š	32	Retained earnings, endowment, accumulated in	icorrie,	or other fallos	876,466.	33	922,792.
	33	Total net assets or fund balances			2,226,283.	34	2,442,533.
	34	Total liabilities and net assets/fund balances			2,220,203.	34	Z / 44Z / J 33 /

Form **990** (2009)

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 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.

2009
Open to Public Inspection

Name of the organization

TOURISM COUNCIL OF FREDERICK COUNTY, INC.

Employer identification number 52-1057866

Par	Organizations Maintaining Donor Advise organization answered 'Yes' to Form 990, Part IV, Im		s or Accounts. Complete if the
	organization answered Tes to Form 990, Fait (V, III)	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		· · · · · · · · · · · · · · · · · · ·
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor	· ·	
•	for charitable purposes and not for the benefit of the donor	• •	•
	impermissible private benefit?	o, cons. across, o, o, and and perpose	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		istorically important land area
	Protection of natural habitat	·	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	·
	violations, and enforcement of the conservation easements	rt holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ►
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	s the organization's accounting for
	conservation easements.		N
Pal	Organizations Maintaining Collections of	•	otner Similar Assets.
	Complete if the organization answered "Yes" to Form	1 990, Part IV, line 8.	
	M		
18	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	e, provide the following amounts relating to
	these items:		<b>.</b> .
	(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 tre	·	aı gaın, provide
_	the following amounts required to be reported under SFAS	1 to relating to these items:	<b>.</b> .
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
D	Assets included in Form 990, Part X		<b>&gt;</b> \$

		COUNCIL O	F FRE	DERICE	COUN'	TY, IN	C. 5	2-10	<u> 57866</u>	Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Histo	orical Tre	asures, c	or Other	<u>Simila</u>	r Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check :	any of the f	ollowing tha	t are a sig	nificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	c	י ען ני	oan or exch	ange progra	ams				
b	Scholarly research	e	. 🗀 o	ther						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	e organizati	on's exem	pt purpos	se in Pari	XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, hist	torical treas	ures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	zation's col	ection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if orga	ınızatıon ans	swered "Yes	s" to Form	990, Par	t IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ontributions	or other as	sets not ir	ncluded		_	
	on Form 990, Part X?								Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing ta	ıble:						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						<u>1f</u>			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	L No
	If "Yes," explain the arrangement in Part XIV									
Pa	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" to For	m 990, Part	IV, line 10				
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two year	rs back (c	1) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance					,		*******	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>
b	Contributions									
С	Net investment earnings, gains, and losses							**********		·**********
đ	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses .						1111		.,,,,,,,,,,,	····
9	End of year balance									
2	Provide the estimated percentage of the year	ar end balance held a	as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
C	Term endowment >	<b>%</b>								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held an	d administe	ered for the	e organiza	ation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations							-	3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedu	ule R?					3ь	
4	Describe in Part XIV the intended uses of the			-						
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. See	Form 990,	Part X, line					
	Description of investment	(a) Cost or o		(b) Cost			cumulated	d	(d) Book	value
		basis (investi	ment)	basis (		depi	eciation			0.55
1a	Land				3,970.					970
b	Buildings				1,213.		<u> </u>		1,361	
С	Leasehold improvements				1,448.		60,40		1	,042
	Equipment			41	3,517.		39,00	19.	9	,508
	Other					_		_	1	- 700
<u>Tota</u>	l. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, columi	n (B), line 10	O(c).)				1,575	, /33

	UNCIL OF FRED		Y, INC.	52-1057866	Page 3
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.	·		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of st or end-of-ye	of valuation: ear market value	
Financial derivatives .				· -	
Closely-held equity interests					
Other					
HELD IN TRUST BY COMPANY	136,109	COST			
					_
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	136,109	•			
Part VIII Investments - Program Related.	See Form 990, Part X, line	13.	-		
(a) Description of investment type	(b) Book value		(c) Method o	of valuation: ear market value	
		-			
		+			
		1			
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX Other Assets. See Form 990, Part X, In	e 15.				
(a	) Description			(b) Book val	ue
Total. (Column (b) must equal Form 990, Part X, col (B) lir	20.15.)			<b>•</b>	
Part X Other Liabilities. See Form 990, Part X		<del> </del>			
1. (a) Description of liability	,	(b) Amount			
Federal income taxes			1		
PREMIUM ON BOND	-	22,453.	]		
BONDS PAYABLE TO COUNTY		1,149,899.			
			1		
			-		
		<del> </del>	<u> </u>		
			1		
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25.)	1,172,352.	1		

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for

	dule D (Form 990) 2009 TOURISM COUNCIL OF FREDERI					<u>-1057866</u>	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finar	icial S	Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_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			
7	Prior period adjustments			7			
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	d 9		10			_
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	nue p	er Retu	rn	
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:						
а	Net unrealized gains on investments	2a				i	
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		_
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					
C	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	<b>† XIII</b> Reconciliation of Expenses per Audited Financial Statem	ents \	Nith Exp	enses	per Ret	turn	
1	Total expenses and losses per audited financial statements				1		
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 .	2ь					
c	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	1	
Pa	t XIV Supplemental Information						
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com						e 4; Part
		-	-				
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SCHEDULE (Form 990)

OMB No 1545-0047

ω. 0 Employer identification number 2 52-1057866 Open to Public Inspection (h) Purpose of grant FOURISM DEVELOPMENT TOURISM DEVELOPMENT FOURISM DEVELOPMENT FOURISM DEVELOPMENT FOURISM DEVELOPMENT TOURISM DEVELOPMENT or assistance X Yes 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 ame and address of organization if applicable cash grant assistance or government assistance cash grant assistance cash grant assistance or government assistance cash grant cash assistance cash grant cash assistance cash grant cash assistance cash grant cash assistance cash grant cash assistance cash grant cash assistance cash grant cash assistance cash grant cash grant cash assistance cash grant cash gran Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection N/A Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. CASH CASH CASH CASH CASH O.CASH Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. COUNTY, INC. 000 10 000 15,000. 14,000 7 000 10,000 FREDERICK 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(6) Enter total number of section 501(c)(3) and government organizations TOURISM COUNCIL OF 52-0318880 20-1752140 52-1682341 52-2131513 52-1900511 52-1481592 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations WEINBERG CENTER FOR THE ARTS, INC. 1 (a) Name and address of organization COMMERCE - 8420-B GAS HOUSE PIKE DOWNTOWN FREDERICK PARTNERSHIP, INC. - 40 SOUTH CARROLL STREET DELAPLAINE VISUAL ARTS CENTER, FREDERICK COUNTY CHAMBER OF BRUNSWICK MAIN STREET, INC. - 22 SOUTH MARKET ST. CELEBRATE FREDERICK, INC. 13 WEST POTOMAC STREET BRUNSWICK, MD 21716 FREDERICK, MD 21701 FREDERICK, MD 21701 FREDERICK, ND 21701 121 NORTH BENTZ ST. FREDERICK, MD 21701 FREDERICK, MD 21701 Name of the organization 20 WEST PATRICK ST. Department of the Treasury Internal Revenue Service Part Part II 8

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

Schedule I (Form 990) 2009

932101 02-02-10

52-1057866

Schedule I (Form 990) 2009 TOURISM COUNCIL OF FREDERICK COUNTY, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE OR	GANIZATI	ON REQUIRE	S A WRITTE	THE ORGANIZATION REQUIRES A WRITTEN REPORT FROM	
SACH ENTITY THAT IS AWARDED A GRANT OR		ASSISTANCE.	IT ALSO RE	ALSO REQUIRES COPIES	
OF INVOICES SHOWING HOW THE GRANT	OR ASSIS	ASSISTANCE WAS USED.	USED.		
					:
	: :				

Department of the Treasury Internal Revenue Service **SCHEDULE 1-1** (Form 990)

Name of the organization

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

Open to, Public Inspection

52-1057866

**Employer identification number** ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

FREDERICK COUNTY, INC.

TOURISM COUNCIL OF

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance TOURISM DEVELOPMENT FOURISM DEVELOPMENT (g) Description of non-cash assistance K/N N/A Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) O.CASH O.CASH (e) Amount of non-cash assistance (d) Amount of cash grant 000 9 5,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 52-1832634 501(C)(3) 52-0591470 501(C)(3) (P) EIN NATIONAL SHRINE OF SAINT ELIZABETH ANN SETON - 333 SOUTH SETON AVE. NATIONAL FALLEN FIREFIGHTERS (a) Name and address of organization or government FOUNDATION - P.O. BOX 498 -- EMMITSBURG, MD 21727 EMMITSBURG, MD 21727 Part Ŧ

### SCHEDULE O (Form 990)

Supplemental Information to 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.

2009
Open to Public Inspection

Name of the organization

TOURISM COUNCIL OF FREDERICK COUNTY, INC.

Employer identification number 52–1057866

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEW THE FORM 990 BEFORE IT IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS ALL BOARD OF DIRECTORS AND OFFICERS SIGN A DOCUMENT ANNUALLY THAT VERIFIES THEY ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: KEY MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS CONDUCT AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR. THESE MEMBERS OF THE BOARD ALSO REVIEW AND APPROVE THE COMPENSATION AMOUNT BY USING COMPARABLE DATA AND DELIBERATION IN MAKING THE DECISION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 2C THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY AND OVERSEES THE REVIEW OF THE FINANCIAL STATEMENTS AND SELECTION OF INDEPENDENT ACCOUNTANTS.