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

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury

06/30, 20 10 For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending C Name of organization M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC D Employer identification number Please Address change 52-6018880 Doing Business As lahel or E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite print or Name change type. (301) 314-5372 2624 COMCAST CENTER Specific City or town, state or country, and ZIP + 4 Terromater Instruc-Amended return COLLEGE PARK, MD 20742 265,908 tions. G. Gross receipts \$ Application H(a) Is this a group return for F Name and address of principal officer Yes X H(b) Are all affiliates inclu X | 501(c) ( 3 If "No." attach a list. (see instructions) 4947(a)(1) or Tax-exempt status Website. > WWW.THEMCLUB.ORG H(c) Group exemption number MD Form of organization X Corporation L Year of formation 1923 M State of legal domicile Association Other > Summary Part I Briefly describe the organization's mission or most significant activities TO PROMOTE THE WELFARE AND ADVANCEMENT OF THE UNIVERSITY OF MARYLAND BY UNDERTAKING ACTIVITIES IN SUPPORT OF THE UNIVERSITY' INTERCOLLEGIATE ALTHLETIC PROGRAM. If the organization discontinued its operations or disposed of more than 25% of its net assets 20 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 20 Total number of volunteers (estimate if necessary) 6 Total gross unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 . . . . Current Year <u>29,7</u>91. 40,206. R Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 9 17,108. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 84,051. 10 27,469 66,109. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 74,368 190,366. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12), 55,467. 52,237. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13,291. 15,206 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) U 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses, Part IX, column (D) (Fe 25) / ED Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 28,100 77,304. 17 Total expenses. Add lines 13-17 (must esplai Part IX, column (A), line 25) 98,773. 142,832. Revenue less expenses Subtract line 18 from the 12 -24,40547,534 Beginning of Year End of Year Total assets (Part X, line 16) OGDEN, UT 2,116,285 2,359,535. Total liabilities (Part X, line 26) . . . . 786. 21 2,116,285 2,358,749. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block 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. Sian Here Abdur-Ro 'woF, Arroyafe Ath btu Diaute Type or print name and title Check if Preparer's identifying number (see instructions) P01065179 self-Paid signature employed Preparer's Firm's name (or yours DAVIS, 52-1429423 JOSEY. RÉATING & RANES, EIN 410 974-6161 2661 RIVA ROAD, SUITE 1040 ANNAPOLIS, MD 21401 May the IRS discuss this return with the preparer shown above? (see instructions)

orm	990 (20	009)	52-6018880	Page 2
	rt III	Statement of Program Service Accomplishments		
		describe the organization's mission		
-	<u>ATT</u>	CACHMENT 3		
-				
-				
2 [	Old the	e organization undertake any significant program services during	the year which were not listed on	
- t	he pric	or Form 990 or 990-EZ?		Yes X No
- 1	If "Yes,"	" describe these new services on Schedule O		
		e organization cease conducting, or make significant changes in ho	ow it conducts, any program	¬ 🔯
	services			Yes X No
		," describe these changes on Schedule O be the exempt purpose achievements for each of the organization's t	hree largest program services by expense	es
. ;	Section	n 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trust	s are required to report the amount of gra	ants and
á	allocati	ions to others, the total expenses, and revenue, if any, for each progr	am service reported	
	(Code	) (Expenses \$ 10,367 including grants of \$	) (Revenue \$	)
		ORT UNIVERSITY OF MARYLAND ATHLETIC DEPARTMENT A WORKING AGREEMENT, THE M CLUB SHARES IT'S		
		ME FOR THE YEAR WITH THE UNIVERSITY OF MARYLA		-
-		III TON THE TERM WITH THE ONLY ENGLY OF TERMS		
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4b (	Code	) (Expenses \$ 15,000 including grants of \$	) (Revenue \$	)
_		ENTS TO THE UNIVERSITY OF MARYLAND AND OTHER	U.S. UNIVERSITIES	
]	OR T	THE PROVISION OF STUDENT SCHOLARSHIPS.		
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4 c (	Code	) (Expenses \$ 23,870 including grants of \$	) (Revenue \$	)
		IDENT'S CUP AWARDS		
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		<u> </u>		
	-	program services (Describe in Schedule O ) ATTACHMENT		
	Expens	ses \$ 16,291 including grants of \$ ) (Revolution (Rev	venue \$ )	·
+6	otal p	Jogram Scrvice expenses F 05, 520.		Form 990 (2009)

Pari	Checklist of Required Schedules		Yes	No
_	504(-)(0) == 40.47(-)(4) (-there there is a smooth foundation)2 If IN(00.11		res	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 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		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	-		
Ū	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
•				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Х
_	complete Schedule D, Part III	8		
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,"			Х
	complete Schedule D, Part IV	9		^
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			Х
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		٠,	
	VII, VIII, IX, or X as applicable	11	X	4
•	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		1.00	34,000
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	3.	* . ^\$	3 47
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	4.	,	
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	. 2	مرية	1.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		5 (4) (2)	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		4	, ,
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	*	*. * ·	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	. "/	(\$)	1
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	., ,,		,
	complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No	,	,	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1,7	,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
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		Х
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		х
4.0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
4.0	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	<del></del>	
19		19		x
	If "Yes," complete Schedule G, Part III			$\frac{\hat{x}}{x}$
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>

PAGE 4

Part	Checklist of Required Schedules (continued)	т —		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21	x.	
••	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	121		
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		Х
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24.	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-		
24 a	\$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 question 25	24a		Х
L	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
С	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
25 a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
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		Х
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		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			-
_	Schedule L. Part IV	28b		Х
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 N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30		Х
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			١
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			.,
	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			J.
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	ŀ	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			l v
	Part VI	37	-	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		x	
	19? Note. All Form 990 filers are required to complete Schedule O	38	^	/222

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	4.0		<del> </del>
_	gaming (gambling) winnings to prize winners?	1 c		<del>                                     </del>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year enoung with or within the year covered by this return.	2b		
a	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	-	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
2.	Instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Sa	this return?	3a		Х
h	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3 b	-	<del></del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			İ
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			1
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			ĺ
	Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	<b>6</b> b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).		,	, ·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7 a		X
L	and services provided to the payor?	7 b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	, 5		
·	required to file Form 8282?	7c		Х
а	If "Yes," indicate the number of Forms 8282 filed during the year		:	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			Ì
Ū	benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			İ
	required?	7 h		<u> </u>
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			l
	organization, have excess business holdings at any time during the year?	8		X
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		_^
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
				-
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders			
U	amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	if "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			

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.

1a Enter the number of voting members of tine governing body b 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization diseagate cointrol over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization base may significant changes to its organizational documents since the por Form 890 was filled? 4 Did the organization base members or sockholders? 5 Does the organization have members or sockholders, or other persons who may elect one or more members of the governing body? 5 Dest the organization have members or sockholders, or other persons who may elect one or more members of the governing body? 6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization become aware during the year by the following. 6 The governing body? 7 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization contemporareously document the meetings held or written actions undertaken during the year by the following. 7 a The governing body? 8 Describer of the governing body? 8 Describer of the governing body? 8 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 9 Is there any officer, director, trustee, or key employee steed in Part VII, Section A who cannot be reached at the organizations making address? if Yes, Provide the names and addresses in Schedule O. 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 1 If "Yes," does the organization have	rector, trustee, or key employee have a family relationship or a business relationship with director, trustee, or key employee have a family relationship or a business relationship with director, trustees, or key employee have a family relationship or a business relationship with director, trustees, or key employees to a management company or other person?  In make any significant changes to its organizational documents since the prior form 990 was filled?  A con become aware during the year of a material diversion of the organization's assets?  5		tion A. Governing Body and Management		Yes	T
b 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?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its organizational documents since the pinor form 950 was filted?  4 Did the organization have members or stockholders?  5 Does the organization become aware during the year of a material diversion of the organizations assets?  6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  5 Aré any descisions of the governing body subject to approval by members, stockholders, or other persons?  7 Did the organization contemporaneously document the meetings held or written actions underfaken during the year by the following.  8 The governing body?  8 The governing body?  9 Steptan organization have members, stockholders, or other persons?  10 Did the organization form the did the governing body?  11 The governing body?  12 Steptan organization form the did the governing body?  13 The governing body?  14 Steptan organization form the did the governing body?  15 Steptan organization form the did the governing body?  16 Steptan organization form the did the governing body?  17 Steptan organization form the did the governing body?  18 Steptan organization form the did the governing body?  19 Steptan organization form the did the governing body before fling the organization form and governing the activities of such chapters, affiliates.  19 Steptan organization have local chapters, branches, or affiliates?  10 Did the organization have written should be form the governing body before fling the form?  11 The short organization have a written whistief bower policy?	col voting members that are independent in record, rustee, or key employee have a family relationship or a business relationship with director, trustee, or key employee?  In respect to the control over management duties customanily performed by or under the direct directs, directors or trustees, or key employees to a management company or other person?  In make any significant changes to its organizational documents since the prior of other person?  In make any significant changes to its organizational documents since the prior form 990 was filed?  In make any significant changes to its organizational documents since the prior form 990 was filed?  In make any significant changes to its organizational documents since the prior of the organization's assetts?  In make any significant changes to its organizational documents since the prior form 990 was filed?  In make any significant changes to its organizational documents since the prior of the organization's assetts?  In make any significant changes to its organization and was filed?  In make any significant changes to its organization and the organization's assetts?  In make any significant changes to its organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the process, if any, used by the organization to review this Form 990  In the organization and the organization and enforce compliance with the policy? If "yes," the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and the organization and decision?  In determining compensation of the following persons include a review and approval by one, comparability data, and	1a	Enter the number of voting members of the governing body.			†
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a The governing body? b Each committee with authority to act on behalf of the governing body? ls there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  Section B. Pollicies (This Section B requests information about policies not required by the Internal Revenue Code)  10a Does the organization have local chapters, branches, or affiliates?  10 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?  11b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?  12 Does the organization have a written conflict of interest policy? If "No," go to line 13  12 Does the organization have a written conflict of interest policy? If "No," go to line 13  12 Does the organization have a written conflict of interest policy? If "No," go to line 13  12 Does the organization have a written whistleblower policy?  13 Does the organization have a written whistleblower policy?  14 Does the organization have a written document retention and destruction policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  16 Does the organization have a written document retention and destruction of the deliberation and decision?  17 The organization's CEO, Executive Director, or top management official  18 Tyes, "to line 15s or 15b, describe the process in Schedule O (See instructions)  19 Uf the organization in your venture arrangements under applicable federal tax law, and taken steps to safeguard the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization i	with authority to act on behalf of the governing body?  **gr director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at a mailing address? If "Yes," provide the names and addresses in Schedule O.  **This Section B requests information about policies not required by the Internal action have local chapters, branches, or affiliates?  **Total Comparison of the organization have written policies and procedures governing the activities of such chapters, inches to ensure their operations are consistent with those of the organization?  **Total Comparison of the organization to review this Form 990 to all members of its governing body before filing the actions or trustees, and key employees required to disclose annually interests that could give ation regularly and consistently monitor and enforce compliance with the policy? If "Yes," "Like O how this is done at written whistleblower policy?  **Total Comparison of the following persons include a review and approval by ons, comparability data, and contemporaneous substantiation of the deliberation and decision? Sci CEO, Executive Director, or top management official top or Investing, contribute assets to, or participate in a joint venture or similar arrangement the during the year?  **Total Comparison of the process in Schedule O (See instructions) on invest in, contribute assets to, or participate in a joint venture or similar arrangement the during the year?  **Total Comparison of the process in Schedule O (See instructions) on invest in, contribute assets to, or participate in a joint venture or similar arrangement the during the year?  **Total Comparison of the process in Schedule O (See instructions) on invest in, contribute assets to, or participate in a joint venture or similar arrangement the during the year?  **Total Comparison of the process in Schedule O (See instructions) on invest in, contribute assets to, or participate in a joint venture or similar arrangement the during the year?  **Total Comparison of the organization to m	•				
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rise to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done  3 Does the organization have a written whistleblower policy?  4 Does the organization have a written document retention and destruction policy?  5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  16b  ection C. Disclosure  7 List the states with which a copy of this Form 990 is required to be filed ▶  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection indicate how you make these available Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶  AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295  (301)314-5372	ation regularly and consistently monitor and enforce compliance with the policy? If "Yes," ulle O how this is done					T
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Does the organization have a written document retention and destruction policy?	ation have a written document retention and destruction policy?  14  25  26  27  28  28  28  29  20  20  20  20  20  20  20  20  20	2				t
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	or determining compensation of the following persons include a review and approval by cons, comparability data, and contemporaneous substantiation of the deliberation and decision? Is a cEO, Executive Director, or top management official Is a cey employees of the organization Is a or 15b, describe the process in Schedule O (See instructions) on invest in, contribute assets to, or participate in a joint venture or similar arrangement of the deliberation adopted a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and taken steps to safeguard exempt status with respect to such arrangements? In the which a copy of this Form 990 is required to be filed the which a copy of this Form 990 is required to be filed the which a copy of this Form 990 is required to be filed the whole and organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) or inspection Indicate how you make these available Check all that apply and Another's website X Upon request a statements available to the public of the public					4
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a The organization's CEO, Executive Director, or top management official	sceo, Executive Director, or top management official	5				l
b Other officers or key employees of the organization	tely employees of the organization					l
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Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	on invest in, contribute assets to, or participate in a joint venture or similar arrangement ity during the year?	b	Other officers or key employees of the organization	15b		L
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	on invest in, contribute assets to, or participate in a joint venture or similar arrangement ity during the year?					1
with a taxable entity during the year?	atry during the year?	6a				1
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	progranization adopted a written policy or procedure requiring the organization to evaluate joint venture arrangements under applicable federal tax law, and taken steps to safeguard exempt status with respect to such arrangements?			16a		
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the organization's exempt status with respect to such arrangements?	exempt status with respect to such arrangements?	-		İ		
List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization  AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295  (301) 314-5372	h which a copy of this Form 990 is required to be filed  uires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) conspection. Indicate how you make these available. Check all that apply Another's website X Upon request dule O whether (and if so, how), the organization makes its governing documents, conflict of interest all statements available to the public of statements available to the public of statements available to the public of statements. ABDUR-RA OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295 301) 314-5372			166		t
List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization  AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295  (301) 314-5372	h which a copy of this Form 990 is required to be filed  unres an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) conspection. Indicate how you make these available. Check all that apply Another's website.    X	ecti		100		1
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization. AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295  (301) 314-5372	Dires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) or inspection. Indicate how you make these available. Check all that apply a Another's website.     X					-
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Own website Another's websiteX Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization	Another's website X Upon request dule O whether (and if so, how), the organization makes its governing documents, conflict of interest all statements available to the public shysical address, and telephone number of the person who possesses the books and records of the ZIZUDDIN ABDUR-RA OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295 301) 314-5372			only)		
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295  (301) 314-5372	dule O whether (and if so, how), the organization makes its governing documents, conflict of interest all statements available to the public hysical address, and telephone number of the person who possesses the books and records of the ZIZUDDIN ABDUR-RA OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295 801) 314-5372					
policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295  (301) 314-5372	al statements available to the public hysical address, and telephone number of the person who possesses the books and records of the ZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295 301) 314-5372					
policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization  AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295  (301) 314-5372	al statements available to the public hysical address, and telephone number of the person who possesses the books and records of the ZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-0295 301) 314-5372	9	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
(301)314-5372	301) 314-5372 Form <b>990</b> (		policy, and financial statements available to the public			
(301)314-5372	301) 314-5372 Form <b>990</b> (	0	State the name, physical address, and telephone number of the person who possesses the books and records of th	е		
Form	Form <b>990</b> (		organization ► AZIZUDDIN ABDUR-RA'OOF COMCAST CENTER COLLEGE PARK, MD 20741-029	5		_
			(301) 314-5372			_
	5/6/2011 12:19:04 PM V 09-9.3 51974 PA			Form	990	(

# t 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) (C) (D) (E) (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per 9 employee compensation compensation amount of Individual trustee Institutional trustee Highest compensated week director from from related other employee organizations the compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations AZIZUDDIN ABDUR-RA'OOF EXECUTIVE DIRECTOR Χ KATY HEADMAN VICE PRESIDENT Χ ED GREGORY PRESIDENT Χ MARJORIE BOLLINGER BAKER PRESIDENT ELECT Χ MARSHALL FESCHE TREASURER Χ DEBORAH YOW ATHLETIC DIRECTOR Х

Form **990** (2009)

JSA

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	oye	es,	and l	Hig	hest Compensat	ed Employe	ees (co	ontinue	d)
(A)	(B) (C)							(D)	(E)			(F)
Name and title	Average	Posit	tion (		k all	that ap		Reportable	Reportable			ımated
	hours per week	ord	Inst	Officer	₹	Highest compensate employee	Former	compensation from	compensat from relat			ount of other
	WEEK	Individual trustee or director	Institutional	Cer C	Key employee	hoye	Je J	the	organizatio			ensation
	<u> </u>	Q 5	nal		힣	ĕ S		organization	(W-2/1099-N	AISC)		m the
		uste	truste		8	l e		(W-2/1099-MISC)			_	nization related
	:	•	66			sate				- 1		nizations
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1b Total	<u> </u>	<del></del>	• •				<u> </u>	<u> </u>	0100 000			<del></del>
2 Total number of individuals (including but not				d al	bov	e) who	o re	ceived more than	\$100,000 in			
reportable compensation from the organization								******				Yes No
												Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or or	tru wadi	ıste	e, i	key e	emp	loyee, or nignes	compensa	tea	3	X
, ,											1	
4 For any individual listed on line 1a, is the the organization and related organizations	sum of	repor	tabi	e c	ion ion	pensa '∉''∿	itior	n and other comp	pensation from	om	-	24
individual							<del>C</del> S,	complete scried			4	X
5 Did any person listed on line 1a receive						n fro	· ·	any unrelated o	rnanization	for		- 1 .
services rendered to the organization? If "Yes,"											5	X
Section B. Independent Contractors	<u></u>						•					· · · · · ·
1 Complete this table for your five highest	compensat	ed in	dep	enc	dent	conf	rac	tors that received	more than	1 \$100	0,000	of
compensation from the organization			·									
(A) (B)											(C)	
Name and business add	ress							Description of ser	vices	Co	ompens	ation
							1					
······································							4			<del></del>		
<u></u>							1_					
2 Total number of independent contractors (in				rite	d to	_	se li	sted above) who	received			
more than \$100,000 in compensation from th	e organizat	ion 🕨				0						

Pa	rt VII	Statement of Revenue	•		52-6018880		
	•		:	(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 b c d e f	Federated campaigns	2,158				
ontr nd o	g	and similar amounts not included above	,				12.1
	h	Total. Add lines 1a-1f	🛌	40,206			
une		<u>B</u>	usiness Code				
Program Service Revenue	2a b c d e f	All other program service revenue					
<u> </u>	g	Total. Add lines 2a-2f		0		····-	
	3	Investment income (including dividends, interest, other similar amounts). ATTACHMENT 5 Income from investment of tax-exempt bond proc	🟲	21,212			21,212
	5	Royalties	►	55,000			55,000
	6a b c	Gross Rents	(ii) Personal				1 11 4
	ď	Net rental income or (loss)		0	· · · · · · · · · · · · · · · · · · ·		
	7a	Gross amount from sales of assets other than inventory Less cost or other basis  (i) Securities  (ii) Securities	(ii) Other	,			-
i		and sales expenses					
	C	Gain or (loss)		62,839			62,839
enne,	d 8a	Net gain or (loss)		02,039	s, Ma	· .	1
Other Revenue	b	of contributions reported on line 1c)  See Part IV, line 18	86,651 75,542				
ō		Net income or (loss) from fundraising events . A	ICH. b. ▶	11,109.	11,109		<u> </u>
		Gross income from gaming activities  See Part IV, line 19				•	
		Net income or (loss) from gaming activities	▶	0			
		Gross sales of inventory, less returns and allowances					
		Less cost of goods sold b Net income or (loss) from sales of inventory		0			
			usiness Code				
	11a						
	b					· <del>-</del>	
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total Revenue. See instructions	<b>. ▶</b>	190,366	11,109		139,051

#### Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(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	52,237.	52,237.								
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 U.S. See Part IV, lines 15 and 16	0.									
4	Benefits paid to or for members	13,291.	13,291.								
					<del>-</del>						
5	Compensation of current officers, directors,	0.									
_	trustees, and key employees										
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 salanes and wages	U .			<del></del>						
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)	0.									
9	Other employee benefits	0.									
10	Payroll taxes	0.									
11	Fees for services (non-employees)										
а	Management	0.									
b		0.									
С	Accounting	9,487.		9,487.							
	Lobbying	0.									
е	Professional fundraising services See Part IV, line 17	0.		-							
	Investment management fees	9,069.		9,069.							
g	Other	0.									
12	Advertising and promotion	0.									
13	Office expenses	1,025.		1,025.							
14	Information technology	2,088.		2,088.							
15	Royalties	0.									
16	Occupancy	45,000.		45,000.							
17	Travel	0.									
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0.									
19	Conferences, conventions, and meetings	691.		691.							
20	Interest	0.									
21	Payments to affiliates	0.									
22	Depreciation, depletion, and amortization	0.									
23	Insurance	4,188.		4,188.							
24	Other expenses Itemize expenses not										
	covered above (Expenses grouped together										
	and labeled miscellaneous may not exceed	ł									
	5% of total expenses shown on line 25 below)	ţ									
а	BANK SERVICE CHARGES	1,892.		1,892.							
_	MISCELLANEOUS ADMIN EXPENSES	3,864.		3,864.							
c											
q											
۰ م											
f	All other expenses			-   -   -							
	Total functional expenses. Add lines 1 through 24f	142,832.	65,528.	77,304.							
	Joint Costs. Check here ▶ If following		· · · · · · · · · · · · · · · · · · ·								
20	SOP 98-2 Complete this line only if the										
	organization reported in column (B) joint costs										
	from a combined educational campaign and fundraising solicitation										
JSA		!.			Form <b>990</b> (200						

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	21,695.	1	13,947.
	2	Savings and temporary cash investments	5,011.	2	5,012.
	3	Pledges and grants receivable, net	<del></del>	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		1	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	)	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		] ]	
	l	Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
988	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges	41,250.	9	41,250.
	10a	Land, buildings, and equipment cost or 10a 9,200.			
		other basis Complete Part VI of Schedule D		1	
	b	Less accumulated depreciation 9,200.		10c	
	11	Investments - publicly traded securities,	2,033,017.	11	2,285,426.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets.,		14	
	15	Other assets See Part IV, line 11	15,312.	15	13,900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,116,285.	16	2,359,535.
	17	Accounts payable and accrued expenses		17	786.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	· · · · · · · · · · · · · · · · · · ·	20	
8	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	· · · <del>- · · · · · · · · · · · · · · · ·</del>
Liabilities	22	Payables to current and former officers, directors, trustees, key	,		
de	1	employees, highest compensated employees, and disqualified	-		
_		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	786.
68		Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34.	:		
J.C	27	Unrestricted net assets	2,116,285.	27	2,358,749.
ä	28	Temporarily restricted net assets		28	
þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.	-		
ts (	30	Capital stock or trust principal, or current funds		30	
38	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Vet	33	Total net assets or fund balances	2,116,285.	33	2,358,749.
_	34	Total liabilities and net assets/fund balances	2,116,285.	34	2,359,535.
			-		

Form 990 (2009)

			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			-
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u>.</u>	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			l
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		ļ	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3 a		X
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	3 b		
		Form	990	(2009)

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

Internal Revenue Service

# **Public Charity Status and Public Support**

200

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

		ne organizatio							Employe		aon number
MC	LUB			SITY OF MARYLAN							18880
Pa				ity Status (All organ						tions	
The	orga			dation because it is (F							
1	Ш			irches, or association			ın sectio	n 170(b)(	1)(A)(i).		
2	Ш			on <b>170(b)(1)(A)(ii</b> ). (At							
3	Ш			hospital service organ							
4		A medical	research organi	zation operated in co	njunction	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
			ame, city, and st					<del>-</del>	. <b></b>		
5	X	An organiza	ation operated for	or the benefit of a col	lege or un	iiversity ow	ned or o	perated l	by a gove	ernmental	unit described in
		section 170	(b)(1)(A)(iv). (C	omplete Part II)							
6			_	vernment or governme							
7	$\bigsqcup$	An organiza	ation that norma	illy receives a substan	tial part of	its suppor	t from a g	governme	ental unit	or from t	he general public
	_	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II )						
8			•	d in section 170(b)(1)							
9				illy receives (1) more							
				ated to its exempt fun							
				ment income and un						511 tax)	from businesses
	_	acquired by	the organization	n after June 30, 1975	See section	on 509(a)(2	). (Comp	lete Part I	II )		
10	Ш			and operated exclusive							
11				and operated exclus							
				oublicly supported orga							
			F	at describes the type o							
		a Typ		Type II c		e III - Fund	•	_			pe III - Other
е				ertify that the organiz							
				ion managers and oth	er than on	e or more	publicly :	supported	d organiza	ations de	scribed in section
			section 509(a)(	• •				~		<b>-</b>	,
f		-		d a written determina	tion from 1	the IRS tha	at it is a	Type I, I	ype II, o	r type iii	suppoπing
			n, check this box								
g				the organization acce	epted any g	lift or contri	ibution fro	om any of	the		
		following pe						•			V N-
				or indirectly controls			ether wit	n persor	is describ	pea in (ii)	Yes No
			-	erning body of the sup	_	anization?					11g(i)
			•	person described in (i) a							11g(ii)
			-	of a person described		•				. <i>.</i>	11g(iii)
<u>h</u>			,	ation about the suppo						I	
1 (i)		of supported inization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your	(v) Did y	ou notify		s the	(vii) Amount of support
	orga	inization		above or IRC section	governing	document?	col (i)	of your	(i) organı	zed in the	одрро
				(see instructions))				port?		5?	
					Yes	No	Yes	No	Yes	No	
									ļ		
							ļ				
						ļ					
		<u> </u>				ļ					
								1			
Tota	il .			<u> </u>		<u> </u>	L	_	L		
		Act and Paper or 990-EZ.	work Reduction Act	Notice, see the Instructions	for				Sche	dule A (For	m 990 or 990-EZ) 2009

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	tion A. Public Support			<del></del>	<del></del>		
	endar 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")	50,240	47,993.	60,935.	29,791	40,206.	229,165
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	50,240	47,993	60,935	29,791	40,206	229,165
5	The portion of total contributions by each	*		·		ì	
	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)	<del></del>	, ,			3.76	
_6_	Public support. Subtract line 5 from line 4		3 3 2 5 5 °		+;	7.1	229,165
	tion B. Total Support		1				(0 T / 1
Cale	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	50,240	47,993	60,935	29,791	40,206	229,165
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,428	19,672	25,070	17,108	21,212.	95,490
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). ATCH 1	383	110,846	55,108.	55,000	55,000	276,337
11	Total support. Add lines 7 through 10			* ***			600,992
12	Gross receipts from related activities, etc. (s					12	489,648
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						20 12
14	Public support percentage for 2009 (lin						38.13% 44.80%
15	Public support percentage from 2008	•				15	
16a	331/3% support test - 2009. If the or						
	this box and <b>stop here</b> . The organization						
b	331/3% support test - 2008. If the o						
	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test - 20 or more, and if the organization meets to Part IV how the organization meets to	ets the "facts	-and-circumstan	ces" test, chec	k this box and	d stop here. Ex	plain in
b	organization	:008. If the org	ganization did no the "facts-and	ot check a box I-circumstances'	on line 13, 16 test, check tl	a, 16b, or 17a, a his box and <mark>sto</mark>	and line p here.
18	supported organization		k a box on line	13, 16a, 16b		check this box	and see
					S	chedule A (Form 99	0 or 990-EZ) 2009

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I)

Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
1 Gif	fts, grants, contributions, and						
me	embership fees received (Do not include						
an	y "unusual grants ")						
	oss receipts from admissions, merchandise						
sol	ld or services performed, or facilities						
	nished in any activity that is related to the						
	ganization's tax-exempt purpose				†		
	oss receipts from activities that are not an				<del> </del>		
	'						
	related trade or business under section 513					<del>                                     </del>	
	x revenues levied for the organization's						
	nefit and either paid to or expended on						
	behalf				<del> </del>		
5 Th	e value of services or facilities						
fur	rnished by a governmental unit to the						
org	ganization without charge						
6 To	otal. Add lines 1 through 5						
	nounts included on lines 1, 2, and 3						
	ceived from disqualified persons						
ь Ап	nounts included on lines 2 and 3 ceived from other than disqualified						
\$5	rsons that exceed the greater of 000 or 1% of the amount on line 13 the year					•	
	Id lines 7a and 7b		-				
	iblic support (Subtract line 7c from				· · · · ·		
	· · · · · · · · · · · · · · · · · · ·	-				-	
	e 6)		<u> </u>		<u></u>	1	
	n B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Tota
	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(B) 2006	(6) 2007	(u) 2008	(e) 2003	(1) 1012
	nounts from line 6,			<u></u>	<u> </u>		
	ross income from interest, dividends, yments received on securities loans,						
	nts, royalties and income from similar						
	urces						
<b>b</b> Un	nrelated business taxable income (less						
se	ction 511 taxes) from businesses						
ace	quired after June 30, 1975						
	Id lines 10a and 10b						
	et income from unrelated business		<del></del>				-
	tivities not included in line 10b,						
	nether or not the business is regularly						
	rried on						
2 Ot	her income. Do not include gain or						
los	ss from the sale of capital assets						
(E)	xplain in Part IV)						
3 To	otal support. (Add lines 9, 10c, 11,						
	nd 12)						
4 Fir	rst five years. If the Form 990 is for	the organization	n's first, second	third, fourth, or	r fifth tax vear a	as a section 501	(c)(3)
	ganization, check this box and stop here.						_
	n C. Computation of Public Sup			mp (ft)	· · · · · · · · · · · · · · · · · · ·	15	<del></del>
	iblic support percentage for 2009 (line 8						
	iblic support percentage from 2008 Sche			<u> </u>		16	
	n D. Computation of Investmer					T T	
7 Inv	vestment income percentage for 2009 (lis	ne 10c, column (	(f) divided by line	13, column (f))		17	
8 Inv	vestment income percentage from 2008	Schedule A, Part	III, line 17			18	
9a 33	1/3% support tests - 2009. If the or	rganization did r	not check the bo	x on line 14, ar	nd line 15 is mo	re than 331/3%,	and line
	is not more than 33 1/3%, check ti						
	1/3% support tests - 2008. If the org						
	e 18 is not more than 331/3%, check						
	e 18 is not more than 331/3%, check ivate foundation. If the organization						
0 Pri	ivate roundation. If the organization	uru mot cneck	a DUX OII IINE	17, 13d, UI 19			
SA .	<del></del>					Schedule A (Form !	14U V. 66V-r >

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

					ATTACHMENT	1
SCHEDULE A, PART II - OTHER IN	COME					
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
CREDIT CARD ROYALTIES		110,000	55,000	55,000	55,000	275,000
MISCELLANEOUS INCOME	363	846	108			1,337
TOTALS	383	110,846	55,108	55,000	55,000	276,337

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Inspection

Nam	e of the organization		Employer identification number
M (	CLUB FOUNDATION UNIVERSITY OF MARY	LAND INC	52-6018880
Pa	organizations Maintaining Donor Adv the organization answered "Yes" to For		or Accounts. Complete if
		(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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor a	dvisors in writing that the assets held in	donor advised
	funds are the organization's property, subject to th	e organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, a	nd donor advisors in writing that grant fu	nds can be
	used only for charitable purposes and not for the b		
	purpose conferring impermissible private benefit?	<u> </u>	Yes No
	conservation Easements. Complete if		Form 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the	- · · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., recre	· • • • • • • • • • • • • • • • • • • •	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	in the form of a conservation
	easement on the last day of the tax year		Held at the End of the Year
_	Total number of conservation easements		
a	Total acreage restricted by conservation easements		· · · ·
b c	Number of conservation easements on a certified in		
d	Number of conservation easements included in (c)		
3	Number of conservation easements modified, trans		
-	the tax year ▶		
4	Number of states where property subject to conse	vation easement is located >	
5	Does the organization have a written policy regards		nandling of
	violations, and enforcement of the conservation ea	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation ea	asements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easem	ents during the year
_	<b>&gt;</b> \$		
8	Does each conservation easement reported on line		1 1 1
_	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of		
	the organization's accounting for conservation ease		iciai statements that describes
Pai	t III Organizations Maintaining Collections	of Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 8.	
1 a	If the organization elected, as permitted under S	AS 116, not to report in its revenue	statement and balance sheet works of
	art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its fir	d for public exhibition, education, or re lancial statements that describes these i	tems
b	If the organization elected, as permitted under Si		
	historical treasures, or other similar assets held in provide the following amounts relating to these item	for public exhibition, education, or res	earch in furtherance of public service,
	(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 ar		assets for financial gain, provide the
	following amounts required to be reported under SI		
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2009

Pa	Organizations Maintain	ing Collections	of Art, Histori	cai i reasure:	s, or c	Stner Similar F	assets (	continue	<u> </u>
3	Using the organization's acquisition	n, accession, and	other records,	check any of th	ne follo	owing that are a	significar	nt use of it	S
	collection items (check all that app	ly)		•		-	_		
а	Public exhibition	•	d $\square$	Loan or ex	chang	e programs			
b	Scholarly research		e 🗔	Other	·				
c	Preservation for future ge	enerations						<del>-</del>	<del></del>
4	Provide a description of the organi		s and explain h	ow they further	the o	rganization's exe	empt pur	pose in	
•	Part XIV		o and oxplain in	o		. 90	<b>,</b> - , <b>-</b> .		
5	During the year, did the organization	on solicit or receiv	e donations of	art historical t	reasur	res or other simil	ar		
	assets to be sold to raise funds rat						_	Yes	No
Pa	t IV Escrow and Custodial A IV, line 9, or reported ar	rrangements. C	omplete if the	e organization					1 1/10
	., 0, 01 10 portou a.		000, 1 0117	., 11170 2 1					
1 a	Is the organization an agent, truste	e, custodian or otl	ner intermediar	v for contributi	ons or	other assets no	t		
	included on Form 990, Part X?			·			_	Yes	No
ь	If "Yes," explain the arrangement in								
_			.,	·····g		A	mount		
С	Beginning balance				10				
d	Additions during the year								
u	Distributions during the year					<del></del>			
f	Ending balance							<del></del>	
2 a	Did the organization include an am							Yes	No
	If "Yes," explain the arrangement in		o, rait A, line 2				L		
Par			otion answer	nd "Voc" to Ec	rm 0	00 Part IV June	10		
Fall	Endowinent Funds. Con	(a) Current Year	(b) Prior year					(e) Four y	oare back
1-	Beginning of year balance	(a) Content real	(b) Filor year	(C) Two ye				(e) Four y	ears back
1a b	Contributions		<del>                                   </del>						
_	L	<del></del>					= -		
С	Net investment earnings, gains,			1		=	-		
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities .					- 1			-
	and programs					-			-
T	Administrative expenses	<del></del>							
g	End of year balance				•			-	
2	Provide the estimated percentage	-							
а	Board designated or quasi-endown		%						
b	Permanent endowment ▶	%							
		%							
3 a	Are there endowment funds not in	the possession of	the organizati	on that are hel	d and	administered for	the		
	organization by							Y	es No
	(i) unrelated organizations			<b></b>				3a(i)	
	(ii) related organizations							3a(ii)	
þ	If "Yes" to 3a(II), are the related org	anizations listed a	is required on S	chedule R?				3 b	
4	Describe in Part XIV the intended u	ses of the organiz	ation's endown	nent funds					
Par	t VI Investments - Land, Buil	dings, and Equi	pment. See F	orm 990, Pa	rt X, lı	ne 10.			
	Description of investment	(a) Cost	or other basis restment)	(b) Cost or other basis (other)		(c) Accumulated depreciation	(c	i) Book value	е
1 a	Land							·	
b	Buildings				İ				
С	Leasehold improvements								
d	Equipment	-	1	9,2	00	9,200.			
е	Other			· · · · · · · · · · · · · · · · · · ·	$\neg \dagger \neg$				
	I. Add lines 1a through 1e (Column		orm 990. Part X	column (B). lin	e 10/c	)),			
		, ,,		1-77		, , <u></u>			

Part VII	Investments - Other Securities. See	Form 990, Part X, II	<u>ne 12</u>	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial d	erivatives			
Closely-he	ld equity interests			
		1		
. –				•
		1		
		1		
	·			
			<del></del>	
		- <del> </del>	<del>-  </del>	
			<del></del>	
			<del></del>	
		<u> </u>	<u> </u>	
Part VIII				<del></del> -
	(a) Description of investment type	(b) Book value	(c) Method of valuation  Cost or end-of-year market value	
			Cost of end-of-year market value	
				-
	***************************************			
			· · · · · · · · · · · · · · · · · · ·	
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets. See Form 990, Part X,		<u> </u>	
		a) Description	(b) Book v	/alue
		-,	(4)	
<del></del>				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part	X, line 25		
1.	(a) Description of liability	(b) Amount		
Federal inc	ome taxes			
		-	1	
			1	
			1	
<del></del>		<del>                                     </del>	-	
			_	
			_	
			_	
		<u> </u>	_	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 25)	·		

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

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	190,366.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	142,832.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	47,534.
4	Net unrealized gains (losses) on investments	4	194,929.
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	194,929.
10		10	242,463.
Part.	XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urņ	
1	Total revenue, gains, and other support per audited financial statements	. 1	385,295.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments	9.	
b	Donated services and use of facilities		
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	. 2e	194,929.
3	Subtract line 2e from line 1	. 3	190,366.
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		
b	Other (Describe in Part XIV ) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		190,366.
Part :	Reconciliation of Expenses per Audited Financial Statements With Expenses per Re		
1	Total expenses and losses per audited financial statements	1	142,832.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
	Other losses 2c		
d	Other (Describe in Part XIV )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	142,832.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		-
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV )		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		142,832.
	XIV Supplemental Information	<del></del>	<del></del>
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa , Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Als rt to provide any additional information	o complete	

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-00
-----------------

pen to Public

Inspection on number

ž

(rorm 990)	Governments, and Individuals in the United States	20
Department of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	Open to
Internal Revenue Service	► Attach to Form 990.	padsul
Name of the organization	Employer Ide	Employer Identification number
M CLUB FOUNDATI	M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC	52-6018880
Part   General Inf	Part   General Information on Grants and Assistance	
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	e, and
the selection criter	the selection criteria used to award the grants or assistance?	×
2 Describe in Part IN	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	]
Part   Grants and	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	ered "Yes" to

Part IV and Schedule I-1 (Form 990) if additional space is needed	990) if addition	nal space is n	space is needed	• • • • • • • • • • • • • • • • • • • •			<b>A</b> : : : : : : : : : : : : : : : : : : :
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND							
COLLEGE PARK, MD			15,367				ATHLETIC DEPARTMENT
UNIVERSITY OF MARYLAND							
			23,870				PRESIDENTS CUP AWARD
OTHER U S UNIVERSITIES							
			10,000	į			SCHOLARSHIPS TO PURS
2 Enter total number of section 501(c)(3) and government organizations	ind governmen	t organizations					
3 Enter total number of other organizations							
For Privacy Act and Paperwork Reduction Act Notice, see the	Act Notice, see	the Instruction	Instructions for Form 990.			Schec	Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 9E1288 2 000 5AB153 F800 5/6/2011

12:19:04 P V 09-9.3

Schedule I (F	Schedule I (Form 990) 2009			52-6018880			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in the 990) if addition	e United States al space is nee	. Complete if the ded	e organization answered	"Yes" on Form 990, Part IV, line 22	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
i							
		_					
Part IV	Supplemental Information. Complete this par	ete this part to	provide the inf	ormation require	d in Part I, line 2, and any	t to provide the information required in Part I, line 2, and any other additional information	
SCHOLARSHIPS	RSHIPS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				! ! !
STUDENT	LARSHIPS ARE PAID	DIRECTLY TO THE	E UNIVERSITY	TY OR COLLEGE			
THE ST	STUDENT ATTENDS.	   1   1   1   1   1	             	] ; ; ; ; ; ; ; ; ;			 
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! ! ! ! !	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	1 1 1 1 1 1 1 1 1			         
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	1	1 1 1 1 1 1 1 1	, 	1 			 
 		! ! ! ! ! ! !		 			         
; 		 	 				
						Schedule I (Form 990) 2009	990) 2009

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

**Open to Public** 

OMB No 1545-0047

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.

Inspection

Name of the organization

M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC

Employer identification number 52-6018880

ATTACHMENT 2

FORM 990 REVIEW

FORM 990, PART VI, OUESTION 19

PRIOR TO BE FILED WITH THE IRS, THE FORM 990 IS REVIEWED BY THE M CLUB'S EXECUTIVE DIRECTOR.

ATTACHMENT 3

#### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROMOTE THE WELFARE AND ADVANCEMENT OF THE UNIVERSITY OF MARYLAND BY UNDERTAKING ACTIVITIES IN SUPPORT OF THE UNIVERSITY'S INTERCOLLEGIATE ATHLETIC PROGRAM AND PROVIDE FUNDS FOR ATHLETIC SCHOLARSHIPS AND AWARDS.

ATTACHMENT 4 FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION GRANTS EXPENSES REVENUE BENEFITS FOR MEMBERS 13,291. UNIVERSITY OF MARYLAND FOUNDATION 3,000. 16,291. TOTALS

ATTACHMENT

PART VIII - INVESTMENT INCOME FORM 990,

ame of the organization	Employer identification number
1 CLUB FOUNDATION UNIVERSITY OF MARYLAND INC	52-6018880
	ATTACHMENT 5 (CONT'D)
FORM 990, PART VIII - INVESTMENT INCOME	

RELATED OR UNRELATED EXCLUDED TOTAL EXEMPT REVENUE BUSINESS REV. REVENUE REVENUE DESCRIPTION 21,212 21,212 INTEREST AND DIVIDENDS TOTALS

21,212 21,212

ATTACHMENT 6

## FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
RODMAN'S GOLF	57,160.	23,292.	33,868.
LETTER WINNERS DAY	355.	5,605.	-5,250.
TICKET	96.	1,198.	-1,102.
NLWA CONFERENCE		1,961.	-1,961.
HALL OF FAME DINNER	17,795.	23,159.	-5,364.
SPECIAL EVENTS	150.		150.
M CLUB LICENSE PLATES	155.		155.
FB DECADES REUNION		4,648.	-4,648.
ACC TICKET INCOME	10,940.	15,679.	-4,739.
TOTALS	86,651.	75,542.	11,109.

ATTACHMENT 7

Page 2

Name of the organization M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC Employer identification number

52-6018880

ATTACHMENT 7 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE DESCRIPTION

MERCANTILE SAFE DEPOSIT & TRST 2,021,877.

223,549. VANGUARD

40,000. CRONIN MEMORIAL ENDOWMENT

> 2,285,426. TOTALS

#### SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

# **Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable). OMB No 1545-0092

2009

Employer identification number Name of estate or trust 52-6018880 M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less (e) Cost or other basis (f) Gain or (loss) for (b) Date acquired (c) Date sold (d) Sales price (see page 4 of the the entire year (Example 100 shares 7% preferred of "Z" Co) (mo, day, yr) (mo, day, yr) Subtract (e) from (d) instructions) 1a 1 b **b** Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . . . . . . Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 2 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2008 Capital Loss 4 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back . . Long-Term Capital Gains and Losses - Assets Held More Than One Year (e) Cost or other basis (f) Gain or (loss) for (a) Description of property (b) Date acquired (c) Date sold (see page 4 of the instructions) the entire year Subtract (e) from (d) (d) Sales price (Example 100 shares 7% preferred of "Z" Co) (mp . day, yr ) (mo . dav. vr ) 6a b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . . . . . . . . Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 52,839. 9 10 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2008 Capital Loss 11 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, 52,839. column (3) on the back Schedule D (Form 1041) 2009 For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Sche	dule D (Form 1041) 2009					_	_	Page 2
Pa	Summary of Parts I and II  Caution: Read the instructions before completing this i	oart.		eficiaries' page 5)	(2) Esta			(3) Total
13	Net short-term gain or (loss)	13						
14	Net long-term gain or (loss):							
а	Total for year	14a						52,839.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b						
С	28% rate gain	14c						
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15						52,839.
	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or For int V, and <mark>do not</mark> complete Part IV If line 15, column (3), is a net loss, complete P							
	t IV Capital Loss Limitation		<del></del>		<u> </u>			
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, îı	ne 4c, if a tr	ust), the sn	naller of	$\neg$		
а	The loss on line 15, column (3) or <b>b</b> \$3,000					16	(	)
Note	: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page	e 1, lin	e 22 (or Fo	rm 990-T, III	ne 34), is a l	oss, co	omplete t	the Capital Loss
	over Worksheet on page 7 of the instructions to figure your capital loss carryover							<del></del>
Par	<del></del>		)) are asin				ın Dort i	or Dort II and
	n <b>1041 filers.</b> Complete this part <b>only</b> if both lines 14a and 15 in colu e is an entry on Form 1041, line 2b(2), <b>and</b> Form 1041, line 22, is mor			s, or arrain	iount is ent	erea	m Pan i	or Part II and
	ion: Skip this part and complete the worksheet on page 8 of the instruc							
	ther line 14b, col (2) or line 14c, col (2) is more than zero, or							
	oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero							
	990-T trusts. Complete this part only if both lines 14a and 15 are							
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this par	rt and	complete	the works	sheet on pa	ige 8	of the	instructions if
eitne	er line 14b, col (2) or line 14c, col (2) is more than zero							
17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	4) .	17			Ì		
18	Enter the smaller of line 14a or 15 in column (2)							
	but not less than zero							
19	Enter the estate's or trust's qualified dividends							
	from Form 1041, line 2b(2) (or enter the qualified							
••	dividends included in income in Part I of Form 990-T)					-		
20	Add lines 18 and 19							
21	If the estate or trust is filing Form 4952, enter the					1		
22	amount from line 4g, otherwise, enter -0 ▶ 21 Subtract line 21 from line 20 If zero or less, enter -0		22			7		
22			23					
23	Subtract line 22 from line 17 If zero or less, enter -0-		23			ĺ		
24	Enter the smaller of the amount on line 17 or \$2,300		24					
	Is the amount on line 23 equal to or more than the amount on line 24		· ·   <del>  </del>			ł		
25	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box					-		
	No. Enter the amount from line 23		25			1		
26	Subtract line 25 from line 24		26	<del></del> -				
27	Are the amounts on lines 22 and 26 the same?							
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or lin	e 22	27					
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28			1		
						ļ		
29	Subtract line 28 from line 27							
30	Multiply line 29 by 15% ( 15)				: 2 - : - }	30		
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate (see the Schedule Ginstructions in the instructions for Form 1041)					31		
	(							<del></del>
32	Add lines 30 and 31					32		
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate	Sch	edule for I	 Estates an	d Trusts			
	(see the Schedule G instructions in the instructions for Form 1041)					33		
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 h							
	G, line 1a (or Form 990-T, line 36)					34		
						Sche	dule D (	Form 1041) 2009

# Form . 4562

# **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No Identifying number

M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC

52-6018880

GENERAL DEPREC	cpense Certain Property l	Juder Section 179		· · · · · · · · · · · · · · · · · · ·	•••	
	ive any listed property, coi		vou comp	lete Part I		
<del></del>	he instructions for a higher limit		*		1	
	property placed in service (see i					
	n 179 property before reduction					
	Subtract line 3 from line 2 If zero					
5 Dollar limitation for tax year Su	obtract line 4 from line 1. If zero or less, enter	r -O- If married filing				
*	a) Description of property		usiness use on			
7 Listed property Enter the	e amount from line 29		7		•	
8 Total elected cost of sect	tion 179 property Add amounts	in column (c), lines 6 and	7		8	
	er the smaller of line 5 or line 8.					
O Carryover of disallowed o	deduction from line 13 of your 20	008 Form 4562			10	
	on Enter the smaller of busines					
12 Section 179 expense ded	duction Add lines 9 and 10, but	do not enter more than lii	ne 11 . <u></u>	<u> </u>	12	
	deduction to 2010 Add lines 9 a		. ▶ 13	<u> </u>	·	
	t III below for listed property Inste					
<del></del>	eciation Allowance and O					nstructions)
4 Special depreciation al	llowance for qualified proper	ty (other than listed	property) pl	aced in service	æ	:
	nstructions)					
	on 168(f)(1) election					
6 Other depreciation (include	ding ACRS)	<u> </u>		<u> </u>	16	
Para III WACKS Depre	eciation (Do not include liste	ea property ) (See inst	ructions)			
8 If you are electing to g asset accounts, check her	ssets placed in service in tax ye group any assets placed in server	ervice during the tax ye	ar into one	or more gener	ai	
8 If you are electing to g asset accounts, check her Section I	proup any assets placed in server	ars beginning before 2009 errice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation	ar into one ar Using the	or more gener ▶ e General Dep	reciation Sy	
8 If you are electing to g asset accounts, check her	proup any assets placed in server	ars beginning before 2009 ervice during the tax ye	ar into one ar Using the	or more gener	ai	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop	group any assets placed in service	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery	or more gener ▶ e General Dep	reciation Sy	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop	group any assets placed in service	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery	or more gener ▶ e General Dep	reciation Sy	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop	group any assets placed in service	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery	or more gener ▶ e General Dep	reciation Sy	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 3-year property b 5-year property	group any assets placed in server	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery	or more gener ▶ e General Dep	reciation Sy	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	group any assets placed in server	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery	or more gener ▶ e General Dep	reciation Sy	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	group any assets placed in server	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period	or more gener ▶ e General Dep	reciation Sy (f) Method	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	group any assets placed in server	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period	or more gener ▶ □ e General Dep (e) Convention	reciation Sy  (f) Method	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental	group any assets placed in server	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs	or more gener ► [ e General Dep  (e) Convention	reciation Sy  (f) Method  S/L  S/L	
8 If you are electing to gasset accounts, check her Section I  (a) Classification of prop  9a 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  h Residential rental property	group any assets placed in server	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs	or more gener	reciation Sy  (f) Method  S/L  S/L  S/L	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9 a 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 h Residential rental property i Nonresidential real	group any assets placed in server	ervice during the tax ye  During 2009 Tax Yea  (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs	or more gener	reciation Sy  (f) Method  S/L  S/L  S/L  S/L	
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property	B - Assets Placed in Service  (b) Month and year placed in service  service	ars beginning before 2009 ervice during the tax ye common the tax ye common to the tax ye common the t	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs	or more gener	reciation Sy  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property  Section C	group any assets placed in server	ars beginning before 2009 ervice during the tax ye common the tax ye common to the tax ye common the t	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs	or more gener	s/L S/L S/L S/L S/L S/L S/L preciation	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section II  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property Section C  Oa Class life	B - Assets Placed in Service  (b) Month and year placed in service  service	ars beginning before 2009 ervice during the tax ye common the tax ye common to the tax ye common the t	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the	or more gener	s/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section II  (a) Classification of 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 h Residential rental property i Nonresidential real property Section C 10a Class life b 12-year	B - Assets Placed in Service  (b) Month and year placed in service  service	ars beginning before 2009 ervice during the tax ye common the tax ye common to the tax ye common the t	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the	or more gener  General Dep (e) Convention  MM  MM  MM  MM  MM  Alternative De	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property Section C  10a Class life b 12-year c 40-year	B - Assets Placed in Service (b) Month and year placed in service  - Assets Placed in Service	ars beginning before 2009 ervice during the tax ye common the tax ye common to the tax ye common the t	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the	or more gener	s/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property Section C  10a Class life b 12-year c 40-year Part IV Summary (See	B - Assets Placed in Service (b) Month and year placed in service perty placed in service - Assets Placed in Service	ars beginning before 2009 ervice during the tax ye continued to the tax ye con	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the 12 yrs 40 yrs	or more gener  General Dep (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property Section C  10a Class life b 12-year c 40-year Part IV Summary (See	B - Assets Placed in Service (b) Month and year placed in service  - Assets Placed in Service  - Assets Placed in Service	ars beginning before 2009 ervice during the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to the tax ye common to tax ye common to the tax ye common to tax y	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the 12 yrs 40 yrs	or more gener  General Dep (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property  Section C  10a Class life b 12-year c 40-year  Part IV Summary (See 1 Listed property Enter am 2 Total. Add amounts from	B - Assets Placed in Service (b) Month and year placed in service  - Assets Placed in Service  - Assets Placed in Service  - Incomplete in Service	ars beginning before 2009 ervice during the tax yes and 20 in column (gesting 2009 Tax Year and 20 in column (gesting 2009 Tax	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the 12 yrs 40 yrs	or more gener  General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 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 h Residential rental property i Nonresidential real property Section C  10a Class life b 12-year c 40-year Part IV Summary (See 1 Listed property Enter am and on the appropriate line	B - Assets Placed in Service  (b) Month and year placed in service  perty placed in Service  - Assets Placed in Service  - Instructions are placed in Service in Serv	ars beginning before 2009 ervice during the tax ye  During 2009 Tax Year  (c) Basis for depreciation (business/investment use only - see instructions)  During 2009 Tax Year  es 19 and 20 in column (c) and S corporations - see in	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the 12 yrs 40 yrs	or more gener  General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation ded
8 If you are electing to g asset accounts, check her Section I  (a) Classification of prop  9a 3-year property b 5-year property c 7-year property d 10-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property Section C  10a Class life b 12-year c 40-year Part IV Summary (See 1 Listed property Enter am 2 Total. Add amounts from and on the appropriate lin 3 For assets shown above	B - Assets Placed in Service (b) Month and year placed in service  - Assets Placed in Service  - Assets Placed in Service  - Incomplete in Service	ars beginning before 2009 ervice during the tax ye common the tax yes are During 2009 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)  During 2009 Tax Year established and 20 in column (c) and S corporations - see in current year, enter the	ar into one ar Using the (d) Recovery period  25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs  Using the 12 yrs 40 yrs  g), and line 2 structions.	or more gener  General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation ded

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	m 4562 (2009)	operty (Include	automo	hilos	certain	othe	r voh	clas	cellular	telenh	ones	certa	ain cor	noutor	Page	
		ised for entertail						cies,	Cenulai	rerepri	ones,	Certa	alli CO	nputer	s, and	
	Note: For	any vehicle for w	hich you a	re usii	ng the s	standar	d milea				ease e	expense	e, comp	lete on	ly 24a	
	<del></del>	ns (a) through (c)														
_		Depreciation and														
248	a Do you have evidence	to support the bus	T	nent us	e daimed	? \	′es 📗	No	24b  f"	Yes," is th	e evide	nce writ	ten?	Yes	No	
	(a)	(b)	(c)		(d)		(e) asis for depr	ociation.	(f)	(g	)	'	(h)	1	(i)	
	Type of property (list vehicles first)	Date placed in service	Business/ investment u	se Cos	t or other b		usiness/invi		Recovery period	Meth Conve			eciation uction	1	d section cost	
		361 4106	percentage				use only	()	period	1 001146	110011	000				
25	Special depreciation											1				
_	year and used more th	<del> </del>			instruction	ons)	<u> </u>	<u></u>	<del></del>	<u></u>	25	<u> </u>		<u> </u>		
26	Property used more th	nan 50% ın a qualifie	d business u											,		
			ļ	%						<u> </u>		ļ		ļ		
_				%						<u> </u>						
				%										<u> </u>		
27	Property used 50% or	less in a qualified bu	isiness use							<del>,</del>		<del></del>		1		
				%						S/L -				_		
				%						S/L -				1		
				%						S/L -				_		
28	Add amounts in colum											<u> </u>				
29	Add amounts in colum	nn (ı), line 26 Enter	here and on	line 7, j	page 1 .	<u></u>	<u></u>		<i>.</i>			<u></u>	. 29			
			Sect	ion B	- Inform	ation o	on Use o	of Veh	icles							
	nplete this section for												provided	vehicles	s to you	
emp	ployees, first answer the	questions in Section	n C to see if	you me	et an exc	eption t	o comple	eting th	iis section	for those	vehicle	s 				
30	Total business/inve	stment miles o	inven	(	(a)	(	(b)		(c)	(d) (e)					<b>(f)</b>	
•	during the year (do			Veh	nicle 1	Veh	ricle 2	Ve	ehide 3	Vehic	de 4	Veh	nicle 5	Veh	ıcle 6	
	miles)															
31																
32	Total other pers	onal (noncomm	uting)											i		
	miles driven							<u></u>								
33	Total miles driven	during the year	Add													
	lines 30 through 32 ,									ļ					,	
34	Was the vehicle	available for per	sonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
	use during off-duty hou	ırs?														
35	Was the vehicle	used primarily b	у а					İ					Ì			
	more than 5% own	er or related pe	rson?													
36	ls another vehicle	available for per	sonal											!		
	use?	<u></u>		!	1		<u> </u>						<u> </u>	<u></u>		
		Section C - Que	stions for	Emplo	yers Wh	o Prov	vide Veh	icles 1	for Use b	y Their E	Employ	ees/				
Ans	swer these questions	to determine if	you meet	an exc	ception t	to com	pleting	Secti	on B for	vehicles	used	by em	ployees	who	are no	
mo	re than 5% owners or	related persons (	see instruc	tions)												
37	Do you maintain a	written policy s	tatement th	at pro	hibits a	ll pers	onal use	e of	vehicles,	including	com	muting,	by	Yes	No	
	your employees?														<u> </u>	
38	Do you maintain a w	ritten policy staten	nent that pr	ohibits	persona	l use o	f vehicle	s, exc	ept comn	nuting, by	your	employe	es?			
	See the instructions for	r vehicles used by co	orporate offic	ærs, dır	ectors, or	1% or r	more owr	ners .								
39	Do you treat all use of	vehicles by employe	es as person	al use?												
40	Do you provide mo	ore than five veh	nicles to y	our en	npioyees,	obtair	n inform	nation	from yo	our empl	oyees	about	the	ł		
	use of the vehicles, and													ļ		
41	,				obile de	monstra	ation use	? (See	ınstructı	ons)				<u> </u>	l	
	Note: If your answer to	37, 38, 39, 40, or 4	11 is "Yes," d	o not co	omplete S	Section L	B for the	∞vere	d vehicles	:						
Pa	rt VI Amortization	on			,											
	(-)		(b)		ŀ	(=)					(e			(6)		
	(a) Description of	costs	Date amort		Am	(C) ortizable	amount		(d) Code se		Amorti		Amortiza	(f) ation for t	nis vear	
	=		begins	• ———							percer				,	
42	Amortization of costs	that begins during	your 2009	tax y	ear (see	ınstruc	tions)									
												ļ.				
	Amortization of costs t	-		•								43				
44	Total. Add amounts in	column (f) See the	instructions	for whe	ere to repo	ort						44				

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•	C	)
•	C	1

52-6018880

M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC

Description of Property
GENERAL DEPRECIATION

DEPRECIATION														
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv	ACRS	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER EQUIPMENT		9,200	0			!	9,200	9,200	200DB			2		
											_			
											_			
									1		_			
										-				į
										_				
			Ì											
										_	_			
Less Retired Assets														
Subtotals		9,200.				9,200	9,200	9,200						
Listed Property					}				ŀ					
											_			
										+	-			
l see Bahrad Accole									-	-	-			
Subtotals			•									_		
TOTALS		9,200				9,200	9,200	9,200						
AMORTIZATION									1					
<b>V</b>	Date placed in	Cost	-				Accumulated	Ending Accumulated	-					Current-year
Asset describiton	Service	Dasis					amortization	amortization	e S	e l	-			amortization
				-		_								
						-							<u>.</u> .	
												-		
					-	-					=		<del>1</del>	
TOTALS			_			•					,		1	
*Assets Retired											ŀ			

\*Assets Retired JSA 9X9024 1 000

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# Form 8868

(Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Internal Revenue S	, ,	► File a separate application for each return.						
		Automatic 3-Month Extension, complete only Part I and check this be	ox			▶	X	
		Additional (Not Automatic) 3-Month Extension, complete only Part II aless you have already been granted an automatic 3-month extension of				8868		
Part I Auto	matic 3-l	Month Extension of Time. Only submit original (no copies neede	 ∍d).					
		file Form 990-T and requesting an automatic 6-month extension - che		ox and co	mplete			
Part I only						▶		
All other corpo		ncluding 1120-C filers), partnerships, REMICs, and trusts must use turns	Form 7	004 to re	quest a	an extensi	on of	
one of the ret electronically in returns, or a co	turns note f (1) you omposite (	Generally, you can electronically file Form 8868 if you want a 3-mod below (6 months for a corporation required to file Form 990-T), want the additional (not automatic) 3-month extension or (2) you file or consolidated From 990-T. Instead, you must submit the fully complete the electronic filing of this form, visit www.irs.gov/efile and click on e-	. Howev e Forms leted and	er, you ca 990-BL, 6 disigned pa	annot f 6069, d age 2 (	file Form to or 8870, g (Part II) of	8868 group	
Type or		Exempt Organization				ication num	ber	
print		LUB FOUNDATION UNIVERSITY OF MARYLAND INC	ļ	52-6	60188	80		
File by the	Number street and room or suite no. If a P.O. box see instructions 2.624 COMCAST CENTED							
due date for filing your		RAPIN TRAIL, ROOM 2707						
return See	-	or post office, state, and ZIP code. For a foreign address, see instructions						
instructions		LEGE PARK, MD 20742						
		be filed (file a separate application for each return)		4700				
- · · · · · · · · · · · · · · · · · · ·		Form 990-T (corporation)	<del>-</del>	m 4720 m 5227				
Form 990-		Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above)		m 6069				
Form 990-		Form 1041-A		m 8870				
		eare of ► AZIZ ABDUR-RA'OOF  01 314-7020						
-		es not have an office or place of business in the United States, check the eturn, enter the organization's four digit Group Exemption Number (GEN				▶ If this is		
for the whole g	roup, chec	·		nd attach a	a list w			
		omatic 3-month (6 months for a corporation required to fi	ile For	n 990-T)	exter	nsion of	tıme	
until		$\frac{02/15}{2011}$ , to file the exempt organization return for the organization						
for the org	ganization'	s return for						
. —								
	caiendar y tax year b	eginning 07/01, 2009, and ending		06/30	201	0		
	tax year D	grinning, and ending			, ====	_		
2 If this tax y	year is for	less than 12 months, check reason Initial return Final ref	turn	Change	in acco	ounting per	riod	
3a If this app	olication is	for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentati	ive tax	less any	$\top \top$			
• •		ts. See instructions	·	•	3a 3	\$		
		for Form 990-PF or 990-T, enter any refundable credits and estimate	ed tax pa	ayments				
made Incl	lude any p	rior year overpayment allowed as a credit			3ь 9	\$		
		act line 3b from line 3a Include your payment with this form, or, if r				=		
		or, if required, by using EFTPS (Electronic Federal Tax Paymen	nt Syster	ກ) See		()		
instruction			<del></del>		3c \$	<del>`</del> .		
· · · · · · · · · · · · · · · · · · ·		to make an electronic fund withdrawal with this Form 8868, see Form	8453-EC	) and Form	1 8879-	EO		
for payment inst							—	
For Privacy Act	t and Pane	erwork Reduction Act Notice, see Instructions.			Form 88	368 (Rev 4-	-20091	

Form \$868 (R	tev 4-2009)		Page 2					
	are filing for an Additional (Not Automatic) 3-Month Extension, complete on	y Part II and check this box	X					
	ly complete Part II if you have already been granted an automatic 3-month ex							
	are filing for an Automatic 3-Month Extension, complete only Part I (on page							
	Additional (Not Automatic) 3-Month Extension of Time. Only		pies needed).					
	Name of Exempt Organization	Employer identifi						
Type or print	M CLUB FOUNDATION UNIVERSITY OF MARYLAND INC	52-601888	30					
File by the	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only						
extended due date for	2624 COMCAST CENTER							
filing the	City, town or post office, state, and ZIP code. For a foreign address, see instructions		THE THE PARTY OF T					
netum See	AN OCC   COLUMN DADY NO COLUMN							
Check typ	pe of return to be filed (File a separate application for each return)							
	m 990 Form 990-PF	Form 1041-A	Form 6069					
For	m 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Form 4720	Form 8870					
For	m 990-EZ Form 990-T (trust other than above)	Form 5227						
STOP! Do	not complete Part II if you were not already granted an automatic 3-mo	nth extension on a previo	usly filed Form 8868.					
• The boo	oks are in the care of ▶ AZIZ ABDUR-RA'OOF							
	one No ▶ 301 314-7020 FAX No. ▶							
	If the organization does not have an office or place of business in the United States, check this box							
<ul> <li>If this is</li> </ul>	for a Group Return, enter the organization's four digit Group Exemption Numb	er (GEN) If t	this is					
for the wh	nole group, check this box If it is for part of the group, check this	s box ▶ and attac	ch a					
	e names and EINs of all members the extension is for.		<u>.</u>					
4 I req	4 I request an additional 3-month extension of time until 05/15/2011							
<b>5</b> For (	For calendar year, or other tax year beginning 07/01/2009 and ending 06/30/2010							
	If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period							
7 State	State in detail why you need the extension INFORMATION IS REQUIRED FROM THIRD PARTIES							
IN	ORDER TO FILE A COMPLETE AND ACCURATE RETURN.	_=_,						
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentative tax, less any						
	efundable credits. See instructions		8a \$					
<b>b</b> If this	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid.							
tax p	payments made include any prior year overpayment allowed as a credit	and any amount paid	A.C.					
	ously with Form 8868		8b \$					
	nce Due. Subtract line 8b from line 8a include your payment with this form							
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S		8c \$					
	Signature and Verification							
	ties of perjury, I declare that I have examined this form, including accompanying schedules at	nd statements, and to the best o	f my knowledge and belief,					
t is uue, com	ect, and complete, and that I am authorized to prepare this form							
	June a Gender	14	1/14/2011					
Signature >	7100	Date )						
Ι	DAVIS, JOSEY, KEATING & RANES, LLC		Form <b>8868</b> (Rev 4-2009)					

2661 RIVA ROAD, SUITE 1040 ANNAPOLIS, MD 21401