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Return of Organization Exempt From Income Tax

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

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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 10/1/2009, and ending 9/30/2010

B Check if applicable	C Name of organization AUGUSTOBERFEST CHARITABLE FOUNDATION INC			D Employer identification number 52-2101777
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address)			Room/suite
<input type="checkbox"/> Name change	864 JEFFERSON BLVD			E Telephone number 301-797-6609
<input type="checkbox"/> Initial return	City, town, or county HAGERSTOWN	State MD	ZIP + 4 21740	F Group Exemption Number ►
<input type="checkbox"/> Terminated				
<input type="checkbox"/> Amended return				
<input type="checkbox"/> Application pending				

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

I Website: ► N/A

J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete returnL Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **95,550**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1 Contributions, gifts, grants, and similar amounts received	1	23,550
2 Program service revenue including government fees and contracts	2	72,000
3 Membership dues and assessments	3	
4 Investment income	4	0
5a Gross amount from sale of assets other than inventory	5a	0
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b Less direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8 Other revenue (describe ►)	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.	9	95,550
10 Grants and similar amounts paid (attach schedule)	10	0
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	7,752
16 Other expenses (describe ► See Attached Statement)	16	85,862
17 Total expenses. Add lines 10 through 16	17	93,614
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,936
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	28,638
20 Other changes in net assets or fund balances (attach explanation)	20	0
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	30,574

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

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	28,638	22	30,574
23 Land and buildings		23	
24 Other assets (describe ►)	0	24	0
25 Total assets	28,638	25	30,574
26 Total liabilities (describe ►)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	28,638	27	30,574

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **HOST ANNUAL GERMAN FEST/SUPPORT CHARITIES**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 HOST ANNUAL GERMAN FESTIVAL TO CELEBRATE THE GERMAN HERITAGE

OF OUR REGION & OUR SISTER CITY WESEL, GERMANY

ANY PROFITS TO BE DONATED TO LOCAL CHARITIES

If this amount includes foreign grants, check here

28a 93,614

93,614

(Grants \$) If this amount includes foreign grants, check here

28a

8

(Grants \$) If this amount includes foreign grants, check here.

306

8

31 Other program services (attach schedule)

Other program services (attach schedule) (Grants \$ 0.00). If this amount includes foreign grants, check here

212

8

32. Total program service expenses (add lines 28a through 31a)

32 93,614

95,014
4.8%

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

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

- 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No
- 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34 Yes No
- 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T 35a Yes No
- a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b Yes No
- b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Yes No
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Yes No
- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37b Yes No
- b Did the organization file Form 1120-POL for this year? 38a Yes No
- 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b Yes No
- b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Yes No
- 39 Section 501(c)(7) organizations Enter: 39a Yes No
- a Initiation fees and capital contributions included on line 9 39b Yes No
- b Gross receipts, included on line 9, for public use of club facilities 40a Yes No
- 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40b Yes No
- b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c Yes No
- c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d Yes No
- d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40e Yes No
- e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40f Yes No
- 41 List the states with which a copy of this return is filed. 42a Yes No
- 42 a The organization's books are in care of ► N.Y.T. CERTIFIED PUBLIC ACCOUNTANT Telephone no ► (301) 797-6609 Located at ► 864 JEFFERSON BLVD. City HAGERSTOWN ST. MD ZIP + 4 ► 21740 42b Yes No
- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42c Yes No
- 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 and Financial Accounts. 43 Yes No
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► 44 Yes No
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 45 Yes No
- 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No
- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Yes No

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

- | | | Yes | No |
|------|---|-----|----|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. | 46 | X |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. | 47 | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49 a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b | If "Yes," was the related organization a section 527 organization? | 49b | |
| 50 | Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | |

(a) Name and address of each employee paid more than \$100,000			(b) Title and average hours per week devoted to position		(c) Compensation		(d) Contributions to employee benefit plans & deferred compensation		(e) Expense account and other allowances	
Name None	Str		Title							
City	ST	ZIP	Hr/WK	.00	0		0			0
Name	Str		Title							
City	ST	ZIP	Hr/WK	.00	0		0			0
Name	Str		Title							
City	ST	ZIP	Hr/WK	.00	0		0			0
Name	Str		Title							
City	ST	ZIP	Hr/WK	.00	0		0			0
Name	Str		Title							
City	ST	ZIP	Hr/WK	.00	0		0			0

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

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

(a) Name and address of each independent contractor paid more than \$100,000			(b) Type of service		(c) Compensation	
Name None	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				
Name	Str					
City	ST	ZIP				

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer  1/3/10		
	Date		
► SCOTT N DRAPER CPA CO TREASURER			
Type or print name and title			
Paid Preparer's Use Only	Preparer's signature 	Date 1/3/2011	Check if self- employed <input checked="" type="checkbox"/> X
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 	Preparer's identifying number (See instructions)
		Phone no 	

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

► Yes No

Public Charity Status and Public Support

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

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

2009

Open to Public
Inspection

Name of the organization

AUGUSTOBERFEST CHARITABLE FOUNDATION INC

Employer identification number

52-2101777

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

Part II 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.)

Section A. Public Support

Calendar 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.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10.	0	0	0	0	0	0
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0 00%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions	► <input type="checkbox"/>	

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.)

Section A. Public Support

Calendar 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.") .	48,934	10,798	24,350	23,300	23,550	130,932
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .	39,959	72,919	108,532	67,371	72,000	360,781
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge .	0	0				0
6 Total. Add lines 1 through 5 .	88,893	83,717	132,882	90,671	95,550	491,713
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .						0
c Add lines 7a and 7b .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6) .						491,713

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 .	88,893	83,717	132,882	90,671	95,550	491,713
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .						0
c Add lines 10a and 10b .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) .	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12) .	88,893	83,717	132,882	90,671	95,550	491,713
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100 00%
16 Public support percentage from 2008 Schedule A, Part III, line 15 .	16	100 00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 .	18	0.00%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

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

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

**Department of the Treasury
Internal Revenue Service**

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

AUGUSTOBERFEST CHARITABLE FOUNDATION INC

52-2101777

Part I, Line 16 (990-EZ) - Other Expenses

		85,862
1	Travel	1
2	Meals and entertainment	2
3	Fundraising	3
4	Amortization	4 0
5	Conferences, conventions, and meetings	5
6	Depreciation	6 0
7	Depletion	7
8	Equipment rental and maintenance	8 271
9	Interest	9
10	Supplies	10
11	Telephone	11
12	Unrelated business income taxes	12 0
13	FOOD & BEVERAGES EVENT	13 16,423
14	MERCHANDISE	14 2,764
15	ENTERTAINMENT	15 12,884
16	ADVERTISING	16 11,592
17	INSURANCE	17 559
18	OFFICE EXPENSE	18 387
19	TENT RENTAL	19 31,074
20	SOUND SYSTEM	20 4,380
21	CHILDRENS AREA	21 1,985
22	CLEANUP	22 300
23	DISTRIBUTION TO CHARITIES	23 2,000
24	REGISTRATIONS AND PERMITS	24 10
25	DECORATIONS	25 333
26	STORAGE RENTAL	26 900
27		27
28		28
29		29