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Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2010 calendar year, or tax year beginning JUL 1 2010 and ending JUN 30, D Employer identification number C Name of organization UNITED WAY OF WASHINGTON COUNTY, Address change MARYLAND INC. Name change Doing Business As 52-0691704 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-301-739-8200 33 WEST FRANKLIN STREET, SUITE 203 Amended 1,115,519. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-HAGERSTOWN, MD 21740 H(a) Is this a group return pending F Name and address of principal officer. LEAH GAYMAN for affiliates? ∐Yes X No 33 WEST FRANKLIN STREET, SUITE 203, HAGERSTO H(b) Are all affiliates included? I Tax-exempt status **X** 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or [ If "No," attach a list (see instructions) J Website: ▶ WWW.UNITEDWAYWASHCOUNTY.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1957 M State of legal domicile: MD ∣Part I∣ Summarv Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance Check this box I 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 5 0 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 985 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Ine 34 **Prior Year Current Year** 1,153,551 1,114,915. Contributions and grants (Part VIII, line 1h) Revenue 0 0. Program service revenue (Part VIII, line 20 10 Investment income (Part VIII, Column (A), Innes 5, 5d, 8c, 9c, 10c, and 11e)
11 Other revenue (Part VIII, Column (A); Innes 5, 5d, 8c, 9c, 10c, and 11e)
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,588 604. 57,355 0. 212,494 115,519. Grants and similar amounts paid (Part IX, column (A) lines 1-3)
Benefits paid to or or members (Part IX, column (A) line 4) 875,000 815,506. 0. Ο. 15 Salaries, other compensation Companies benefits (Part IX, column (A), lines 5-10) 208,305 200,757. Expenses 0. 16a Professional fundraising fees (Part IX, column b Total fundraising expenses (Part IX, column (D), line 25) 123,060. 269,245 246,544. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,352,550. 1,262,807. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -140,056. -147,288. Revenue less expenses Subtract line 18 from line 12 sor **Beginning of Current Year End of Year** 1,098,414 922,089. 20 Total assets (Part X, line 16) 639,957 634,721 21 Total liabilities (Part X, line 26) 287,368 22 Net assets or fund balances Subtract line 21 from line 20 458,457 Part II Signature Block Linder 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 cure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of office Sign Here LEAH GAYMAN EXECUTIVE DIRECTOR Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name Paid R. KERT SHIPWAY, CP 01/17/12 self-employed R. KERT SHIPWAY, CPA (Preparer Firm's name ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN <sup>C</sup>Üse Only Firm's address 1110 PROFESSIONAL COURT, SUITE 300 HAGERSTOWN, MD 21740 Phone no. (301) 739-5300 Yes No

Form **990** (2010)

May the IRS discuss this return with the preparer shown above? (see instructions)

Da	rt III Statement of Program Service Accomplishments	04	Page Z
rai			
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:	מח	
	UNITED WAY OF WASHINGTON COUNTY MOBILIZES OUR COMMUNITY TO PROVI	עב	<del></del>
	OPPORTUNITIES, ADDRESS VITAL ISSUES AND IMPROVE LIVES FOR ALL		<del></del>
	CITIZENS.		
	Did the organization undertake any significant program services during the year which were not listed on		
2	the prior Form 990 or 990-EZ?	1	X No
	If "Yes," describe these new services on Schedule O.	ו נפשו	A NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	احترا	X No
3	If "Yes," describe these changes on Schedule O.	i (GZ)	A NO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.		
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
 4а			<del></del>
	TO ASSIST THE COMMUNITY IN ADDRESSING NEEDS TO IMPROVE LIVES FOR	ATIT	
	CITIZENS.		
	•		
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$		)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		)
			<del></del>
			<del></del>
4d	Other program canucas, (Deceribe in Schedule O.)		<del></del>
40	Other program services. (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )		
	Total program service expenses ► 986,069.		
_ <del></del> _		QC	0 (2010)

032002 12-21-10

Form 990 (2010) MARYLAND INC.
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schodule A  2 Is the organization required to complete Schedule B, Schedule of Contributions?  3 Did the organization reginged in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officed. If "Yes," complete Schedule C, Part II  4 Section 501(c)(3) organizations. Did the organization reginge in lobbying activities, or have a section 501(p) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization assertion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Riverium Procedure 99.197 If "Yes," complete Schedule C, Part III  5 Did the organization required in ordinal consumers, including easiments to previse advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  5 Did the organization required in ordinal consumers, including easiments to prevene open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  5 Did the organization report an amount in Part X, Ire 21, serve as a custodian for amounts not listed in Part X, or provide cordic courseling, debt management, credit repair, or debt regionation services? If "Yes," complete Schedule D, Part IV  6 Did the organization report an amount for westments - topic states in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part VIII  7 Did the organization report an amount for investments - other securities in Part X, Ine 107 If "Yes," complete Schedule D, Part XII  8 Did the organization report an amount for investments - other securities in Part X, Ine 107 If "Yes," complete Schedule D, Part X XII  10 Did the organization report an amount for investments - other securities in Part X, Ine 107 If "Yes," complete Schedule D, Part X XII  11 Did the or		the state of the s			
If Yes, *complete Schedule A   2 x	•	•		Yes	No_
2 Is the organization required to complete Schedule B, Schedule of Contributions?  Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part If  Section 501(c)(3) organizations. Did the organization engage in libbiying activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part If  Is the organization assection 501(c)(4) (5) (c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-197 If "Yes," complete Schedule C, Part If If  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts If "Yes," complete Schedule D, Part If  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, hastonic land areas, or historic structures? If "Yes," complete Schedule D, Part If  Did the organization report an amount in Part X, the 21, serve as a custodian for amounts not listed in Part X, or provide cored courseling, debt management, redit repair, or debt inegotiation services? If "Yes," complete Schedule D, Part IV  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other lassets in Part X, line 10? If "Yes," complete Schedule D, Part X III  Did the organization is subhity for uncertain tax positions under Finit 48 (ASC 740)? If "Yes," complete Schedule D, Part X III  Did the organization is active and the org	1			٠,	
3 Det the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I '  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II is the organization as eaction 501(e)(4), 501(c)(6), 601(c)(6), 6					
public office? If "Yes," complete Schedule C, Part II  Section 501(R)3 organizations. Dut the organization angage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), 501(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advised on maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advised to maintain any donor advised funds or any similar funds or accounts If "Yes," complete Schedule D, Part II  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical darses, or instance in the second or any similar funds or accounts If "Yes," complete Schedule D, Part II  Did the organization maintain or Part X, she 21, seve as a custodian for amounts in listed in Part X, complete Schedule D, Part II  Did the organization directly or through a related organization, hold assets in term, permanent, or quasirendowments?  If "Yes," complete Schedule D, Part VII  If the organization services II on any of the following questions is "Yes," then complete Schedule D, Part VII  Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VII  Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part XII  Did the organization report an amount for other assets in Part X, line 107 If "Yes," complete Schedule D, Part XII  Did the organization shallow an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XII  Did the organizat	2	· · · · · · · · · · · · · · · · · · ·	_ 2	X	
4 Section \$51(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section \$01(f)(4) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization a section \$51(c)(4), 501(c)(5), or \$51(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviewe Procedure 98-191 If "Yes," complete Schedule C, Part III is 10 bit the organization maintain any donor advesed funds or any semal runds or accounts there donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is 2. Did the organization reserver hold a conservation easement, including easements to preserve open space, the environment, histonical investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is 2. Did the organization report and amount in Part X, in the 21, serve as a custodian for amounts not listed in Part X, or prode credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV if "Yes," complete Schedule D, Part V, if "Yes," organization report an amount for investments - other securities in Part X, line 10 If "Yes," complete Schedule D, Part V, if Yes, and if the organization report an amount for revestments - program related in Part X, line 10 If If "Yes," complete Schedule D, Part X, if Yes, "complete Schedule D, Part X, if Yes, "complete Schedule D, Part X, if Yes," complete Schedule D, Part X, if Yes, "complete Schedule D, Part X, in 10 If It It is organization report an amount for oriented statements for the tax year include a foothorte that addresses the organization report an amount for other seasests in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X, in 10 If Yes," comp	3	i de la companya del companya de la companya de la companya del companya de la companya del la companya de la c	_		٠,
dump the tax year? If "Yes," complete Schedule C, Part II  be the organization a section 50 (6)(6), 50 (10)(6), or 50 (10)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  by the organization maintain any dorinor advised funds or any similar funds or accounts where donors have the night to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III  by the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic flad areas, or historic structures? If "Yes," complete Schedule D, Part III  by the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV  by the organization report an amount in Part X, Ine 21, serve as a custodian for amounts not listed in Part X, or provide consecution of the organization report an amount in Part X, Ine 21, serve as a custodian for amounts not listed in Part X, or provide consecutions of the service of the consecution of the services o		, , , , , , , , , , , , , , , , , , , ,	3_		X.
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Schedule D, Part III 9 Did the organization report an amount: in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part SV is a spipicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 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 VIII 11 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 Did the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, III III X 12 Did the organization answered "No" to line 12a, then completing Schedule D, Parts X, IX, IX, and XIII is optional is the organization report and part of the pa			_7_		X
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Schedule D, Parts XI, XII, and XIII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  15 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, Parts I and IV  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, Parts II and IV  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, Parts III and IV  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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)			11f		X
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	D		201		
		operate one of more hospitals must attach addited financial statements (see instructions)		990	2010)

Form 990 (2010) MARYLAND INC.
Part IV Checklist of Required Schedules (continued) 52-0691704 Page 4

	tra Concornist of Frequency Continued		1	
٠,	Dutilities and accompanies of COO of county and other accordance to accompanies and arganizations in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	21	х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	^	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	22		X
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	-22		Λ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No", go to line 25	24a		^
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	_	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			.,
	disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		X
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			٠,,
	Schedule L, Part I	25b		X
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		X
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		X
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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	_30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	L
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Щ.	X
а				
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2010

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<u> </u>	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	İ	ļ	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_		
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			l
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b		<b></b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		<u>X</u>
b	If "Yes," enter the name of the foreign country	ľ	ĺ	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible?	<u>6a</u>		_X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.	J	
_	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	70		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required	10		<b></b>
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	İ		
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b_		<b> </b>
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	,		1
a	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			1
10-	amounts due or received from them)  2 and 10/27/29/4) when the second should be a second should be a second should be second	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	_	
	· · · · · · · · · · · · · · · · · · ·			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
a	Note. See the instructions for additional information the organization must report on Schedule O.	''''		<u> </u>
h	Enter the amount of reserves the organization is required to maintain by the states in which the			1
-	organization is licensed to issue qualified health plans			1
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Earm	ggn	(2010)

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Form 990 (2010) MARYLAND INC. 52-0691704 Page 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.

	Check if Schedule O contains a response to any question in this Part VI						$\mathbf{x}$
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1:	a	20			
b	Enter the number of voting members included in line 1a, above, who are independent	1	b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ııp w	th any other				
	officer, director, trustee, or key employee?			Į	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	he di	rect supervision	1	1		
	of officers, directors or trustees, or key employees to a management company or other person?			ļ	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form	990	was filed?	1	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets	?	L	5		X
6	Does the organization have members or stockholders?			).	6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	emb	ers of the				
	governing body?				7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersor	s?	}	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaker	n dur	ing the year	1			
	by the following.			Ì	1		
а	The governing body?			1	8a_	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?			}	8b	<u>X</u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ache	ed at the		_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Reve	nue Code )		I		
40-	December and the base based should be supplied to the supplied			ſ	10-	Yes	No_
	Does the organization have local chapters, branches, or affiliates?	a obo	entara effiliatas	}	10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with those of the organization?	CITE	pters, animates,		10b		
112	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina	the form?	İ	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	9	the form	Ì	110		
12a					12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould (	oive rise	Ī			
	to conflicts?		-		12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	f "Ye	s," describe				
	ın Schedule O how this is done				12c	_X	
13	Does the organization have a written whistleblower policy?			ļ	13	_X_	
14	Does the organization have a written document retention and destruction policy?			]	14	_ <u>X</u> _	
15	Did the process for determining compensation of the following persons include a review and approve	val b	y independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?		į			ļ
а	The organization's CEO, Executive Director, or top management official				<u>15a</u>	<u>X</u>	
þ	Other officers or key employees of the organization			ļ	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			l			ł
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	emer	it with a				
	taxable entity during the year?				16a		X
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev			on			İ
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the or	ganız	ation's				ļ
<u></u>	exempt status with respect to such arrangements?				16b		
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MD	T /5/	)1(a)(3)a aniv) a	roulable.	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 public inspection. Indicate how you make these available. Check all that apply	- i (3)	Ji (C)(J)3 Only) at	raliable	101		
	X Own website X Another's website Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conf	lict of interest n	olicy an	ıd fına	ncıal	
13	statements available to the public.	JU111	o. or interest pt	Jiioy, al	ia	····ai	
20	State the name, physical address, and telephone number of the person who possesses the books	and i	records of the or	roanizat	ion: 🕨	•	
	LEAH GAYMAN, EXECUTIVE DIRECTOR - 301-739-8200	• <del>• •</del>		g			
	33 WEST FRANKLIN ST, #203, HAGERSTOWN, MD 21742						
						~~~	

Form **990** (2010)

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

Check if Schedule O contains a response to any question in this Part VII

### 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.
- 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, if any. See instructions for definition of "key employees."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average			(C Pos	C) ition	}		(D) Reportable	<b>(E)</b> Reportable	( <b>F)</b> Estimated
	hours per week (describe hours for related organizations in Schedule O)	rustee or director	institutional frustee	all		Highest compensated CO		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ROBERT T. BARNHARD	1 00									•
BOARD MEMBER	1.00	X.				<u> </u>		0.	0.	0.
WILLIAM K. BEARD, JR.	1	l								^
BOARD MEMBER	1.00	X	_		_	<u> </u>	_	0.	0.	0.
WILLIAM A. BULLA	1 00									•
BOARD MEMBER	1.00	X	_			-		0.	0.	0.
KELLY L. COLBERT	1 00				ļ					•
BOARD MEMBER	1.00	X			_	ļ	L	0.	0.	0.
DEB GORBSKY	1 20									
BOARD MEMBER	1.00	X			_	-		0.	0.	0.
JOHN LATIMER, IV	1									
BOARD MEMBER	1.00	X			ļ	ļ	<b></b> _	0.	0.	0.
DONNA NEWCOMER	1 00									•
BOARD MEMBER	1.00	X	_			├		0.	0.	0.
ANDREW SARGENT	1			l			į			
PRESIDENT	1.00	X		X		-	-	0.	0.	0.
BRAD SELL	1 00									
BOARD MEMBER	1.00	X			<u> </u>	├	-	0.	0.	0.
STEPHANIE STONE	1 00			l			ł			
SECRETARY	1.00	X		X	_	-	<u> </u>	0.	0.	0.
EARL STONER	1 00									
BOARD MEMBER	1.00	X			_	-	-	0.	0.	0.
KELLY CORBI	1 00									_
BOARD MEMBER	1.00	X		_		-	<del> </del>	0.	0.	0.
MIKE HARSH	1 00									
VICE PRESIDENT	1.00	X	_	X		-	-	0.	0.	0.
JOHN MARTIRANO	1		1							_
BOARD MEMBER	1.00	X	<del> </del>		-	-	$\vdash$	0.	0.	0.
SHAUN O'NEAL	1 00	١,,							_	^
BOARD MEMBER	1.00	X	<del> </del>	-	-	$\vdash$	├	0.	0.	0.
RICK ROCK	1 1 00								_	^
BOARD MEMBER	1.00	X	<u> </u>		-	+-	├	0.	0.	0.
RALPH SALVAGNO	1 1 00	,,	1						0.	_
BOARD MEMBER 032007 12-21-10	1.00	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	0.	0 . Form <b>990</b> (2010)

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Section A. Onicers, Directors,		T	) y e e			rugi	<u>est</u>	I		(=)	
, <b>(A)</b>	(B)		<b>(C)</b> Position					(D)	(E)	(F)	
Name and title	Average hours per	(c				app	lv)	Reportable compensation	Reportable compensation	Estima: amoun	
	week	-(0	T	T 201	T	T	יעיי	from	from related	othe	
	(describe	ector						the	organizations	compens	
	hours for	150				ated		organization	(W-2/1099-MISC)	from t	he
	related	stee	Tasta			Bens		(W-2/1099-MISC)		organiza	ation
	organizations	lat tr	onal	ŀ	ploye.	E 2				and rela	
	in Schedule O)	Individual trustee or director	Institutional	Officer	Key employee	Highest compensated employee	<b>F</b> ormer			organiza	tions
MARK BARBERNITZ									_		
BOARD MEMBER	1.00	X			_	ļ	_	0.	0.		0.
RYAN LAMPTON			1				Į.			]	_
BOARD_MEMBER	1.00	X	<u> </u>	ļ	┞	1	1	0.	0.		0.
TIMOTHY PETERS	1 00										^
TREASURER	1.00	X	-	X	├	-	_	0.	0.		0.
JODIE OSTOICH	1 00	١									^
BOARD MEMBER	1.00	X	<del> </del>	├	┢	+-	<del> </del>	0.	0.	<u></u>	0.
LEAH G GAYMAN	40.00	1	1	v	ľ		[	60 660	0.		^
EXECUTIVE DIRECTOR	40.00	-	-	X	<del> </del>	-		69,660.	<u> </u>		0.
						1					
		_	<del> </del>		$\vdash$	<del>  -</del>					
							i				
		_			<u> </u>						
							1				
		<u></u>	l .	<u> </u>	<u> </u>		<u> </u>	60 660			
1b Sub-total								69,660.	0.		0.
c Total from continuation sheets to Part	VII, Section A							0.	0.		0.
d Total (add lines 1b and 1c)						<u> </u>		69,660.	0.	<u> </u>	0.
2 Total number of individuals (including bu	t not limited to ti	nose	liste	ed a	bov	e) w	no r	eceived more than \$100	J,000 in reportable		0
compensation from the organization		_							···	Yes	
3 Did the organization list any former office	er, director or tru	ıstee	e. ke	v en	olan	vee.	or h	nighest compensated er	nplovee on		1
line 1a? If "Yes," complete Schedule J fo			,	,		, ,	•	g		3	X_
4 For any individual listed on line 1a, is the			amo	ensa	atıor	n and	d ot	her compensation from	the organization		
and related organizations greater than \$	•		-						ū	4	X_
5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion i	from	any	y uni	elat	ed organization or indiv	idual for services		
rendered to the organization? If "Yes, " co	omplete Schedu	le J	for s	uch	per	son		<u></u>	·= ·	5	X
Section B. Independent Contractors											
1 Complete this table for your five highest	compensated in	dep	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of compens	ation from	
the organization NONE	<del></del>										
(A) Name and busine	ss address							( <b>B)</b> Description of s	services (	(C) Compensati	ion
									-		
							_				
							$\dashv$	<u> </u>			
2 Total number of independent contractors	s (including but i	not h	mıte	d to	tho	se li	stec	d above) who received n	nore than		
\$100,000 in compensation from the orga	nization 🕨 _					0					
										Form <b>990</b>	2010)

MARYLAND INC.

			Statement of Never			(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	c e f	b d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor	ts, and te	9,903.		-		
a G	_	_	Noncash contributions included in lines  Total. Add lines 1a-1f	1a-11 5	<b>—</b>	1114915.			
$\overline{}$	•	-	Total: 7 to all 100 to 11		Business Code				-
ايو	2 a	а							
اه ک		ь							
S S		С							
e A	(	d							
Program Service Revenue	e	е							
<u> </u>	f	f	All other program service reve	enue					
		9	Total. Add lines 2a-2f		<b></b>	·		<del></del>	
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)		<b>&gt;</b>	604.	604.		
	4		Income from investment of ta	x-exempt bond p	proceeds -			<del></del>	<u></u>
l	5		Royalties		<b>&gt;</b>				
				(i) Real	(ıi) Personal				
	6 a		Gross Rents .						
	t		Less rental expenses						
			Rental income or (loss)						
İ			Net rental income or (loss)	(3.0	<del>, +</del>				<del>                                     </del>
	7 8	а	Gross amount from sales of	(i) Securities	(ii) Other				
		L.	assets other than inventory Less cost or other basis	<del></del>	<del>                                     </del>				
		D	and sales expenses						
		_	Gain or (loss)						
			Net gain or (loss)	L					
_			Gross income from fundraisin	a events (not					
ng	٠.	•	including \$	of					
Other Revenu			contributions reported on line	<del></del>		-	-		
Ř			Part IV, line 18	а					
‡	ı	b	Less direct expenses	b					
0			Net income or (loss) from fund	draising events	<b>•</b>				
			Gross income from gaming ac	=					
			Part IV, line 19	а					
			Less direct expenses	b					
1			Net income or (loss) from gan	-					
	10	а	Gross sales of inventory, less	returns					
ļ			and allowances	а				}	
			Less cost of goods sold	b	· L				
-		<u>c</u>	Net income or (loss) from sale		<b>D</b>		<del>                                     </del>		
}			Miscellaneous Revenu		Business Code		!		
	11 :		-		}				<del> </del>
		b	-			<del></del>			-
		C	All other revenue			· · · · · · · · · · · · · · · · · · ·			<u> </u>
		d	Total. Add lines 11a-11d						-
	12	_	Total revenue See instructions.			1115519.	604.	0	. 0.
03200	9						·		Form <b>990</b> (2010)

## Form 990 (2010) MARYLAND INC. Part IX Statement of Functional Expenses

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

1	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	815,506.	815,506.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	020 / 00 00			
3	Grants and other assistance to governments,				
J	organizations, and individuals outside the U.S See Part IV, lines 15 and 16			i	
4	Benefits paid to or for members	· · · · · · · · · · · · · · · · · · ·			
5	Compensation of current officers, directors, 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)	166,783.	55,038.	58,375.	53,370
7	Other salaries and wages Pension plan contributions (include section 401(k)	100,703.	J, 030 •		33,370.
8	and section 403(b) employer contributions)  Other employee benefits	14,996.	6,748.	3,899.	4,349.
9	Payroll taxes	18,978.	6,263.	6,642.	6,073
10 11	Fees for services (non-employees)	10,510.	0,203.	0,042.	<u> </u>
	Management				
b	Legal				
	Accounting	20,150.		20,150.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	investment management fees			-	
g	<u>-</u>	12,123.			12,123.
9 12	Advertising and promotion	39,306.	27,033.	12,273.	
13	Office expenses	46,213.	15,250.	16,175.	14,788
14	Information technology	13,337.	4,401.	4,668.	4,268
15	Royalties	20/00/			
16	Occupancy	22,944.	7,730.	8,030.	7,184
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,107.	5,107.		
20	Interest				
21	Payments to affiliates	14,944.	4,932.	5,230.	4,782
22	Depreciation, depletion, and amortization	12,828.	4,362.	4,104.	4,362
23	Insurance	15,005.	4,951.	5,863.	4,191
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	EVENT EXPENSE	20,942.	20,942.		
b	BAD DEBT EXPENSE	6,234.	2,057.	2,182.	1,995
С	POSTAGE	4,614.	1,523.	1,615.	1,476
d		4,539.	1,498.	1,589.	1,452
е	BANK CHARGES	3,959.	1,306.	1,386.	1,267
f		4,299.	1,422.	1,497.	1,380
25	Total functional expenses. Add lines 1 through 24f	1,262,807.	986,069.	153,678.	123,060
26	Joint costs. Check here   ☐ If following SOP  98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

Form **990** (2010)

Form 990 (2010)

•				(A)		(B)
				Beginning of year		End of year
1	Cash · non-interest-bearing			250.	1	250
2	Savings and temporary cash investments			529,823.	2	477,613
3	Pledges and grants receivable, net			479,986.	3	380,855
4	Accounts receivable, net			28,893.	4	16,737
5	Receivables from current and former officers, di	rectors, trustees	s, key			
İ	employees, and highest compensated employe	es. Complete Pa	art II			-
	of Schedule L				5	
6	Receivables from other disqualified persons (as	defined under s	ection			
!	4958(f)(1)), persons described in section 4958(c	;)(3)(B), and cont	ributing			
j	employers and sponsoring organizations of sec	tion 501(c)(9) vo	luntary			
	employees' beneficiary organizations (see instru	uctions)			6	
7	Notes and loans receivable, net				7	
8	Inventones for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
-	basis Complete Part VI of Schedule D	10a	132,542.		Ì	
b	Less accumulated depreciation	10b	85,908.	59,462.	10c	46,634
11	Investments - publicly traded securities				11	
12	Investments - other securities See Part IV, line	11			12	
13	Investments - program-related See Part IV, line			13		
14	Intangible assets			14		
15	Other assets See Part IV, line 11			15		
16	Total assets. Add lines 1 through 15 (must equ	al line 34)		1,098,414.	16	922,089
17	Accounts payable and accrued expenses			13,673.	17	21,799
18	Grants payable			18		
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	<del></del>
21	Escrow or custodial account liability Complete	Part IV of Sched	lule D		21	
21 22	Payables to current and former officers, directo	rs, trustees, key	employees,			
]	highest compensated employees, and disqualif	ied persons. Co	mplete Part II			
'	of Schedule L				22	
23	Secured mortgages and notes payable to unrel	ated third parties	s	<del></del>	23	
24	Unsecured notes and loans payable to unrelate	d third parties	<u> </u>		24	
25	Other liabilities. Complete Part X of Schedule D			626,284.	25	612,922
26	Total liabilities. Add lines 17 through 25	<u></u>		639,957.	26	634,721
	Organizations that follow SFAS 117, check h	ere 🕨 🗓 a	ind complete			
3	lines 27 through 29, and lines 33 and 34.		Ì	-	1	
27	Unrestricted net assets		1	390,205.		242,914
28	Temporarily restricted net assets			<u>68,252.</u>	28	44,454
29	Permanently restricted net assets			29		
<u> </u>	Organizations that do not follow SFAS 117, or	heck here	and			
5	complete lines 30 through 34.					
27 28 29 30 31 32	Capital stock or trust principal, or current funds	•			30	
31	Paid-in or capital surplus, or land, building, or e	quipment fund			31	···
32	Retained earnings, endowment, accumulated in	ncome, or other	funds		32	
33	Total net assets or fund balances			458,457.		287,368
34	Total liabilities and net assets/fund balances			1,098,414.	34	922,089

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

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За

X

separate basis, consolidated basis, or both

Act and OMB Circular A-133?

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

Department of the Treasury

Internal Revenue Service

**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.

Ope

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

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF WASHINGTON COUNTY,

Employer identification number 52-0691704

Dest 1	Decree 4	INACTUAN.		-1	A =====1:+	a élaire — a · 4	\ Coc :==+	nuoticas				
Part I			ty Status (All organiz					ructions.				
The organ			pecause it is (For lines 1									
1 🖳	A church, cor	nvention of churches	, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i).	•				
2			<b>0(b)(1)(A)(ii).</b> (Attach Scl									
3 🖳			al service organization of									
4	A medical res	earch organization of	perated in conjunction	with a hosi	pital descr	ibed in <b>se</b>	ction 170(	(b)(1)(A)(ii	i). Enter th	e hospital'	s nam	e,
	city, and state											
5	An organizati	on operated for the b	penefit of a college or ur	niversity ov	vned or op	erated by	a governn	nental uni	t described	d in		
	section 170	(b)(1)(A)(iv). (Comple	te Part II )									
6 🔲	A federal, sta	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	ıblıc desci	ıbed ı	n
	section 170(i	b)(1)(A)(vi). (Complet	te Part II.)									
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 🗀			eives: (1) more than 33 1									
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross	ınvest	ment
	income and i	inrelated business ta	axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired by	y the orga	nızatıon af	ter June 3	0, 197	5
	See section	<b>509(a)(2).</b> (Complete	Part III)									
10	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	ł).				
11 🔲	An organizati	on organized and op	erated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carry	y out the p	urposes o	f one o	or
	more publicly	supported organiza	tions described in section	on 509(a)(1	l) or sectio	n 509(a)(2	?) See sec	tion 509(	<b>a)(3).</b> Chec	k the box	that	
	describes the	type of supporting	organization and comple	ete lines 11	1e through	11h.						
	a Type I		- ,,	; 📖 Тур		•	-			Type III - C		
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r ındırectly	by one or	more disc	qualified p	ersons oth	er tha	n
	foundation m	anagers and other ti	han one or more publicly	y supporte	d organıza	itions desc	cribed in s	ection 509	9(a)(1) or so	ection 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	rganization, check th	nis box									L.
g	Since August	17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons c	lescribed i	n (ii) and (	iii) below,	·	Yes_	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(iii)		
h	Provide the fe	ollowing information	about the supported or	ganızatıon	(s).							
				·								
(i) Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) ls organization	s the	(vii) Am	nount o	f
. ,	anization	, ,	organization (described on lines 1-9		sted in your		ion in col.	(i) organiz U.S	ed in the	sup	port	
			above or IRC section	governing	document?		r support?	0.8	5.7			
		·	(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

52-0691704 Page 2

Schedule A (Form 990 or 990-EZ) 2010 MARYLAND INC. 52-0691'
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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1	Gifts, grants, contributions, and					1					
	membership fees received. (Do not										
	ınclude any "unusual grants ")	1,817,283,	1,821,472.	1,282,248.	1,212,356.	1,081,215.	7,214,574,				
2	Tax revenues levied for the organ-										
	ızatıon'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	1,817,283.	1,821,472.	1,282,248,	1,212,356.	1,081,215,	7,214,574,				
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)										
	Public support. Subtract line 5 from line 4						7,214,574.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
7	Amounts from line 4	1,817,283,	1,821,472,	1,282,248,	1,212,356,	1,081,215.	7,214,574,				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	23,519.	27,029.	18,278.	<u> 17,857.</u>	602.	<u>87,285.</u>				
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)						<del></del>				
11	Total support. Add lines 7 through 10						7,301,859,				
12	Gross receipts from related activities					12					
13	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	. —				
_	organization, check this box and sto	here									
	ction C. Computation of Publ					T T	00 00 %				
14	Public support percentage for 2010 (			xolumn (f))		14	98.80 %				
15	,, ,					15	98.65 %				
16a	33 1/3% support test - 2010.If the c				4 is 33 1/3% or m	iore, check this box	(and ⊾ ਓ				
	stop here. The organization qualifies						. <b>▶</b> [X]				
t	33 1/3% support test - 2009.If the c				line 15 is 33 1/3%	or more, check thi	s dox				
	and stop here. The organization qua	, ,			40.40 40.		<b>P</b>				
178	7a 10% -facts-and-circumstances test - 2010. 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.										
						17a and has 45 is 4	00/ 01				
ŀ	10% -facts-and-circumstances tes										
	more, and if the organization meets t						` <b>.</b>				
	organization meets the "facts-and-cir										
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 100, 1/a, 0r 1/1							
					Sch	edule A (Form 990	OI 330-EA) 20 10				

# Schedule A (Form 990 or 990 EZ) 2010 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 or if the organization failed to qualif	y under Part II. If the organization fails to

All parts are (or fised) year beginning in   Parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts   All parts	Sec	tion A. Public Support	siow, picase com	piete i ait ii )				
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Section B. Total Support    Allendar year (or fiscal year beginning in)   (a) 2006   (b) 2007   (c) 2008   (d) 2009   (e) 2010   (f) Total     Amounts from line 6   (a) 2006   (b) 2007   (c) 2008   (d) 2009   (e) 2010   (f) Total     10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources     b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975     c Add lines 10a and 10b   11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)     13 Total support dividences, note, 1, and 12)     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    Section C. Computation of Public Support Percentage     15 Public support percentage from 2009 Schedule A, Part III, line 15   96     16 Public support percentage from 2009 Schedule A, Part III, line 17   96     18 Investment income percentage from 2009 Schedule A, Part III, line 17   96     19 a 33 1/3% support tests - 2010. 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	8	Public support (Subtract line 7c from line 6)						
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17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. 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  b 33 1/3% support tests - 2009. 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							16	
18 Investment income percentage from 2009 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2010. 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  b 33 1/3% support tests - 2009. 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							<del>                                      </del>	
19a 33 1/3% support tests - 2010. 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  b 33 1/3% support tests - 2009. 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	17	•	•	· · ·	ne 13, column (f))		17	
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2009. 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								
b 33 1/3% support tests - 2009. 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	19							17 is not
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		more than 33 1/3%, check this box ar	nd <b>stop here.</b> Th	e organization qua	lifies as a publicly	supported organi	zation	
. —	t	33 1/3% support tests - 2009. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anızatıon qualıfıes	as a publicly sup	ported organization	▶∐
	20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	nstructions	

### **SCHEDULE D**

Department of the Treasury

(Form 990)-

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

**Open to Public** 

OMB No 1545-0047

Inspection

Name of the organization

UNITED WAY OF WASHINGTON COUNTY, MARYLAND INC.

Employer identification number 52-0691704

Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	L Yes L No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiza	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation e	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conserva		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" to Forr		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in further	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr		al gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Schedule D (Form 990) 2010

	dule D (Form 990) 2010 MARYLAN						91/04 Page Z
Par	t III Organizations Maintaining C	collections of A	rt, Historical Ti	reasures, oi	r Other S	<u>Similar Asse</u>	ts (continued)
3,	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	e following that	are a signi	ficant use of its	collection items
	(check all that apply):						
а	Public exhibition	d	Loan or exc	change prograr	ns		
b	Scholarly research	e		•			
c	Preservation for future generations	_					
A	Provide a description of the organization's co	ollections and explain	n how they further	the organization	n's exempt	purpose in Pa	rt XIV.
=	During the year, did the organization solicit o						
5	to be sold to raise funds rather than to be ma				i Sirriiidi do		Yes No
Dor	t IV Escrow and Custodial Arran				Voo! to For		
Fai	reported an amount on Form 990, Pa	<u>-</u>	ete ii trie organizati	on answered	162 (010)	111 990, Fat IV,	iii le 5, 01
						ludod	
1a	Is the organization an agent, trustee, custod	ian or other intermed	slary for contributio	ins or other ass	ets not inc	luded	Yes No
	on Form 990, Part X?					L.	Yes No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table			<del></del>	
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes No
	If "Yes," explain the arrangement in Part XIV.						
Par	t V Endowment Funds. Complete	f the organization ar	nswered "Yes" to F	orm 990, Part i	V, line 10.		
		(a) Current year	(b) Prior year	(c) Two years		Three years back	(e) Four years back
1a	Beginning of year balance	(-)					
b	Contributions	<del>-</del>					
•	Net investment earnings, gains, and losses						
ن				-			
	Grants or scholarships			<del> </del>			
е	Other expenditures for facilities						
	and programs			<del>-</del>			<del> </del>
f	Administrative expenses			<del> </del>			
g	End of year balance			1			<u> </u>
2	Provide the estimated percentage of the year	ir end balance held a	as.				
а	Board designated or quasi-endowment		%				
b	Permanent endowment	%					
C	Term endowment >	%					
За	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administer	ed for the	organization	<del></del>
	by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(ii), are the related organization	s listed as required of	on Schedule R?				3b
4	Describe in Part XIV the intended uses of the						
Pai	t VI Land, Buildings, and Equipn			<u> </u>			
	Description of investment	(a) Cost or o		st or other	(c) Accı	ımulated	(d) Book value
		basis (investi		s (other)		ciation	- •
10	Land	, , , , ,			<u> </u>		
b	Buildings	30	884.		_	4,221.	35,663.
C	Leasehold improvements	39,	658.		0	1,687.	10,971.
d	Equipment .	94,	030.			2,007.	10,311.
	Other						16 634
Total	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	t X, column (B), line	10(c) )			<u>46,634.</u>

Schedule D (Form 990) 2010

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO DESIGNATED AGENCIES	140,666.
(3) COMMITTED AGENCY ALLOCATIONS	415,506.
(4) COMMITTED NON-AGENCY DESIGNATION	N 56,750.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
T 1 1 (O-1	612 022

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) 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 2. FIN 48 (ASC 740)

032053

032053 12-20-10

Sche	dule D (Form 990) 2010 MARYLAND INC.			52-06	91704 Pag	је <b>4</b>
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finance	ial Sta		<del></del> -	
	Total revenue (Form 990, Part VIII, column (A), line 12)		1			_
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			_
4	Net unrealized gains (losses) on investments		4			_
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net) Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10			
Pa	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Reven	ue per	Return	<del></del>	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	_2b				
С	Recoveries of prior year grants	2c		_		
น่	Other (Describe in Part XIV)	_2d				
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_		
b	Other (Describe in Part XIV)	_4b				
С	Add lines 4a and 4b			4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		
Ра	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses pe	er Return		
1	Total expenses and losses per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1				
a	Donated services and use of facilities			_		
b	Prior year adjustments	2b				
C	Other losses	2c				
d	Other (Describe in Part XIV)	_2d	·······	-		
e	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 . 1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
	Other (Describe in Part XIV)	_ 4b	-	- 4-		
C E	Add lines 4a and 4b  Total expenses Add lines 2 and 4a. (This must aqual Form 900. Part I. line 19.)			4c 5	<del></del>	
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			1 3 1		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	lines 1a and 4 Pa	rt IV lines	1h and 2h	Part V line 4 Pa	—— art
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl					
,		oto uno pantito pro			2	
				<del> </del>		
			-			
				<del></del>		
				<del></del>		

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

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No. 1545-0047

**Open To Public** Inspection

Name of the organization

UNITED WAY OF WASHINGTON COUNTY,

Employer identification number

52-0691704 MARYLAND INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ flers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) have custody or control of contributions? (ii) Activity fundraiser from activity organization or entity (fundraiser) listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2010

	•		(a) Event #1	0-EZ, ines 1 and 6b. List (b) Event #2	(c) Other events	I
			PROGRAMATIC	\ \'\'		(d) Total events
			EVENTS	AUCTION	5	(add col (a) through
as l			(event type)	(event type)	(total number)	col (c))
Revenue						_
Rev	1	Gross receipts				
	2	Less Charitable contributions				
_	3_	Gross income (line 1 minus line 2)				
	4	Cash prizes				
		,				
ses	5	Noncash prizes	····		· · · ·	
Direct Expenses	6	Rent/facility costs				
ᄬ						
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	ah 9 in column (d)		<b>&gt;</b>	(
	11	Net income summary Combine line 3, colur				
Pa	rt I	II Gaming. Complete if the organization	answered "Yes" to Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, <b>i</b> ne 6a			<u>:-</u>	
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
e			(4) =90	bingo/progressive bingo	(0)	col. (a) through col (c)
Hevenue						
4	1	Gross revenue				
şe	2	Cash prizes				
Expenses	3	Noncash prizes			·	Tan 10 11 2 11 2
rect E	4	Rent/facility costs				
ے	7	Tremblacinty costs				
	5	Other direct expenses				
			Yes %		Yes %	-
	6	Volunteer labor	∟ No	No No	L No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)		<b>&gt;</b>	(
	8	Net gaming income summary Combine line	1. column d. and line 7		•	
		, , , , , , , , , , , , , , , , , , ,	·, · · · · · · · · · · · · · · · · · ·			·
9	Ent	ter the state(s) in which the organization oper	ates gaming activities:		<u> </u>	
а	ls t	the organization licensed to operate gaming a	activities in each of these	states?		Yes No
b	lf "	No," explain				
				<del></del>		
		ere any of the organization's gaming licenses		_	year?	└── Yes └── No
n	11 -	Yes," explain				
_						

Schedule, G (Form 990 or 990-EZ) 2010 MARYLAND INC.	52-0691704 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 . Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	_
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
<b>b</b> An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds <sup>.</sup>
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party	
Name >	
Address ►	
16 Gaming manager information	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided	
Description of services provided >	
	<del> </del>
Director/officer Employee Independent contractor	
17 Mandatory distributions	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, collines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in	
lines 9, 95, 105, 155, 156, and 175, as applicable. Also complete this part to provide any additional in	normation (see instructions)
	····
	- 0 (F 000 000 F7) 004

**2** Employer identification number 52-0691704 OMB No 1545-0047 Open to Public Inspection 2010 (h) Purpose of grant or assistance X Yes SENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Ö 。 Ö Ö (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 618 (d) Amount of 99 992 7,956 56,710 37,536 105,334 cash grant WASHINGTON COUNTY, (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 52-0817684 52-6017446 23-7252343 52-2134660 52-0677793 52-1157651 General Information on Grants and Assistance (p) EIN UNITED WAY OF criteria used to award the grants or assistance? MARYLAND INC WASHINGTON COUNTY COMMUNITY ACTION COUNTY CHAPTER - 1131 CONRAD COURT 1 (a) Name and address of organization SHELTERING THE ABUSED INC - 116 W COUNCIL INC - 101 SUMMIT AVENUE -WASHINGTON COUNTY - 1135 VIRGINIA BOYS AND GIRLS CLUB OF WASHINGTON COUNTY - 805 PENNSYLVANIA AVENUE BALTIMORE STREET - HAGERSTOWN, AMERICAN RED CROSS, WASHINGTON CASA - CITIZENS ASSISTING AND AVENUE - HAGERSTOWN, MD 21740 BIG BROTHERS BIG SISTERS OF or government 1110 PROFESSIONAL COURT - HAGERSTOWN, MD 21740 HAGERSTOWN MD 21740 HAGERSTOWN, MD 21740 HAGERSTOWN, MD 21742 CHILDREN IN NEED INC Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Partl 21740

27

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Enter total number of other organizations

032101 01-13-11

Schedule I (Form 990) (2010)

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# UNITED WAY OF WASHINGTON COUNTY, MARYLAND INC.

Schedule I (Form 990) MARYLAND INC. Part II Continuation of Grants and Other Assistance to Governments	INC.	e to Governments and Organization	rizations in the Ur	nited States (Sche	and Organizations in the United States (Schedule I (Form 990), Part II.)		52-0691704 P	Page 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	•
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	44,214,	0			GENERAL SUPPORT	
FOOD RESOURCES INC 220 MCRAND COURT HAGERSTOWN, MD 21740	52-1653250	501(C)(3)	19,750.	0	:		GENERAL SUPPORT	
SAFE PLACE WASHINGTON COUNTY CHILD ADVOCACY CENTER INC - 24 N WALNUT STREET - HAGERSTOWN, MD 21740	42-1582431	501(C)(3)	6,902,	0			GENERAL SUPPORT	
GIRL SCOUTS OF SHAWNEE COUNCIL INC 153 MCMILLIAN COURT MARTINSBURG, WV 25401	52-0608013	501(C)(3)	34,089,	0			GENERAL SUPPORT	
GIRLS INCORPORATED OF WASHINGTON COUNTY - 626 WASHINGTON STREET - HAGERSTOWN, MD 21740	23-7052207	501(C)(3)	105,197.	0			GENERAL SUPPORT	
HAGERSTOWN GOODWILL INDUSTRIES INC 14515 PENNSYLVANIA AVENUE HAGERSTOWN, MD 21742	52-0660403	501(C)(3)	27,845,	0			GENERAL SUPPORT	
INTERFAITH SERVICE COALITION 116 W HIGH STREET HANCOCK, MD 21750	52-1679419	501(C)(3)	18,120,	0			GENERAL SUPPORT	
MASON-DIXON COUNCIL 18600 CRESTWOOD DRIVE HAGERSTOWN, MD 21740	52-0591680	501(C)(3)	39,105,	0.			GENERAL SUPPORT	
REACH INC 140 W FRANKLIN STREET HAGERSTOWN, MD 21740 LHA	52-1696683	501(C)(3)	8,063,	0			GENERAL SUPPORT Schedule I (Form 990)	(066 t

COUNTY,	
WASHINGTON	
WAY OF	INC.
WAY	'''
UNITED	MARYLAND

Schedule I (Form 990) MARYLAND INC.  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	INC. Assistance to Go	e to Governments and Organization	nizations in the Ur	ited States (Sche	dule I (Form 990), Par		52-0691704 Page 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	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant , on assistance
STAR COMMUNITY INC 13757 BROADFORDING CHURCH ROAD HAGERSTOWN, MD 21740	23-2372237	501(C)(3)	5,000,	0			GENERAL SUPPORT
VILLA MARIA, WASHINGTON COUNTY 229 NORTH POTOMAC STREET HAGERSTOWN, MD 21740	52-0591538	501(C)(3)	38,640.	0			GENERAL SUPPORT
W HOUSE OF HAGERSTOWN FOUNDATION INC - 519 N LOCUST STREET - HAGERSTOWN, MD 21740	23-1727212	501(C)(3)	38,891.	0			GENERAL SUPPORT
WALNUT STREET COMMUNITY HEALTH CENTER - 24 N WALNUT STREET - HAGERSTOWN, MD 21740	02-0575163	501(C)(3)	9,177.	,0			GENERAL SUPPORT
WASHINGTON COUNTY COMMISSION ON AGING - 140 W FRANKLIN STREET - HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	56,511.	0			GENERAL SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF HAGERSTOWN MD - 1100 EASTERN BLVD - HAGERSTOWN, MD 21742	52-0591701	501(C)(3)	41,296.	0			GENERAL SUPPORT
ГНА							Schedule I (Form 990)

MARYLAND INC.

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010)

Page 2

52-0691704

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. EACH ORGANIZATION THAT RECEIVES FUNDING IS REQUIRED TO FILE YEAR END (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance REPORTS WITH UNITED WAY.

Schedule I (Form 990) (2010) 30

032102 01-13-11

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

UNITED WAY OF WASHINGTON COUNTY,

Employer identification number

MARYLAND INC.	52-0691704
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION	
UNITED WAY OF WASHINGTON COUNTY MOBILIZES OUR COMMUNIT	TY TO PROVIDE
OPPORTUNITIES, ADDRESS VITAL ISSUES AND IMMPROVE LIVES	FOR ALL
CITIZENS.	
FORM 990, PART VI, SECTION B, LINE 11: THE TAX RETURN	IS REVIEWED BY THE
AUDIT COMMITTEE, THE EXECUTIVE DIRECTOR, AND FINANCE I	DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR UNIT	TED WAY STAFF AND
BOARD GO THROUGH AN ETHICS UPDATE/TRAINING AND REVISIT	T THE EXPECTATIONS OF
THE POLICY AND UPDATE THEIR CONFLICT OF INTEREST STATE	EMENT. IN ALL CASES
WHERE A CONFLICT COULD OCCUR, THE STATEMENT IS USED BE	EFOREHAND TO PREPARE
UNITED WAY STAFF AND VOLUNTEERS IN DESIGNING PROCESSES	S IN A WAY TO MINIMIZE
THE RISK OF CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15: EVERY TWO YEARS	S UNITED WAY OF
AMERICA DOES A HUMAN CAPITAL SURVEY AND PROVIDES LOCAL	L UNITED WAYS WITH AN
OUTLINE FOR BOTH EXECUTIVE AND SENIOR STAFF COMPENSATION	ION. THIS SALARY
REPORT IS BROKEN DOWN BY REGION, POSITION, AND METRO S	SIZE.
FORM 990, PART VI, SECTION C, LINE 19: BEFORE THE END	OF THE CALENDAR YEAR
DECEMBED MUE DIDITO WILL BE ADIE MO VIEW MUE ODCANIO	ATTON'S FORM 990

DECEMBER, THE PUBLIC WILL BE ABLE TO VIEW THE ORGANIZATION'S FORM CURRENT AUDIT, STRATEGIC PLAN, AND CODE OF ETHICS (WHICH WILL INCLUDE THE CONFLICT OF INTEREST STATEMENT AND WHISTLEBLOWER POLICY) ON THE UNITED WAY'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization UNITED WAY OF WASHINGTON COUNTY, MARYLAND INC.	Employer identification number 52-0691704
PRIOR PERIOD ADJUSTMENTS:	-23,801.
THE ORGANIZATION'S PROCESS OF OBTAINING AUDITED FINANCIAL	STATEMENTS
HAS NOT CHANGED FROM PRIOR YEAR.	
	_
-	
	<del></del>

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ► See separate instructions. WASHINGTON COUNTY, ▶ Attach to Form 990. UNITED WAY OF MARYLAND INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2010 Open to Publica Inspection OMB No 1545-0047

Employer identification number 52-0691704

 $\boldsymbol{\varepsilon}$ 

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total income Î identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity PartII Partl

(g) Section 512(b)(13) controlled entity? ž × Yes Direct controlling entity status (if section 501(c)(3)) Public charity LINE 7 Exempt Code 501(C)(3) Legal domicile (state or foreign country) **4ARYLAND** TO SUPPORT AND ASSIST THE UNITED WAY OF WASH CO IN CARRYING OUT ITS MISSION Primary activity FRANKLIN STREET, SUITE 203, HAGERSTOWN, MD JNITED WAY FOUNDATION OF WASHINGTO COUNTY, MARYLAND, INC. - 23-7116948, 33 WEST Name, address, and EIN of related organization

or Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 MARYLAND INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

52-0691704

טושמו ויבמוסום שימים שמים מים מים מים מים מים מים מים מים מים		) year /			!	[;			:	<b>3</b>
(a)	<b>(a)</b>	(၁)		(e)		(6)		(a)	3	(K)
Name, address, and EIN of related organization	Primary activity	cegal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Income	share of end-of-year assets	Disproportion- ate allocations? Yes No	amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable ar	s a Corp	oration or Trust (Coryear)	mplete if the organiza	tion answered "Yes	to Form 990, Pa	rt IV, line 34	because it had o	ne or mo	re related
(a) Name, address, and EIN of related organization	<b>Z</b> c		(b) Primary activity	(c) Ity Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
	-									
032162 12-21-10				34				Schedul	e R (For	Schedule R (Form 990) 2010

# UNITED WAY OF WASHINGTON COUNTY, MARYLAND INC.

Schedule R (Form 990) 2010

52-0691704 ' Page 3

Schedule R (Form 990) 2010 ŝ × × × × × × × × Yes 트 19 4 두 ę 4 19 <u>4</u> 4 5 ₽ <u>1</u> **\*** ¥ = ÷ (d)
Method of determining
amount involved 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) (c) Amount involved (b) Transaction type (a-r) 35 k Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) **b** Gift, grant, or capital contribution to other organization(s) p Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) (a)
Name of other organization e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Shanng of paid employees h Exchange of assets 032163 12-21-10 혤 € (5) 3 ල E

UNITED WAY OF WASHINGTON COUNTY, Schedule R (Form 990) 2010 MARYLAND INC.

52-0691704 · Page 4

4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

			1		,		3
(a)	(a)	<u>(</u> )	<u>(</u>			( <del>6</del> )	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	တ	Dispropor-	Code V-UBI	
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	partner?
		country)	Yes No		Yes No	(Form 1065)	Yes No
!							
						;	
			_				
			-				

Schedule R (Form 990) 2010

# UNITED WAY OF WASHINGTON COUNTY, 52-0691704 Page 5 Schedule R (Form 990) 2010 MARY Part VII Supplemental Information MARYLAND INC. Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

### **●Form \$868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No. 1545-1709

• If yo	are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box		<b>&gt;</b>	$\mathbf{x}$		
• If yo	are filing for an Additional (Not Automatic) 3-Month Ext	tension, d	complete only Part II (on page 2 of this	form).				
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously fil	ed Fo	rm 8868.			
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need	a 3-month automatic extension of time to	o file (6	6 months for a corpo	oration		
require	d to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically file F	orm 8	868 to request an ex	dension		
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	sfers /	Associated With Cer	taın		
Person	al Benefit Contracts, which must be sent to the IRS in pape	er format	(see instructions) For more details on the	ne elec	ctronic filing of this f	orm,		
	w rs gov/efile and click on e-file for Charities & Nonprofits.					<del></del>		
Part								
	pration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and com	plete	_			
Part I c				•				
	r corporations (including 1120-C filers), partnerships, REMi icome tax returns.	ICs, and t	rusts must use Form 7004 to request an	exten	ision of time			
	···					<del></del>		
Type o	1	\TT\TM\\$ <i>E</i>		Emp	loyer identification	number		
print								
File by th	File by the Number street and rear available 16 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second and rear available 17 P.O. have acceptant at a second at a second and rear available 17 P.O. have acceptant at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a second at a secon							
	Number, street, and room or suite no. If a P.O. box, see instructions.  33 WEST FRANKLIN STREET, SUITE 203  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  HAGERSTOWN, MD 21740							
return Se								
IIISGUCIIO								
	INGERSIOWN, MD 21/40	- F1	O(1/4)					
Enter ti	ne Return code for the return that this application is for (file	a lehan	te application toreach return)		1	0 1		
Lincit	to Hotam code for the retain that this applications for the		io application in racin rotality		· · ·	( <u>v),-</u>		
Applica	ation	Return	Application			Return		
Is For Code								
Form 990 01 Form 990-T (corporation) 07								
Form 990-BL 02 Form 1041-A 08								
Form 990-EZ 03 Form 4720 09								
Form 990-PF 04 Form 5227 10								
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
LEAH GAYMAN, EXECUTIVE DIRECTOR								
<ul> <li>The books are in the care of ➤ 33 WEST FRANKLIN ST, #203 - HAGERSTOWN, MD 21742</li> </ul>								
Tele	phone No ► 301-739-8200		FAX No. 🕨					
	e organization does not have an office or place of business				<b>&gt;</b>	L		
• If th	s is for a Group Return, enter the organization's four digit (							
box 🕨					ers the extension is	for.		
1 1	request an automatic 3-month (6 months for a corporation							
_	FEBRUARY 15, 2012, to file the exempt	torganiza	tion return for the organization named a	bove	The extension			
is for the organization's return for.								
	calendar year or							
•	X tax year beginning <u>JUL 1, 2010</u>	, an	id ending JUN 30, 2011		_			
0 14	the tay year entered in line 1 in fav less than 10 marths at	naak sasa	on. Initial return Fina	ıl retur	n			
2 lf	the tax year entered in line 1 is for less than 12 months, ch	ICUN ICAS	on minaretum Fina	ıı ı etul	11			
	Onlinge in accounting period							
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069	nter the tentative tax less any					
	onrefundable credits. See instructions.	J. 0000, C	ino tomanto tan, 1000 any	3a	\$	0.		
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and		<u> </u>			
	stimated tax payments made. Include any prior year overpa			3b	, s	0.		
_	alance due. Subtract line 3b from line 3a. Include your pay				, , , , , , , , , , , , , , , , , , ,			
	y using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.		
	n. If you are going to make an electronic fund withdrawal w				EO for payment inst			
LHA	For Paperwork Reduction Act Notice, see Instructions.				Form <b>8868</b> (Re			