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Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2010

Open to Public  
Inspection

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

<b>A For the 2010 calendar year, or tax year beginning</b> Jul 1		<b>, 2010, and ending</b> Jun 30		<b>, 2011</b>																																																										
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>																																																										
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	<b>Rotary Club of Fredericktowne Rotary International</b>		52-1445890																																																										
<input type="checkbox"/> Initial return	<input type="checkbox"/> Terminated	Number and street (or P O box, if mail is not delivered to street address)		<b>E Telephone number</b>																																																										
<input type="checkbox"/> Amended return	<input type="checkbox"/> Application pending	P.O. Box 1720		(240) 446-1526																																																										
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b>																																																										
		Frederick MD 21702-0720		► 0573																																																										
<b>G Accounting Method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►				<b>H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)</b>																																																										
<b>I Website:</b> ► N/A																																																														
<b>J Tax-exempt status (ck only one) —</b> <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527																																																														
<b>K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return</b>																																																														
<b>L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</b>				► \$ 73,232.																																																										
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)</b>																																																														
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

11/11

**Part II Balance Sheets.** (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	65,816.	22 76,462.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 <b>Total assets</b>	65,816.	25 76,462.
26 <b>Total liabilities</b> (describe in Schedule O)	0.	26 0.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	65,816.	27 76,462.

**Part III Statement of Program Service Accomplishments** (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? To encourage and foster the ideal of service above self.

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

28 <u>After school homework mentoring four days per week for approximately twenty-five at risk third, fourth and fifth grade elementary school students.</u> (Grants \$ 5,683.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	5,683.
29 <u>College scholarship awards to two disadvantaged students for two semesters annually at Frederick Community College.</u> (Grants \$ 2,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	2,000.
30 <u>Contributions to Rotary International for polio eradication; to Japanese disaster relief; Shelter boxes; and the Universal Chiropractic Foundation (International charitable support).</u> (Grants \$ 6,328.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	6,328.
31 <u>Other program services (describe in Schedule O) . See Schedule O</u> (Grants \$ 6,878.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	7,378.
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	<b>21,389.</b>

**Part IV. List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV 

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Marla Johnson 2762 Lynn Street Frederick MD 21704	President 3.00	0.	0.	0.
Tim Winter 2860 Jefferson Pike Jefferson MD 21755	President-elect 2.00	0.	0.	0.
Deborah Morrone 1925 Fieldstone Way Frederick MD 21702	Vice-President 2.00	0.	0.	0.
Richard Davies 1199 Codorus Street Frederick MD 21702	Secretary 3.00	0.	0.	0.
James Summers 114 E Church Street Frederick MD 21701	Treasurer 3.00	0.	0.	0.
Sandy Busico 15959-C Manahan Road Sabillasville MD 21780	Director 0.50	0.	0.	0.
Brian Young 105 Gabriel Court Smithsburg MD 21783	Director 0.50	0.	0.	0.
Robert Linthicum 2631 Mill Race Road Frederick MD 21701	Director 0.50	0.	0.	0.
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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)• Check if the organization used Schedule O to respond to any question in this Part V 

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37a	0.
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40a	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.	40c	0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.	40d	0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► _____		

42a The organization's books are in care of ► James D. Summers Telephone no. ► (240) 446-1526  
 Located at ► 114 E. Church Street Frederick MD ZIP + 4 ► 21701

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

Yes	No
42b	X
42c	X

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

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If 'Yes,' enter the name of the foreign country: ► \_\_\_\_\_

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	43	
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	





**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 Octoberfest (event type)	(b) Event #2 Golf Tournament (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
		21,605.	9,440.		31,045.
1	Gross receipts				
2	Less Charitable contributions				
3	Gross income (line 1 minus line 2)	21,605.	9,440.		31,045.
DIRECT EXPENSES	4 Cash prizes	0.	0.		0.
	5 Noncash prizes	0.	0.		0.
	6 Rent/facility costs	0.	5,479.		5,479.
	7 Food and beverages	0.	370.		370.
	8 Entertainment	0.	0.		0.
	9 Other direct expenses	200.	1,381.		1,581.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				7,430.
	11 Net income summary. Combine line 3, column (d), and line 10				23,615.

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

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

a Is the organization licensed to operate gaming activities in each of these states? .. . . . .  Yes  No

b If 'No,' explain: \_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .. . . . .  Yes  No

b If 'Yes,' explain: \_\_\_\_\_  
\_\_\_\_\_

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

**b An outside facility .**

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

Name ►

Address ►

**15a** Does the organization have a contact 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 amount

of gaming revenue retained by the third party ► \$

c If 'Yes,' enter name and address of the third party.

Name ►

**Address ►**

## 16 Gaming manager information:

Name ►

## Gaming manager compensation ► \$

#### Description of services provided ►

Director/officer  Employee

## 17 Mandatory distributions

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

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

Rotary Club of Fredericktowne Rotary International

Employer identification number

52-1445890

Pt III, Line 31 4-Way speech contest for high school students.Expenses \$387; Grants \$387.Pt III, Line 31 Educational scholarship for a Maryland School for the Deaf graduating senior.Expenses \$500; Grants \$500.Pt III, Line 31 Free dictionaries to Frederick County public elementaryschool students. Expenses \$426; Grants \$426Pt III, Line 31 Charitable contributions to local charitable organizations.Expenses \$3,565; Grants \$3,565.Pt III, Line 31 Assistance for troops going to and returning from active dutyin Iraq and Afghanistan. Expenses \$1,500; Grants \$1,500.Pt III, Line 31 Support for Carroll Creek Rotary Club's Richmond South Africainternational project. Expenses \$500; Grants \$500.Pt III, Line 31 Joint sponsor of local educational event-World Peace Understanding Day.Expenses \$500.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

Other revenue (describe in Schedule O)

Member meal reimbursements 25,228.

Total 25,228.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

Other expenses (describe in Schedule O)

<u>Public relations</u>	<u>500.</u>
<u>Club supplies and expenses</u>	<u>935.</u>
<u>Awards</u>	<u>740.</u>
<u>Meeting meals</u>	<u>21,091.</u>
<u>Rotary International dues</u>	<u>4,027.</u>
<u>Conferences and training</u>	<u>1,225.</u>
<u>Insurance</u>	<u>140.</u>
<u>World Peace Understanding Day</u>	<u>500.</u>
<u>Bank and credit card fees</u>	<u>109.</u>

Total 29,267.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid**

Purpose of Payment		Charitable Grant	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Parkway Elementary School</u> <u>300 Carroll Parkway</u> <u>Frederick</u> <u>MD</u> <u>21701</u>	<u>None</u>	<u>5,683.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

Purpose of Payment		<u>Charitable Donations</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Disaster relief &amp; Polio eradication</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Rotary International Foundation</u> <u>14280 Collection Center Drive</u> <u>Chicago IL 60693</u>	<u>Foundation of Parent organization</u>	<u>6,078.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		<u>Speech contest scholarship</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Speaking Contest</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>4-Way Test High School Contest</u> <u>P.O. Box 1720</u> <u>Frederick MD 21701</u>	<u>2 other Rotary Clubs in Frederick</u>	<u>387.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment		<u>College Scholarships to disadvantaged local students</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational Scholarships</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Frederick Community College</u> <u>7932 Opossumtown Pike</u> <u>Frederick MD 21702</u>	<u>None</u>	<u>2,000.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

**Purpose of Payment** Educational scholarship to deaf student

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational Scholarship</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Maryland School for the Deaf</u> <u>101 Clarke Place</u> <u>Frederick</u> <u>MD</u> <u>21701</u>	<u>None</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

**Purpose of Payment** Purchase of dictionaries for Public Elementary students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational free dictionaries</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Frederick County Public Schools</u> <u>115 E. Church Street</u> <u>Frederick</u> <u>MD</u> <u>21701</u>	<u>None</u>	<u>426.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

**Purpose of Payment** Charitable Contribution

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Homeless Shelter donation</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Religious Coalition</u> <u>27 DeGrange Street</u> <u>Frederick</u> <u>MD</u> <u>21701</u>	<u>None</u>	<u>500.</u>

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 Date of Gift \_\_\_\_\_

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FMV	How FMV Determined		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

Purpose of Payment Charitable Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Donation to Developmentally Disabled Org.</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>ARC of Frederick County</u> <u>620A Research Drive</u> <u>Frederick MD 21703</u>	<u>None</u>	<u>540.</u>

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 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Organization that helps the needy</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Salvation Army</u> <u>223 W. 5th Street</u> <u>Frederick MD 21701</u>	<u>None</u>	<u>250.</u>

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 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Assistance to Needy</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>woodsboro/New Midway Elementary School</u> <u>Caring Fund; 101 Woodsboro Road</u> <u>Woodsboro MD 21798</u>	<u>None</u>	<u>150.</u>

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 Date of Gift \_\_\_\_\_

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FMV	How FMV Determined		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

## Purpose of Payment

Charitable Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
International	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Rotary Rosebowl Float Committee	None	
Charitable	P.O. Box 92502		
Education	Pasadena CA 91109		75.

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Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

## Purpose of Payment

Charitable Grant

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Homeless Shelter	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Hope Alive	None	
bus stop	P.O. Box 140		
	Sabillasville MD 21780		250.

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_  
 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

## Purpose of Payment

Charitable Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
Home repair for needy individual	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Frederick Co Assn of Realtors 529 W South Street Frederick MD 21701	None	
			500.

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 Date of Gift \_\_\_\_\_

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

Purpose of Payment		<u>Charitable Donation</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Deaf educational conference</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>ASDC MSD Conference</u> <u>101 Clarke Place, PO Box 250</u> <u>Frederick MD 21705</u>	<u>None</u>	<u>250.</u>

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 Date of Gift \_\_\_\_\_

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Purpose of Payment		<u>Charitable Donation</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Disadvantaged Youth Camp</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>YMCA Camp for Kids</u> <u>1000 N Market Street</u> <u>Frederick MD 21701</u>	<u>None</u>	<u>500.</u>

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 Date of Gift \_\_\_\_\_

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FMV	How FMV Determined		

Purpose of Payment		<u>Charitable Donation</u>	
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Homes/home repair for needy</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Habitat for Humanity</u> <u>2 E Church Street</u> <u>Frederick MD 21701</u>	<u>None</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

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 Date of Gift \_\_\_\_\_

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

Purpose of Payment Charitable Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Assistance to US soldiers</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Operation Second Chance</u> <u>PO Box 461</u> <u>Clarksburg MD 20871</u>	<u>None</u>	<u>500.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment Charitable Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Group Homes for Developmentally Disabled</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Community Living Inc</u> <u>620-B Research Drive</u> <u>Frederick MD 21703</u>	<u>None</u>	<u>50.</u>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment Charitable Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Charitable Foundation</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Universal Chiropractic Foundation</u> <u>777 W End Ave #1B</u> <u>New York NY 10025</u>	<u>None</u>	<u>250.</u>

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Description of Property \_\_\_\_\_

Date of Gift \_\_\_\_\_

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid** Continued

Purpose of Payment Charitable Donation

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Assistance to soldiers returning from active duty</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Major General Cook Foundation</u> <u>2411 Tabor Drive</u> <u>Middletown MD 21769</u>	<u>None</u>	<u>1,000.</u>

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 Date of Gift \_\_\_\_\_

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FMV	How FMV Determined

Purpose of Payment Charitable Grant

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>South African needy community</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Rotary Club of Carroll Creek</u> <u>Richmond South Africa Project</u> <u>Frederick MD 21701</u>	<u>None</u>	<u>500.</u>

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 Date of Gift \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined