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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, 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.

OMB No. 1545-1150

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning Jul 1, 2010, and ending Jun 30, 2011

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: Rotary Club of Fredericktowne Rotary International
Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 1720
City or town, state or country, and ZIP + 4: Frederick MD 21702-0720

D Employer identification number: 52-1445890

E Telephone number: (240) 446-1526

F Group Exemption Number: 0573

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ 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.

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. \$ 73,232.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	5,778.
	4	Investment income	4	80.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6a	699.
	6b	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	41,447.
EXPENSES	6c	Gross income from fundraising events (not including \$ 0. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	11,998.
	6d	Less: direct expenses from gaming and fundraising events	6d	30,148.
	7a	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7b	Gross sales of inventory, less returns and allowances	7b	
	7c	Less: cost of goods sold	7c	
	7d	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7d	
	8	Other revenue (describe in Schedule O)	8	25,228.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	61,234.
	10	Grants and similar amounts paid (list in Schedule O)	10	20,889.
	ASSETS	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	
14		Occupancy, rent, utilities, and maintenance	14	
15		Printing, publications, postage, and shipping	15	432.
16		Other expenses (describe in Schedule O)	16	29,267.
17		Total expenses. Add lines 10 through 16	17	50,588.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,646.
19		Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	65,816.
20		Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	76,462.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

11P

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 Total assets	65,816. 25	76,462.
26 Total liabilities (describe in Schedule O) _____)	0. 26	0.
27 Net assets or fund balances (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 ☒**Expenses**

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.

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

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

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.

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		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)		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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
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 40a ; section 4912 40a ; 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 40c 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 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 41		

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

	Yes	No
42b 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)?		X
If 'Yes,' enter the name of the foreign country 42b		

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

42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If 'Yes,' enter the name of the foreign country: 42c		

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **43**

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X

a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

45 a		X
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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

46		X
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Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		
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49 a Did the organization make any transfers to an exempt non-charitable related organization?

49 a		
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b If 'Yes,' was the related organization a section 527 organization?

49 b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Tim W. Winkler, President Date 10/18/11

Paid Preparer Use Only Print/Type preparer's name Dale T. Summers, CPA Preparer's signature Dale T. Summers, CPA Date 10/13/11 Check ☒ if self-employed PTIN

Firm's name DALE T. SUMMERS CPA Firm's EIN

Firm's address 700 WYNGATE DRIVE FREDERICK MD 21701-6260 Phone no (301) 663-4535

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

☒ Yes ☐ No

BAA

Form 990-EZ (2010)

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))
	1 Gross receipts	21,605.	9,440.		31,045.
	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

13a 8

b An outside facility .

13b	9/8
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- 14** Enter the name and address of the person who prepares the organization's gaming/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

☐ 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 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

**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.**

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 elementary

school students. Expenses \$426; Grants \$426

Pt 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 duty

in Iraq and Afghanistan. Expenses \$1,500; Grants \$1,500.

Pt III, Line 31 Support for Carroll Creek Rotary Club's Richmond South Africa

international 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)

<u>Member meal reimbursements</u>	<u>25,228.</u>
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Total	<u>25,228.</u>
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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 16 Other Expenses

Other expenses (describe in Schedule O)

<u>Public relations</u>	<u>500.</u>
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<u>Club supplies and expenses</u>	<u>935.</u>
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<u>Awards</u>	<u>740.</u>
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<u>Meeting meals</u>	<u>21,091.</u>
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<u>Rotary International dues</u>	<u>4,027.</u>
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<u>Conferences and training</u>	<u>1,225.</u>
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<u>Insurance</u>	<u>140.</u>
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<u>World Peace Understanding Day</u>	<u>500.</u>
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<u>Bank and credit card fees</u>	<u>109.</u>
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Total	<u>29,267.</u>
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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 PaidPurpose 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>None</u>	
	<u>300 Carroll Parkway</u>		
	<u>Frederick MD 21701</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
<u>FMV</u>	<u>How FMV Determined</u>

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 Donations

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Disaster relief</u> <u>& 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</u> <u>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 Speech contest scholarship

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Public Speaking</u> <u>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</u> <u>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 College Scholarships to disadvantaged local students

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Educational</u> <u>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</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>Scholarship</u>	<u>Maryland School for the Deaf</u>	<u>None</u>	
	<u>101 Clarke Place</u>		
	<u>Frederick MD 21701</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</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>free dictionaries</u>	<u>Frederick County Public Schools</u>	<u>None</u>	
	<u>115 E. Church Street</u>		
	<u>Frederick MD 21701</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</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>donation</u>	<u>Religious Coalition</u>	<u>None</u>	
	<u>27 DeGrange Street</u>		
	<u>Frederick MD 21701</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

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</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>Developmentally</u>	<u>ARC of Frederick County</u>	<u>None</u>	
<u>Disabled Org.</u>	<u>620A Research Drive</u>		
	<u>Frederick MD 21703</u>		<u>540.</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>Organization</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>that helps the</u>	<u>Salvation Army</u>	<u>None</u>	
<u>needy</u>	<u>223 W. 5th Street</u>		
	<u>Frederick MD 21701</u>		<u>250.</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>Assistance to</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>Needy</u>	<u>Woodsboro/New Midway Elementary School</u>	<u>None</u>	
	<u>Caring Fund; 101 Woodsboro Road</u>		
	<u>Woodsboro MD 21798</u>		<u>150.</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 Charitable Donation

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

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>Homeless Shelter</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>bus stop</u>	<u>Hope Alive</u>	<u>None</u>	
	<u>P.O. Box 140</u>		
	<u>Sabillasville MD 21780</u>		<u>250.</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>Home repair for</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
<u>needy individual</u>	<u>Frederick Co Assn of Realtors</u>	<u>None</u>	
	<u>529 W South Street</u>		
	<u>Frederick MD 21701</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>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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Description of Property _____

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FMV	How FMV Determined

Purpose of Payment Charitable Donation

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>

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>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>

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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>Assistance to</u> <u>US soldiers</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	<u>Operation Second Chance</u>	<u>None</u>	
	<u>PO Box 461</u>		
	<u>Clarksburg MD 20871</u>		<u>500.</u>

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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</u> <u>Developmentally</u> <u>Disabled</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	<u>Community Living Inc</u>	<u>None</u>	
	<u>620-B Research Drive</u>		
	<u>Frederick MD 21703</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</u> <u>Foundation</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/>		
	<u>Universal Chiropractic Foundation</u>	<u>None</u>	
	<u>777 W End Ave #1B</u>		
	<u>New York NY 10025</u>		<u>250.</u>

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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</u> <u>soldiers returning</u> <u>from active duty</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Major General Cook Foundation</u>	<u>None</u>	<u>1,000.</u>
	<u>2411 Tabor Drive</u>		
	<u>Middletown MD 21769</u>		

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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</u> <u>needy community</u>	Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> <u>Rotary Club of Carroll Creek</u>	<u>None</u>	<u>500.</u>
	<u>Richmond South Africa Project</u>		
	<u>Frederick MD 21701</u>		

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

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Date of Gift _____

Book Value	How Book Value Determined
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