

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# SCANNED FEB 2 2 2013

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

Hagerstown   Filter and address of principal officer:TIMOTHY PETERS   Filter and address of principal officer:TIMOTHY PETERS   Filter and address of principal officer:TIMOTHY PETERS   May   Hojo   Address   Hojo	UNITED WAY OF WASHINGTON COUNTY,    Address	<u>A</u> F	or the	2011 calendar year, or tax year beginning $$ JUL $1$ , $$ $2011$ $$ and endir	ng J	<u>UN 30, 2012</u>				
MARYLAND INC.   Doing Business As   S2-0691704	MARYLAND INC.    Second   Sec	B	Check if pplicable			D Employer identifi	cation number			
Doing Business As   52-0691704	Sumble and street for PL box if mail is not delivered to street addicess)   Room/cute   Telephone number		Address							
Number and street (or P.O. box if mail is not delivered to street address)   Room/Suite   E Telephone number   33 WEST FRANKLIN STREET, SUTTE 203   Gross recepts   1,185,10°		$\vdash$	Name			52-0	691704			
33 WEST FRANKLIN STREET, SUITE 203   301-739-8200	Summer	-	∃initial		/cuita					
City or town, state or country, and ZIP + 4   Hagers Town, mb 21740   Hagers Town, make a group return for affiliates and understance of the program service when the organization is mission or most significant activities   SEE SCHEDULE O	City or town, state or country, and ZIP + 4  HAGERSTOWN, MD 21740  Finamenan and actress of principal officer. TIMOTHY PETERS  SAME AS C ABOVE  I Take exempt status   X   301(x)3   501(x)   √ (insertino.)   4947(a)(1) or   221  White   WWW, UNITEDWAYWASHCOUNTY, ORG   100   1	-	=		Vaule	•				
Hagerstown   Filter and address of principal officer:TIMOTHY PETERS   Filter and address of principal officer:TIMOTHY PETERS   Filter and address of principal officer:TIMOTHY PETERS   May   Hojo   Address   Hojo	RageRsTONN   MD   21740	$\vdash$	-Jated ∏Amende							
Tax-exempt status   X   Soft(2)(3)   Soft(2)   Mestre.	Table   Tabl	-	⊒return	City or town, state or country, and ZIP + 4						
Tax-exempt status   X   501(c)(3)   501(c)   4   (Insertno.)   4947(a)(1) or   527	SAME AS C ABOVE   Http://example.com/parts/lines/solide/10/10/10/10/10/10/10/10/10/10/10/10/10/		_}tion	HAGERSTOWN, MD 21740						
Tax-exempt status   X   501(c)(3)   501(c)	Tax-exempt status						<del></del>			
Website:   WWW. UNITEDWAYWASHCOUNTY.ORG   Higher Group exemption number   Note   Not	J Website:				7 507	• •				
Form of organization:   X   Corporation   Trust   Association   Other   Lyear of formation: 1957   M   State of legal domicile: 1974	Form   corganization:   X    Corporation   Trust   Association   Other     Vear of formation: 1957   M State of legal domicile; MD   Part I   Summary				7 251					
Part I Summary  1 Brefly describe the organization's mission or most significant activities SEE SCHEDULE O  2 Check this box	Barefly describe the organization's mission or most significant activities   SEE SCHEDULE   O				Voor					
The second of the organization is mission or most significant activities SEE SCHEDULE O    Check this box   If the organization discontinued its operations or disposed of more than 25% of its net assets.	Binefly describe the organization's mission or most significant activities   SEE SCHEDULE   O				_ Year (	n formation: 1957  N	A State of legal domicile. MD			
2 Check this box	2 Check this box	<u> </u>	<del>,</del>	<del></del>	דותה	T E O	<del></del>			
B Net unrelated business taxable income from Form-990***, Ine 34 ***********************************	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, column (A), lines 3, 4 land 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 5:10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total labshities (Part X, line 26) 20 Total lassets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Intel labshities (Part X, line 26) 23 Time 18 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name R. KERT SHIPWAY, CPA R ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's Elin 52-1130974  Firm's name	S	ון שיין	riency describe the organization's mission or most significant activities.	טַעם.	DE O				
B Net unrelated business taxable income from Form-990***, Ine 34 ***********************************	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, column (A), lines 3, 4 land 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 5:10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total labshities (Part X, line 26) 20 Total lassets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Intel labshities (Part X, line 26) 23 Time 18 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name R. KERT SHIPWAY, CPA R ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's Elin 52-1130974  Firm's name	nan	0 -	though this how the properties discontinued to energical or disposed of	f more	than 25% of to not as	ente.			
B Net unrelated business taxable income from Form-990***, Ine 34 ***********************************	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, column (A), lines 3, 4 land 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 5:10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total labshities (Part X, line 26) 20 Total lassets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Intel labshities (Part X, line 26) 23 Time 18 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name R. KERT SHIPWAY, CPA R ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's Elin 52-1130974  Firm's name	Ž.			IIIOIE	1				
B Net unrelated business taxable income from Form-990***, Ine 34 ***********************************	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, column (A), lines 3, 4 land 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 5:10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total labshities (Part X, line 26) 20 Total lassets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Intel labshities (Part X, line 26) 23 Time 18 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name R. KERT SHIPWAY, CPA R ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's Elin 52-1130974  Firm's name	Ĝ								
B Net unrelated business taxable income from Form-990***, Ine 34 ***********************************	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, column (A), lines 3, 4 land 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 5:10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total labshities (Part X, line 26) 20 Total lassets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Intel labshities (Part X, line 26) 23 Time 18 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name R. KERT SHIPWAY, CPA R ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's Elin 52-1130974  Firm's name	≪ ≪		•			<u> </u>			
B Net unrelated business taxable income from Form-990***, Ine 34 ***********************************	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, column (A), lines 3, 4 land 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 5:10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total labshities (Part X, line 26) 20 Total lassets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Intel labshities (Part X, line 26) 23 Time 18 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name R. KERT SHIPWAY, CPA R ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's Elin 52-1130974  Firm's name	ţį				· · <del></del>	936			
B Net unrelated business taxable income from Form-990***, Ine 34 ***********************************	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2p) 10 Investment income (Part VIII, line 2p) 11 Other revenue (Part VIII, column (A), lines 3, 4 land 7d) 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 1:3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), lines 5:10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16 Professional fundraising ees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total labshities (Part X, line 26) 20 Total lassets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Intel labshities (Part X, line 26) 23 Time 18 Signature Block Under penalties of pergury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Print/Type preparer's name R. KERT SHIPWAY, CPA R ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's Elin 52-1130974  Firm's name	ίξ		• • • • • • • • • • • • • • • • • • • •		<del></del>				
Prior Year Current Year 1,114,915. 1,176,379 Program service revenue (Part VIII, line 2g) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Prior Year   Current Year   1,114,915.   1,176,379.   0.   0.   0.   0.   0.   0.   0.	Ac			•	-				
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4 and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 9d-10c; and 11e) 12 Total revenue and lines 8 through 11 (must equal Part VIII, column (A), lines 13) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 28 Total Signature Block 29 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	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, lookumn (A), lines 3, 4 land 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c) 9cl-10c; and 110 1 1, 115, 519 . 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line-12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), line 5:10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets or fund balances. Subtract line 21 from line 20 24 Reginning of Current Year End of Year 25 Part II   Signature Block		DIN	et unrelated business taxable income from Form-990-1, ine 34	<del></del>					
9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8d 9c, 10c, and 11e) 0. 11 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 115, 519 1, 176, 90. 11 Grants and similar amounts paid (Part IX, column (A), line 4) 1. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1. 10 Total fundraising fees (Part IX, column (A), line 11e) 1. 10 0. 10 1	9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4 land 7g)  11 Other revenue (Part VIII, column (A), lines 3, 6d, 8d 9cl-10c and 1ep.  12 Total revenue. add lines 8 through 11 (must equal Part VIII, column (A), line-12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), line 4)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II   Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Primt/Type or print name and title  Print/Type or print name and title  Print/Type preparer's name  R. KERT SHIPWAY, CPA   Preparer's signature  R. KERT SHIPWAY, CPA   Primt's EIN   52-1130974  Firm's address   1110 PROFESSIONAL COURT, SUITE 300	venue		Contributions and grants (Part VIIII line 1b)	-					
10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   11   Other revenue (Part VIII, column (A), lines 5, 6d, 8c  9c  -10c; and -1e  -1   1   1   1   1   1   1   1   1   1	10			Incompany son year revenue (Part VIII, line III)	$\vdash$					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c] 9c; 10c; and 11e; 11e; 11e; 11e; 11e; 12e; 11e; 12e; 12	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8d, 8d, 9d, 11 (Part VIII, column (A), line 12)  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 12)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Net assets or fund balances. Subtract line 21 from line 20  28 Total liabilities (Part X, line 26)  29 Net assets or fund balances. Subtract line 21 from line 20  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total liabilities (Part X, line 26)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total liabilities (Part X, line 26)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total liabilities (Part X, line 26)  20 Total liabilities (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  28 Total liabilities (Part X, line 26)  29 Total liabilities (Part X, line 26)  20 Total liabilities (Part X			rogram service revenue (Part VIII, IIIIe 29)						
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line-12)  13 Grants and similar amounts paid (Part IX, column (A)-lines 1:3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II   Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line-12)	æ			. —					
13 Grants and similar amounts paid (Part IX, column (A)-lines 1:3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)  16a Professional fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	13   Grants and similar amounts paid (Part IX, column (Å)-lines 1:3)   815,506.   913,506.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0. 0. 0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10)   16a Professional fundraising fees (Part IX, column (A), line 11e)   b Total fundraising expenses (Part IX, column (A), line 12e)   b Total fundraising expenses (Part IX, column (A), line 11e)   b Total fundraising expenses (Part IX, column (A), line 11e)   17   Other expenses (Part IX, column (A), line 11a 11d, 11f-24e)   246,544.   149,587.     18   Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25)   1,262,807.   1,295,091.     19   Revenue less expenses Subtract line 18 from line 12   -147,288.   -118,187.     18   Beginning of Current Year   End of Year				·					
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (D), line 25)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	14   Benefits paid to or for members (Part IX, column (A), line 4)   5   5   5   5   6   75   75   75   75		I .	i						
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   200, 757.   231,998.		ľ							
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a·11d, 11f·24e) 18 Total expenses. Add lines 13·17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	16a Professional fundraising fees (Part IX, column (A), line 11e)									
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  1 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	17 Other expenses (Part IX, column (A), lines 113-114, Tir-249)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Primt/Type preparer's name  Preparer's signature  Primt/Type preparer's name  Preparer's signature  Primt/Supe or print name and title  Prim	ses								
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  1 Total assets (Part X, line 16)  20 Total liabilities (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	17 Other expenses (Part IX, column (A), lines 113-114, Tir-249)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Primt/Type preparer's name  Preparer's signature  Primt/Type preparer's name  Preparer's signature  Primt/Supe or print name and title  Prim	ĕ				<u>U.</u>	<u> </u>			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  TIMOTHY PETERS, TREASURER Type or print name and title  Print/Type preparer's name  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA O1/16/13  Firm's name  ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN  Firm's EIN  52-1130974	Ĕ			-	246 544	1/0 507			
19 Revenue less expenses Subtract line 18 from line 12 -147, 288118, 18 from line 12 Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 922, 089. 896, 496  21 Total liabilities (Part X, line 26) 634, 721. 622, 156  22 Net assets or fund balances. Subtract line 21 from line 20 287, 368. 274, 346  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	19 Revenue less expenses Subtract line 18 from line 12  10 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer's signature  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA01/16/13 self-employed P00349171  Firm's name  ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN  52-1130974  Firm's address  1110 PROFESSIONAL COURT, SUITE 300		L		-					
Beginning of Current Year End of Year  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	Beginning of Current Year   End of Year		li .							
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	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  TIMOTHY PETERS, TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA/01/16/13 self-employed P00349171  Preparer  Use Only  Firm's address 1110 PROFESSIONAL COURT, SUITE 300	<u> - 83</u>	19 1	evenue less expenses. Subtract line 16 from line 12	Da.					
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	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  TIMOTHY PETERS, TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA/01/16/13 self-employed P00349171  Preparer  Use Only  Firm's address 1110 PROFESSIONAL COURT, SUITE 300	ance	00 T	atal assats (Dart V. Eva 10)	Бе					
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	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  TIMOTHY PETERS, TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA/01/16/13 self-employed P00349171  Preparer  Use Only  Firm's address 1110 PROFESSIONAL COURT, SUITE 300	Sag	20 I		-					
Part II   Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it	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  TIMOTHY PETERS, TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA/01/16/13 self-employed P00349171  Preparer  Use Only  Firm's address 1110 PROFESSIONAL COURT, SUITE 300	팔	21 1		-					
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	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  TIMOTHY PETERS, TREASURER Type or print name and title  Print/Type preparer's name  Preparer's signature  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA  PTIN  Firm's name  ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S  Firm's EIN  52-1130974  Use Only  Firm's address  1110 PROFESSIONAL COURT, SUITE 300	晋	1 22 N			201,300.	2/4,340.			
	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  TIMOTHY PETERS, TREASURER Type or print name and title  Print/Type preparer's name Preparer's signature  Print/Type preparer's name Preparer's signature  R. KERT SHIPWAY, CPA R. KERT SHIPWAY, CPA01/16/13 self-employed P00349171  Preparer  Firm's name ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN Firm's address 1110 PROFESSIONAL COURT, SUITE 300	_			ototom/	anto and to the heat of m	w knowledge and helief it is			
true correct and complete Declaration of property (ather than officer) is based on all information of which property has any knowledge	Sign Here  TIMOTHY PETERS, TREASURER Type or print name and title  Print/Type preparer's name Preparer's signature  R. KERT SHIPWAY, CPA R. KERT SHIPWAY, CPA Preparer  Firm's name ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN  52-1130974  Signature of officer  Date  Check PTIN  Firm's self-employed P00349171  Preparer Use Only Firm's address 1110 PROFESSIONAL COURT, SUITE 300					·	ly knowledge and belief, it is			
	Sign   Signature of officer   Date    TIMOTHY PETERS, TREASURER   Type or print name and title    Print/Type preparer's name   Preparer's signature   Date   Check   PTIN    R. KERT SHIPWAY, CPA   R. KERT SHIPWAY, CPA 01/16/13   Self-employed   P00349171    Preparer   Firm's name   ALBRIGHT CRUMBACKER   MOUL & ITELL, CPA'S   Firm's EIN   52-1130974    Use Only   Firm's address   1110   PROFESSIONAL COURT, SUITE 300	true	, correct,	and complete. Declaration of pregater (other than officer) is based on all information of which pr	ерагег					
Construe of officer	Here  TIMOTHY PETERS, TREASURER  Type or print name and title  Print/Type preparer's name  Preparer's signature  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA  R. KERT SHIPWAY, CPA  Preparer  Firm's name  ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN  Firm's address  1110 PROFESSIONAL COURT, SUITE 300			Signature of officer			<u> </u>			
Sign P Signature V	Type or print name and title    Print/Type preparer's name					Duto				
	Print/Type preparer's name  Preparer's signature  Pode	Her	e							
Deta DIA	Paid R. KERT SHIPWAY, CPA R. KERT SHIPWAY, CPA01/16/13 self-employed P00349171  Preparer Firm's name ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN 52-1130974  Use Only Firm's address 1110 PROFESSIONAL COURT, SUITE 300				In	ate Check C	I PTIN			
Trinit Type preparer 3 manie   Treparer 3 Signature	Preparer Firm's name ALBRIGHT CRUMBACKER MOUL & ITELL, CPA'S Firm's EIN 52-1130974  Use Only Firm's address 1110 PROFESSIONAL COURT, SUITE 300	<b>D</b>								
	Use Only Firm's address 1110 PROFESSIONAL COURT, SUITE 300									
		•				A D FIRM SEIN	J4-11307/4			
	HAGEKSTOWN, MD 21/40   Pnoneno. (3U1) /39-53UU	U\$e	Only			06/	201 \ 720 E200			
HACERPRICIAN MILLYLIAN   12000000 (3111) /34-53!						Pilone no. (				
	May the IRS discuss this return with the preparer shown above? (see instructions)	May	the IR			-				
				1 HA For Pananyark Paduntian Act Notice see the senarate instructions			Form <b>990</b> (2011)			

#### UNITED WAY OF WASHINGTON COUNTY,

	n 990 (2011) MARYLAND INC. 52-06917	04	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	UNITED WAY OF WASHINGTON COUNTY MOBILIZES OUR COMMUNITY TO PROVI	DE	
	OPPORTUNITIES, ADDRESS VITAL ISSUES AND IMPROVE LIVES FOR ALL		
	CITIZENS.		
	CITIBLE		
	Did the executation undertake any executions are executed during the year which were not letted on		
2	Did the organization undertake any significant program services during the year which were not listed on	16	X No
	the prior Form 990 or 990-EZ?	J Yesi	A NO
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	J Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloca	tions to	
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$1, 064, 907. including grants of \$) (Revenue \$	-	0.)
70	TO ASSIST THE COMMUNITY IN ADDRESSING NEEDS TO IMPROVE LIVES FOR	λT.T	
		- VIII	<u>!</u> .
	CITIZENS.		
		_	
		•••	
		-	
			<del></del>
4b	(Code) (Expenses \$		)
			<del></del>
		_	<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		
	(Code	_	
			<u>_</u>
			_
		_	
			<del></del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$)		
4e	1 064 007		
		orm <b>99</b>	0 (2011)

Page 3

MARYLAND INC.

Pai	TIV Checklist of Required Schedules			
		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<b>└</b> ──
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X_	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		}	
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ļ		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	} .	1	
	Schedule D, Part III	8	_	X
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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	1		l
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	} !		
	Part VI	11a	X	<u></u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		<b>i</b>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	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			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X_	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	ŀ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	!		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	ĺ	ĺ	ĺ
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15_		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	ŀ		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ĺ	ĺ	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<b>_</b>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	[	[	ĺ
	complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
_ <u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	<del>9</del> 90	2011)

	1990 (2011) MARYLAND INC. 52-069	<u> 1/04</u>	<u> </u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)		,	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		ļ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<b></b> -	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230_		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ļ	
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		ļ —	
20		26		x
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		Α.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		х
20	of any of these persons? If "Yes," complete Schedule L, Part III	_27		Α.
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):	000	j	<b>.</b>
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Α.
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		
~	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			<b>.</b>
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<b>.</b>
	If "Yes," complete Schedule N, Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32	<del>                                     </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	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?		37	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	77
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		1	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	X
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	ļ	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?	ĺ		
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

52-0691704 Page 5

h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
C	Enter the amount of reserves on hand			
	organization is licensed to issue qualified health plans			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	Note. See the instructions for additional information the organization must report on Schedule O.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b			
12a		12a		
	amounts due or received from them)			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
а	Gross income from members or shareholders			1
11	Section 501(c)(12) organizations. Enter:			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
а	Initiation fees and capital contributions included on Part VIII, line 12			
10	Section 501(c)(7) organizations. Enter			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
а	Did the organization make any taxable distributions under section 4966?	9a		X
9	Sponsoring organizations maintaining donor advised funds.			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	to file Form 8282?	7c		х
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
а	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?	7a		Х
7	Organizations that may receive deductible contributions under section 170(c).			
	were not tax deductible?	6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	any contributions that were not tax deductible?	6a		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
b	If "Yes," enter the name of the foreign country: ▶			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	filed for the calendar year ending with or within the year covered by this return 2a 4			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
C	(gambling) winnings to prize winners?	1c		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
1a b	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			
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		165	NO
			Yes	No

Form 990 (2011) 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			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 1a 21							
	If there are material differences in voting rights among members of the governing body, or if the governing	İ		l				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ŀ				
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			ł				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			l				
	officer, director, trustee, or key employee?	2		X				
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision			ł				
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l				
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l				
	persons other than the governing body?	7b		X				
8	B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X	<u> </u>				
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u> </u>				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<del> </del>				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	100	x	1				
12		12c	X	<del></del>				
13	Did the organization have a written document retention and destruction policy?	13 14	X					
14 15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	14	Δ.	$\vdash$				
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1				
9	The organization's CEO, Executive Director, or top management official	15a	х	ĺ				
b		15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b		l				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶MD							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le					
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website X Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finar	cial					
	statements available to the public during the tax year.							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion. 🕨	·					
	THE ORGANIZATION - 301-739-8200							
	33 WEST FRANKLIN ST, #203, HAGERSTOWN, MD 21742							
13200 01-23-		Form	990 (	(2011)				

Form 990 (2011)

MARYLAND INC.

52-0691704

Page 7

## 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.
- 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 hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	(F) Estimated amount of				
	week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	officer Officer		Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WILLIAM K. BEARD, JR.	1 00	7,7						0.	0.	0.
BOARD MEMBER	1.00	^	-		-	-	$\vdash$	<u> </u>	<u> </u>	
(2) MAUREEN GROVE	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^	<del>                                     </del>			-	_	0.	0.	
(3) DEB GORBSKY	1.00	v						0.	0.	0.
BOARD MEMBER (4) M. MEGAN HARSH	1.00	1	$\vdash$				_			
PRESIDENT	1.00	x		х				0.	0.	0.
(5) JOHN LATIMER, IV										
PAST PRESIDENT	1.00	X	İ			ŀ		0.	0.	0.
(6) DONNA NEWCOMER										
BOARD MEMBER	1.00	x						0.	0.	0.
(7) MELISSA LEWIS										
BOARD MEMBER	1.00	X		<u> </u>				0.	0.	0.
(8) BRAD SELL								_	_	_
BOARD MEMBER	1.00	X						0.	0.	0.
(9) STEPHANIE STONE										
SECRETARY	1.00	X		X	_	<u> </u>	-	0.	0.	0.
(10) KELLY CORBI	1 00					ļ				
BOARD MEMBER	1.00	X	-			-		0.	0.	0.
(11) MIKE HARSH	1 00	37		x				0.	0.	0.
VICE PRESIDENT	1.00	A	-	^		<u> </u>	-	Ų.	0.	
(12) JOHN MARTIRANO	1.00	v						0.	0.	0.
BOARD MEMBER	1.00	^	-			<del>                                     </del>	$\vdash$		0.	
(13) SHAUN O'NEAL	1.00	v				,		0.	0.	0.
BOARD MEMBER (14) RICK ROCK	1.00	*				t				
BOARD MEMBER	1.00	x			i		ŀ	0.	0.	0.
(15) RALPH SALVAGNO										
BOARD MEMBER	1.00	$ \mathbf{x} $						0.	0.	0.
(16) RICH REICHENBAUGH										
BOARD MEMBER	1.00	X				L		0.	0.	0.
(17) RYAN LAMPTON										
BOARD MEMBER	1.00	X				L			0.	0

132007 01-23-12

Part VII   Section A. Officers, Directors, 1	rustees, Key E	mpk	oyee			High	est	1	ees (continued)			
(A)	(B)			_	C)	_		(D)	(E)		(F)	
Name and title	Average	(do	not c	heck	itior more	than	one	Reportable	Reportable	_	stimate	-
	hours per week	box	, unle	ss pe	erson	is bot or/trus	h an	compensation	compensation	l a	mount	of
	(describe	-	T	]	]	T .	Ţ,	from the	from related organizations	Con	other npensa	tion
	hours for	died				2			(W-2/1099-MISC)		rom th	
	related	) e or	stee			ansate		(W-2/1099-MISC)	( = 1555 m.55)		ganızat	
	organizations	tag	nal tru		oyee	om of					nd relat	
	ın Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег			org	anızatı	ons
(18) TIMOTHY PETERS	1 00	_		X				0.	0			^
TREASURER	1.00	╀┷	$\vdash$	A	$\vdash$	┼	<del> </del>	0.	<u> </u>	•		0.
(19) BELINDA VINSON	1 00	v						0.	0			0.
BOARD MEMBER	1.00	^	$\vdash$	<del>                                     </del>	+-	$\vdash$	+-	"	<u> </u>	+		<u> </u>
(20) CINDY BROWN	1.00	X				ĺ	ĺ	0.	0			0.
BOARD MEMBER (21) PATRICIA YOUNG	1.00	A	╁	$\vdash$	<del> </del>	$\vdash$	$\vdash$			<del>'</del>		
BOARD MEMBER	1.00	x						0.	0.	.		0.
(22) ANJIE DOLL				<u> </u>	1 -	T	H			1		
INTERIM EXECUTIVE DIRECTOR	35.00			X				0.	0.			0.
(23) LEAH GAYMAN	55.50			<u> </u>		$\vdash$				1		
FORMER EXECUTIVE DIRECTOR	35.00			Х	L			67,080.	0			0.
		<u> </u>	<u> </u>		<u> </u>	<u> </u>				<del>                                     </del>		
		-	-	-	$\vdash$	┢╌				+		
						1						
1b Sub-total	<u> </u>	1	1	<u> </u>	<del></del>	┢	1	67,080.	0	.		0.
c Total from continuation sheets to Part	VII, Section A					•		0.	0			0.
d Total (add lines 1b and 1c)						<b>&gt;</b>	_	67,080.	0			0.
2 Total number of individuals (including bu	t not limited to the	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportable			_
compensation from the organization									<del></del>		1	0
O Duddha assess to the			_ ,					hahaak saasa sa		Г	Yes	No
3 Did the organization list any former office			e, ke	ey er	mplo	oyee	, or	nignest compensated e	mployee on			v
line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a. is the			ome	ore:	atio	n an	4 0+	her compensation from	the organization	3	+	X
4 For any individual listed on line 1a, is the and related organizations greater than \$	· · · · · · · · · · · · · · · · · · ·								une organizacion	4		X
5 Did any person listed on line 1a receive of									dual for services	1	1	
rendered to the organization? If "Yes," co										5_		Х
Section B. Independent Contractors												
1 Complete this table for your five highest	-									sation	from	
the organization. Report compensation f	or the calendar y	/ear	endi	ing v	with	or w	<u>rithir</u>		year.			
(A) Name and busine	ss address	RT4	יזגר	<b>.</b>				( <b>B)</b> Description of s	ervices		C) ensatio	n
Traine and busine		TAG	INC				-	20001101101101				•
						_						
2 Total number of independent contractors	s (includina hut i	not li	mite	d to	tho	se l	l ster	above) who received m	ore than			
\$100,000 of compensation from the orga		, J. 11		0	20	0			,			
								<u> </u>		Form	990 :	2011)

MARYLAND INC.

Ра	rt VII	Statement of Revenu	e					
					(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 d e f	Membership dues Fundraising events Related organizations Government grants (contribution	1b 1c 1d 1d 1e 1s) 1e 1f 1f 1	131,027.	1176379.			
Program Service Revenue	2 a b c d e f	All other program service revenu		Business Code				
Other Revenue	3 4 5	Investment income (including di- other similar amounts) Income from investment of tax-e Royalties .		<b>&gt;</b>	525.			525.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other				
		Gain or (loss)  Net gain or (loss)  Gross income from fundraising eincluding \$ 20,24 contributions reported on line 10	1. of	•				
	с 9 а	Part IV, line 18 Less: direct expenses Net income or (loss) from fundra Gross income from gaming activ Part IV, line 19		8,203. 8,203.	0.			
	c 10 a	Less direct expenses  Net income or (loss) from gaming Gross sales of inventory, less re and allowances  Less: cost of goods sold		<b>&gt;</b>				
-	11 a	Net income or (loss) from sales of Miscellaneous Revenue		Business Code				
13200 01-23	12	All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.		. •	1176904.	0.	0.	525 • Form <b>990</b> (2011)

52-0691704 Page 10

## Form 990 (2011) MARYLAND INC. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respont include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and			general expenses	expenses
C	organizations in the United States. See Part IV, line 21	913,506.	913,506.		<del></del>
	Grants and other assistance to individuals in				
	he United States. See Part IV, line 22				<del></del>
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	Jnited States. See Part IV, lines 15 and 16				<u></u>
	Benefits paid to or for members				
	Compensation of current officers, directors,	18,135.	12,694.	1,815.	3,626
	rustees, and key employees Compensation not included above, to disqualified	10,133.	12,094.	1,013.	3,020
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	166,100.	68,821.	34,981.	62,298
	Pension plan accruals and contributions (include	100,100.	00,021.	34,301.	02725
	section 401(k) and section 403(b) employer contributions)	16,311.	7,136.	2,663.	6,512
	Other employee benefits	11,837.	5,285.	208.	6,34
	Payroll taxes	19,615.	8,679.	3,917.	7,019
	Fees for services (non-employees):				
	Management				
	_egal				
	Accounting	8,000.	2,625.	2,750.	2,62
d l	_obbying				
e F	Professional fundraising services. See Part IV, line 17				
f l	nvestment management fees				
g (	Other				
12 /	Advertising and promotion	34,712.	543.	2,569.	31,600
13 (	Office expenses	<u>29,658.</u>	15,716.	5,832.	8,110
14 1	nformation technology	10,012.	3,304.	3,504.	3,20
15 F	Royalties				
	Decupancy	22,770.	10,075.	4,548.	8,14
	ſravel				
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	5 401	0.005	0.000	F.0.1
	Conferences, conventions, and meetings	5,491.	2,096.	2,800.	59!
	nterest .				
	Payments to affiliates	9,179.	3,121.	2,937.	3 12
	Depreciation, depletion, and amortization	2,853.	941.	999.	3,121 911
-	nsurance  Other expenses, Itemize expenses not covered	2,833.	741.	333.	
2	blove. (List miscellaneous expenses in troveled blove. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	AWARDS/THANK YOUS	13,539.	5,952.	454.	7,133
_	MEMBERSHIPS	13,373.	4,413.	4,681.	4,27
c					
ď					
e /	All other expenses				
25 1	Total functional expenses. Add lines 1 through 24e	1,295,091.	1,064,907.	74,658.	155,520
	Joint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
ε	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)				

Pa	rţ X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			250.	1	250.
	2	Savings and temporary cash investments			477,613.	2	392,296.
	3	Pledges and grants receivable, net			380,855.	3	339,178.
	4	Accounts receivable, net			16,737.	4	127,317.
	5	Receivables from current and former officers, di	rectors, trustees, k	ey			
		employees, and highest compensated employe	es. Complete Part I	II			
		of Schedule L		Ĺ		5	
	6	Receivables from other disqualified persons (as	defined under sect	tion			
		4958(f)(1)), persons described in section 4958(c	)(3)(B), and contrib	uting			
		employers and sponsoring organizations of sec	tion 501(c)(9) volun	tary			
		employees' beneficiary organizations (see instru	ictions) .	Į		6	
ets	7	Notes and loans receivable, net		[		7	
Assets	8	Inventories for sale or use		. [		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a 1	32,542.			
	ь	Less: accumulated depreciation	95,087.	46,634.	10c	37,455.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		1		15	
<del></del>	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		922,089.	16	<u>896,496.</u>
	17	Accounts payable and accrued expenses	1	21,799.	17	24,855.	
	18	Grants payable			18		
	19	Deferred revenue .			19		
	20	Tax-exempt bond liabilities	1		20		
es	21	Escrow or custodial account liability. Complete	D		21		
Liabilities	22	Payables to current and former officers, director		1			
ia de		highest compensated employees, and disqualif	ed persons. Comp	lete Part II			
_		of Schedule L		]		22	
	23	Secured mortgages and notes payable to unrela			23	<del></del>	
	24	Unsecured notes and loans payable to unrelate	•	1		24	<del></del>
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	3 17-24). Complete	Part X of	610 000		505 201
		Schedule D		-	612,922.	25	<u>597,301.</u>
	26	Total liabilities, Add lines 17 through 25	<b>N</b> [77]	····	634,721.	26	622,156.
		Organizations that follow SFAS 117, check he	ere 🕨 🔼 and	complete			
Ses		lines 27 through 29, and lines 33 and 34.			242 014		202 120
an	27	Unrestricted net assets	}	242,914.	27	203,120.	
Ba	28	Temporarily restricted net assets	44,454.	28	71,220.		
P	29	Permanently restricted net assets	haalahana 🕨 🗍	—		29	
Ē		Organizations that do not follow SFAS 117, c	neck nere 📂 L	and			
8	20	complete lines 30 through 34.		- 1		20	
šet	30	Capital stock or trust principal, or current funds		}		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
Ne.	32	Retained earnings, endowment, accumulated in Total net assets or fund balances	come, or other fund	us [	287,368.	32	274,340.
	33 34	Total liabilities and net assets/fund balances		ŀ	922,089.	33 34	896,496.
	<del>) +</del>	Total liabilities and fiet assets/fulfid balances			344,003.	J*+	6 5 0 , 4 5 0 . Form <b>990</b> (2011)

#### UNITED WAY OF WASHINGTON COUNTY,

Forr	n 990 (	(2011) MARYLAND INC.	<u> 52-0</u>	<u> 16917</u>	<u>04</u>	Pag	<sub>ge</sub> 12
Pa	rt XI	Reconciliation of Net Assets					
		Check if Schedule O contains a response to any question in this Part XI					X
1	Tota	i revenue (must equal Part VIII, column (A), line 12)	1				04.
2	Tota	l expenses (must equal Part IX, column (A), line 25)	2				<u>91.</u>
3	Reve	enue less expenses. Subtract line 2 from line 1	3				<u>87.</u>
4	Net a	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		_	_	<u>68.</u>
5	Othe	er changes in net assets or fund balances (explain in Schedule O)	5		105	5 <u>, 1</u>	<u>59.</u>
6		assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		<u> 274</u>	1,3	<u>40.</u>
Pε	<u>ırt XII</u>	Financial Statements and Reporting					
		Check if Schedule O contains a response to any question in this Part XII .					
				_		Yes	No
1	Acco	ounting method used to prepare the Form 990: Cash X Accrual Cther					
	If the	e organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	j	- }	j	ı
<b>2</b> a	Were	e the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		<u> </u>
b	Were	e the organization's financial statements audited by an independent accountant?			2b	X	
C	If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,		- 1		
	revie	w, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the	e organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	ł	-	}	
d	I If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	İ			
	sepa	rate basis, consolidated basis, or both:			İ		ı
		Separate basis X Consolidated basis Both consolidated and separate basis		ļ		İ	
3a	Asa	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audr	t			
	Act a	and OMB Circular A-133?		L	3a		X
b	If "Ye	es," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	:		Ţ	
	or au	udits, explain why in Schedule O and describe any steps taken to undergo such audits			3b 📗		

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

2011

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

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

Open to Public

OMB No. 1545-0047

Name of the organization

UNITED WAY OF WASHINGTON COUNTY,

Employer identification number

52-0691704 MARYLAND INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) A hospital or a cooperative hospital service organization described in ection 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
						,			
								<del>                                     </del>	<del></del>
								-	
		-	-	-					
otal		<u> </u>				<u> </u>		<u> </u>	

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-1 Schedule A (Form 990 or 990-EZ) 2011 MARYLAND INC.

52-0691704 Page 2

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,821,472.	1,282,248,	1,212,356,	1,081,215.	1,176,379.	6,573,670.
2	Tax revenues levied for the organ-					j	
	ization'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	1,821,472.	1,282,248,	1,212,356,	1,081,215.	1,176,379.	6,573,670.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			1			
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6_	Public support, Subtract line 5 from line 4						6 573 670
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	1,821,472,	1,282,248,	1,212,356.	1,081,215,	1,176,379.	6,573,670.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	27,029.	18,278.	17,857.	602.	525.	64,291.
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)						
11	Total support. Add lines 7 through 10						6,637,961,
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here			<del></del>	<del></del>	
Sec	ction C. Computation of Publ	ic Support Per	centage			т - т	
	Public support percentage for 2011 (		-	olumn (f))		14	99.03 %
	Public support percentage from 2010	•	•			15	98.80 %
16a	33 1/3% support test - 2011. If the				4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		-		•		$\triangleright x$
b	33 1/3% support test - 2010. If the				line 15 is 33 1/3%	or more, check th	ns box
	and stop here. The organization qual	•					▶∟⊥
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	
	meets the "facts-and-circumstances"	_	•		_	49	▶□
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						,
	organization meets the "facts-and-circ		=				<sub>-</sub> ▶≒
<u>18</u>	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 160, 1/a, or 17b		•	
					Sche	dule A (Form 990	or 990-EZ) 2011

#### 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 qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5		ļ		<del> </del>	<del> </del>	
78	Amounts included on lines 1, 2, and						,
	3 received from disqualified persons				ļ		
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6) ction B. Total Support				<u> </u>		
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income		-				
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	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		;				
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)	L	l	L	L	<u> </u>	L
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
_	check this box and stop here		<del></del>		<del></del>	·	
	ction C. Computation of Publ					1	
	Public support percentage for 2011 (		•	∞lumn (f))		15	%
	Public support percentage from 2010					16	<u>%</u>
	ction D. Computation of Inves	<del></del>		<u> </u>	<del></del>		
17	Investment income percentage for 20			ne 13, column (f))		17	%
18	Investment income percentage from					18	
19a	33 1/3% support tests - 2011. If the						7 is not
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						▶⊨
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t		structions	<b>▶</b>

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

UNITED WAY OF WASHINGTON COUNTY,

Employer identification number

Part     Organization s Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 6 (a) Donor advised funds (b) Funds and other accounts		MARYLAND INC.	15 1 01 01	- Harr Francis and	52-0691/04
Total number at end of year   2 Aggregate contributions to (during year)   3 Aggregate contributions to (during year)   3 Aggregate contributions to (during year)   4 Aggregate value at end of year   5 Did the organization's property, subject to the organization's property, subject to the organization's property, subject to the organization's exclusive legal control?   Yes   No   5 Did the organization's property, subject to the organization's exclusive legal control?   Yes   No   7 Did the organization inform all granitees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all granitees, donors, and donor advisors in writing that the assets held in donor advised only for chanitable purposes and on for for the benefit of the donor or donor advisor, or for any other purpose conferring important land for the property of the organization (check all that apply).   Preservation of land for public use (e.g., recreation or advisors, or for any other purpose conferring important land area   Preservation of land for public use (e.g., recreation or advisors)   Preservation of an histonically important land area   Preservation of land for public use (e.g., recreation or advisors)   Preservation of an histonically important land area   Preservation of open space   Complete lines 2 at through 2d if the organization held a qualified conservation on the form of a conservation easement on the last day of the tax year.    a Total number of conservation easements included in (e.g.) acquired after R/17/06, and not on a histonic structure listed in the National Register   Number of conservation easements included in (e.g.) acquired after R/17/06, and not on a histonic structure   2d   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Year	Pai			niiar Funds or A	Accounts. Complete if the
Total number at end of year  Aggregate contributions to (during year)  Aggregate value at end of year  Did the organization of property, subject to the organization's exclusive legal control?  Did the organization's property, subject to the organization's exclusive legal control?  Did the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that the grant funds can be used only for charitable purposes and not for the breefit of the donor or donor advisor, or for any other purpose conferring manemastic private benefit?  Part II Conservation Essements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization in check all that apply).  Preservation of an for public use (e.g., recreation or education)  Preservation of an easement land area  Preservation of a certified historic structure  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements included in (e) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  year ➤  Does the organization have a written policy regarding the periodic monitioning, inspecting, and enforcing conservation easements during the year ➤  Amount of expenses incurred in monitioning, inspecting, and enforcing conservation easements during the year ➤  Amount of expenses incurred in monitioning, inspecting, and enforcing conservation easements during the year ➤  Amount of expenses incurred in monitioning, inspecting, and enforcing conservation easements that describes the organi		organization answered "Yes" to Form 990, Part IV, line			
2 Aggregate contributions to (during year) 3 Aggregate value at end of year 5 Dot the organization inform all dinors and donor advisors in writing that the assets held in donor advised funds are the organization inform all granitees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all granitees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all granitees, donors, and donor advisors in writing that the assets held in donor advised only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confering impermissable private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization or education) Preservation of an histonically important land area Preservation of land for pubble use (e.g., recreation or education) Preservation of a certified histonic structure Preservation of a certified histonic structure Preservation of a certified histonic structure Preservation of a certified histonic structure at the structure area of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  1 Total acreage restricted by conservation easements  1 Total acreage restricted by conservation easements in a certified histonic structure included in (e) accumed after 817706, and not on a histonic structure listed in the National Register would be a structure and the structure and the structure area of the structure and the structure area of the structure and the structure area of the structure and the structure area of the structure and the structure area of the structure area of the structure area of the structure and the structure area of the structure area of the structure are			(a) Donor advised fi	unds	(b) Funds and other accounts
4 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 advised funds are the organization's property, subject to the organization's exclusive legal control?    No Did the organization inform all 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 advisors or 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 impermissable private benefit?    Perpose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation of land for public use (e.g., norestion or education)   Preservation of an instructure   Preservation of an instructure   Preservation of a conservation easement and a qualified conservation contribution in the form of a conservation easement   Preservation of a conservation easement in the last day of the tax year.    Total number of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation   Preserva	1	Total number at end of year			
A Aggregate value at end of year  5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that grant funds can be used only for charatable purposes and not for the hendref of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the hendref of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the hendref of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the hendref of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the hendref of the donor or donor advisor, or for any other purpose conferring interpretable purposes and not for the hendref or donor advisor or for any other purpose conferring interpretable purposes and not for the hendref or donor advisor in writing that apply).  Preservation of land for public use (e.g., recreation or education) Preservation of an instructure in Preservation of land for public use (e.g., recreation or education) Preservation of an instructure in Preservation of a conference in a conferen	2	Aggregate contributions to (during year)			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  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 conferming impermissable prize benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purposely of conservation easements below by the organization (check all that apply).  2 Preservation of land for public use (e.g., recreation or education) Preservation of a natural habitat Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year.  a Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements in ordified, transferred, released, extinguished, or terminated by the organization during the tax year.  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  9 Number of states where property subject to conservation easements is located ►  1 Does the organization have a written policy regarding the periodic monitoring, aspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►  8 Does each conservation easement is notioned, and enforcing conservation easements during the year ►  9 Does the organization expense of the organization reports conservation easements in the revenue attainment and balance sheet, and include, if applicable, the text of the foothorite to the organization reports conservation easements.	3	Aggregate grants from (during year)			
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?  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 conferming impermissable prize benefit?  Part III Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purposely of conservation easements below by the organization (check all that apply).  2 Preservation of land for public use (e.g., recreation or education) Preservation of a natural habitat Preservation of open space  2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easement in the last day of the tax year.  a Total number of conservation easements  5 Total acreage restricted by conservation easements  6 Number of conservation easements in ordified, transferred, released, extinguished, or terminated by the organization during the tax year.  8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.  9 Number of states where property subject to conservation easements is located ►  1 Does the organization have a written policy regarding the periodic monitoring, aspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►  8 Does each conservation easement is notioned, and enforcing conservation easements during the year ►  9 Does the organization expense of the organization reports conservation easements in the revenue attainment and balance sheet, and include, if applicable, the text of the foothorite to the organization reports conservation easements.	4	*			
are the organization's property, subject to the organization's exclusive legal control?    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 conferming intermination in the property property in the property property in the property property in the property property in the property property in the property property of Conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization answered "Yes" to Form 990, Part IV, line 7.    Preservation of land for public use (e.g., recreation or education)   Preservation of an instoncially important land area   Protection of natural habitat   Preservation of property protection of open space   Complete lines 2 at hrough 2 off the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   Preservation of conservation easements   Preservation of conservation easements   Preservation of conservation easements on a certified histonic structure included in (a)   Number of conservation easements included in (c) acquired after 8/17/06, and not on a histonic structure listed in the National Register   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   Preservation easements included in (c) acquired after 8/17/06, and not on a histonic structure   2d   Number of states where property subject to conservation easement is located   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation easement   Preservation   Preservation   Preservation   Preservation   Preservation   Preservation   Preservation   Preservation   Preservation   Prese	5	Did the organization inform all donors and donor advisors in v	vnting that the assets held	in donor advised fur	nds
Part II   Conservation Easements   Qualified conservation and proposes and not for the benefit?   Yes   No   Part IV   Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 7.  1   Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of and for public use (e.g., recreation or education)   Preservation of an historically important land area   Protection of natural habitat   Preservation of an estimate   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   2a   Held at the End of the Tax Year   2a   Total acreage restricted by conservation easements   2a   2b   2c   2d   2d   2d   2d   2d   2d   2d					
mypermissible private benefit?    Purpose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of an historically important land area   Preservation of open space   Preservation open space   Preservation   Preservation open space   Preservation open space   Preservatio	6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant	funds can be used	only
mypermissible private benefit?    Purpose(s) of conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.    Purpose(s) of conservation easements held by the organization (check all that apply).   Preservation of land for public use (e.g., recreation or education)   Preservation of an historically important land area   Preservation of open space   Preservation open space   Preservation   Preservation open space   Preservation open space   Preservatio		for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any o	other purpose confe	rring
Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (e.g., recreation or education)   Preservation of an historically important land area   Preservation of land for public use (e.g., recreation or education)   Preservation of a certified historic structure   Preservation of open space   2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   Held at the End of the Tax Year 2a   2a   2b   2b   2b   2a   2b   2b					
Preservation of land for public use (e.g., recreation or education)   Preservation of an historically important land area   Preservation of natural habitat   Preservation of a certified historic structure   Preservation of open space    2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   Preservation   P	Pai		anization answered "Yes"	to Form 990, Part IV	, line 7.
Preservation of land for public use (e.g., recreation or education)   Preservation of an historically important land area   Preservation of natural habitat   Preservation of a certified historic structure   Preservation of open space    2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements   Preservation   P	1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
Protection of natural habitat				ation of an historica	illy important land area
Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶			· —		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(6)(i)  and section 170(h)(4)(6)(ii)  and section 170(h)(4)(6)(iii)  and is required to the ext of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered 'Yes' to Form 990, Pat IV, line 8.  1a If the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered 'Yes' to Form 990, Pat IV, line 8.  1b If the organization elected, as permitted under SFAS 116 (ASC 958), nor to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these terms  6) Revenues incl		Preservation of open space			
a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year   8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)4(B)(B)(a) and section 170(h)4(B)(B)(a) a	2	• • •	ied conservation contribution	on in the form of a c	onservation easement on the last
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statem					
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year  Number of states where property subject to conservation easement is located to solve the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is holds?  No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year violations, and enforcement of the conservation easement is holds?  No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year violations, and enforcement of the conservation easements during the year No not seed to conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)(B)					Held at the End of the Tax Year
b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year    4 Number of states where property subject to conservation easement is located    5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of volations, and enforcement of the conservation easements it holds?  5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year    5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(i)?  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balanc	а	Total number of conservation easements			
c Number of conservation easements on a certified historic structure included in (a)  d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)4(β)(β)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)(g)	b	Total acreage restricted by conservation easements			2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(h)  and section 170(h)(4)(B)(h)?  In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount	c	•	ucture included in (a)		2c
Sumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	d		• • •	historic structure	
Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶  4 Number of states where property subject to conservation easement is located ▶  5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	-		•		2d
Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 955), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenues included in Form 990, Part XIII, line 1  (ii) Assets included in Form 990, Part XIII, line 1  (iii) Assets included in Form 990, Part XIII, line 1  (iii) Assets included in Form 990, Part XIII, line 1  (iii) Assets included in For	3	-	eased, extinguished, or teri	minated by the orga	nization during the tax
Number of states where property subject to conservation easement is located ▶  Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 VIII, line 1  (iii) Assets included in Form 990, Part VIII, line 1  (iii) Assets included in Form 990, Part VIII, line 1  (iv) Assets included in		_			
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)  and section 170(h)(4)(B)(iii)?  In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 VIII, line 1  (iii) Assets included in Form 990, Part VIII, line 1  (iii) Assets included in Form 990, Part VIII, line 1  (iii) Assets included in Form 990, Part VIII, line 1  (iii) Assets included in Form 990, Part VIII, line	4	• • • • • • • • • • • • • • • • • • • •	sement is located		
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  and section 170(h)(4)(B)(ii)?	5			n, handling of	
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶  Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶  Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li)  and section 170(h)(4)(B)(li)?		violations, and enforcement of the conservation easements if	holds?		Yes No
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►  8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenues included in Form 990, Part X	6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation	easements during	the year ▶
and section 170(h)(4)(B)(ii)?  9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these theorems the text of the footnote to its financial statements that describes these report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1	7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation eas	ements during the y	ear <b>&gt;</b> \$
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1	8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(	B)(i)
Include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		and section 170(h)(4)(B)(ii)?			Yes No
Conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1	9	In Part XIV, describe how the organization reports conservati	on easements in its revenu	e and expense state	ement, and balance sheet, and
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		include, if applicable, the text of the footnote to the organization	ion's financial statements t	hat describes the or	rganization's accounting for
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.  1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1					
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1    S	Pa			sures, or Other	Similar Assets.
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
the text of the footnote to its financial statements that describes these items.  b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1	1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its i	revenue statement a	and balance sheet works of art,
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		historical treasures, or other similar assets held for public ext	nibition, education, or resea	rch in furtherance o	f public service, provide, in Part XIV,
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		the text of the footnote to its financial statements that descri	bes these items.		
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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1	b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its reve	nue statement and	balance sheet works of art, historical
(i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		treasures, or other similar assets held for public exhibition, ed	ducation, or research in furt	herance of public se	ervice, provide the following amounts
(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  a Revenues included in Form 990, Part VIII, line 1		relating to these items			
<ul> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>Revenues included in Form 990, Part VIII, line 1</li> </ul>		(i) Revenues included in Form 990, Part VIII, line 1		••	<b>&gt;</b> \$
<ul> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:</li> <li>Revenues included in Form 990, Part VIII, line 1</li> </ul>		(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
a Revenues included in Form 990, Part VIII, line 1	2	If the organization received or held works of art, historical tre	asures, or other similar asse	ets for financial gain	
		the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to the	ese items:	
b Assets included in Form 990, Part X	а	Revenues included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
	b	Assets included in Form 990, Part X	•	•	<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

#### UNITED WAY OF WASHINGTON COUNTY,

Part III    Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3		dule D (Form 990) 2011 MARYLAN		<del> </del>						. Page <b>2</b>
check all that apply :   a	Pai									
a Public exhibition d	3	_	on, and other record	s, check any of th	e following tha	it are a sig	inificant u	se of its	collection	rtems
b Scholarly research c	а	`	d	Loan or ex	change progra	ams				
c			e		<b>5</b> . <b>5</b>					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solic to raise funds rather than to be maintained as part of the organization and collection?  Fear IV Secrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Inne 9, or reported an amount on Form 990, Part X, Inne 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  In Intermediate the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian the arrangement in Part XIV and complete the following table:    Collegian table t	_		_							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?   Yes   No	4	_	ollections and explain	n how they further	the organizati	on's exem	not purpos	se in Par	t XIV.	
to be sold for rase funds cather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If Yes," explain the arrangement in Part XIV and complete the following table:    Comparison of Part X   Par	5	•								
Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, sine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1	_								Yes	☐ No
on Form 990, Part X?  b If "Yes," explain the arrangement in Part XIV and complete the following table:    C	Pai	t IV Escrow and Custodial Arran	gements. Comple			"Yes" to F	orm 990,	Part IV,	line 9, or	
b If "Yes," explain the arrangement in Part XIV and complete the following table:  C Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 b If "Yes," explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance 1b Contributions c Net investment earnings, gains, and losses d Grants or scholarships. c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a Board designated or quasi-endowment \( \bigcite{\text{Part V}} \) Employed (e) segment endowment \( \bigcite{\text{Part V}} \) (i) unrelated organizations (ii) related organizations (iii) related	1a		an or other intermed	liary for contribution	ons or other as	sets not i	ncluded		Ves	No
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217    Finding balance   1 te		•	and complete the fo	llowing table:				<u>.                                    </u>	_ 163	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Dut the organization include an amount on Form 990, Part X, sine 217 b If *Yes, *explain the arrangement in Part XIV.    Part V	U	ii res, explain the arrangement iii at Aiv	and complete the to	mowing table.					Amount	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bi If Yes explain the arrangement in Part XIV.  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three year	_	Reginning halance					10		7 11100111	
Ending balance   Fe   Inding balance   Tending	4		•	•	•					
Description of property    Ending balance   1f		- *	•		•	•				
2a Did the organization include an amount on Form 990, Part X, line 21?    b   f' Yes, * explain the arrangement in Part XIV.     Part V   Endowment Funds. Complete if the organization answered *Yes* to Form 990, Part IV, line 10.   a   Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Thiree years back   (e) Four years back   (d) Thiree years back   (e) Four years back   (d) Thiree years back   (e) Four years back   (	f	_	•	•						
But   Yes, "explain the arrangement in Part XIV.   Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   1a Beginning of year balance   10,880, 10,880, 10,880, 10,880,   10,880,   10,880,   10,880,   10,880,   10,880,   10,880,	) 2a	_	orm 990 Part X line	21?					Yes	No
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e) Four years   (		_								
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years   (e) Four years				swered "Yes" to f	orm 990, Part	IV, line 10	).			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  10,880,	<u> </u>							ars back	(e) Four	years back
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >	1a	Beginning of year balance								
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance log Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	b									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance log Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	c	l l								
e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	d	<u> </u>								
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	e	·						-		
g End of year balance  10,880, 10,880, 10,880, 10,880, 10,880, 20  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶										
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f			<u> </u>	1					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	g	·	10.880.	10.880	). 10	0.880.	1	.0.880.		
b Permanent endowment ▶ 100.00	2	Provide the estimated percentage of the curr		e (line 1g, column	(a)) held as:					
Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		_%						
The percentages in lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  39,884. 5,218. 34,666.  d Equipment  92,658. 89,869. 2,789.  e Other	b	Permanent endowment ► 100.00	%	<del></del>						
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii) x 3a(ii)	С	Temporarily restricted endowment ▶	%							
by: (i) unrelated organizations (ii) related organizations  b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land  b Buildings  c Leasehold improvements  4 Equipment  92,658.89,869.2,789.		The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
(ii) unrelated organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  basis (other)  1a Land b Buildings c Leasehold improvements d Equipment e Other	За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	ered for th	e organiza	ation	_	
(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings c Leasehold improvements d Equipment e Other  (ii) related organizations  3a(ii) X  3b X  (b) Cost or other basis (investment)  (c) Accumulated depreciation  (d) Book value  39,884. 5,218. 34,666.		by:								
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  39, 884.  5, 218.  34, 666.		(i) unrelated organizations								
4 Describe in Part XIV the intended uses of the organization's endowment funds  Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  1a Land b Buildings c Leasehold improvements d Equipment e Other  Other		(ii) related organizations								
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (a) Book value  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (e) Buildings  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Book value	b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	X
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  39,884.  5,218.  34,666.  4 Equipment  92,658.  89,869.  2,789.										
basis (investment)         basis (other)         depreciation           1a Land         5         80         39,884         5,218         34,666         34,666         34,666         34,666         34,666         34,666         34,666         36,789         34,789	Pa		<del></del>		·	<del></del>		<del></del>		
1a Land         b Buildings         c Leasehold improvements       39,884.       5,218.       34,666.         d Equipment       92,658.       89,869.       2,789.         e Other		Description of property			I	,		<b>4</b>	(d) Book	value
b Buildings c Leasehold improvements d Equipment e Other  5 Buildings 39,884. 5,218. 34,666. 92,658. 89,869. 2,789.			pasis (investr	nent) basi	s (otner)	dep	reciation			
c Leasehold improvements       39,884.       5,218.       34,666.         d Equipment       92,658.       89,869.       2,789.         e Other		• • • • • • • •								
d Equipment 92,658. 89,869. 2,789.  e Other					20 004		F 04			
e Other		·								
		• •			92,658.	-	89,86	9.	2	1,789.
				V	10(-)			_	27	1 1 5 5

Schedule D (Form 990) 2011

132053 01-23-12

Schedule D (Form 990) 2011

Cab.	UNITED WAY OF WASHINGTON CO	JUNTY,		E2_0	0691704 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial Stat	tements	3
1	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 an		10		
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Reve	nue per	Return	
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	1 1			
а	Net unrealized gains on investments	2a		_	
b	Donated services and use of facilities	2b		_	
С	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIV.)	2d		4	
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	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
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)	anta With Eva		5	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents with Exp	enses pe		<u>n</u>
1	Total expenses and losses per audited financial statements			1-1-	<del></del>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		$\dashv$ $\mid$	
d	Other (Describe in Part XIV.)	2d		<b>ا</b> ؞ ا	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	•		3	<del></del>
*	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 40			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b		- 1	
	Other (Describe in Part XIV.)  Add lines 4a and 4b	40		40	
5		•		5	
_	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a and 4; F	Part IV, lines	1b and 2	b; Part V, line 4; Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
	RT V, LINE 4: THE ENDOWMENT FUNDS ARE INTE				
MOI	BILIZES OUR COMMUNITY TO PROVIDE OPPORTUNI	TIES, ADD	RESS V	ITAL	ISSUES AND
TW)	PROVE LIVES FOR ALL CITIZENS.				
		<del></del>	<del></del>		<del></del>
<u>PAI</u>	RT X, LINE 2: UWWC IS EXEMPT FROM FEDERAL	INCOME TA	XES UN	DER S	SECTION
<u>50</u> :	(C)(3) OF THE INTERNAL REVENUE CODE. THE	ENTITY CO	MPLY W	ITH A	SC 740-10,
INC	COME TAXES, WHICH ESTABLISH A THRESHOLD FO	R DETERMI	NING W	HEN A	N INCOME
TA	K BENEFIT OF A TAX POSITION CAN BE RECOGNI	ZED. UNDE	R ASC		-10, A TAX

Supplemental Information (continued)
POSITION INCLUDES, AMONG OTHER THINGS, (A) A DECISION NOT TO FILE A TAX
RETURN, (B) AN ALLOCATION OR A SHIFT OF INCOME BETWEEN JURISDICTIONS, (C)
THE CHARACTERIZATION OF INCOME OR A DECISION TO EXCLUDE REPORTING TAXABLE
INCOME IN A TAX RETURN, (D) A DECISION TO CLASSIFY A TRANSACTION, ENTITY,
OR OTHER POSITION IN A TAX RETURN AS TAX EXEMPT, AND (E) AN ENTITYOS
STATUS, INCLUDING ITS STATUS AS A TAX-EXEMPT NOT-FOR-PROFIT ENTITY. BASED
ON ITS INTERPRETATION OF THE REQUIREMENTS OF ASC 740-10, MANAGEMENT
BELIEVES THAT THE ENTITY HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR
EITHER RECOGNITION OR DISCLOSURE. UWWC BELIEVES THEY ARE NO LONGER SUBJECT
TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2009.
·

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# 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.

2011

Open To Public Inspection

Name of the organization

UNITED WAY OF WASHINGTON COUNTY,

Employer identification number

52-0691704

MARYLAN				5 000 D 184	132-0091	
Part I required to complete this pai	<ul> <li>Complete if the organization answrt.</li> </ul>	ered •	Yes" to	o Form 990, Part IV,	line 17. Form 990-Ez	I flers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng act	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations	g 🔲 Special	fundra	aisıng	events		
d In-person solicitations	<b>-</b>		_			
2 a Did the organization have a written	or oral agreement with any individua	l (inclu	dıng o	fficers, directors, tru	stees or	
key employees listed in Form 990, F						□ No
b if "Yes," list the ten highest paid ind	lividuals or entities (fundraisers) purs	uant t	o agre	ements under which	the fundraiser is to	be
compensated at least \$5,000 by the	e organization.					
		Τ		T	() A	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser sustody atrol of attions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		<del> </del>			listed in col. (i)	
		Yes	No	1		
		ļ	ļ			
		ļ. —				
		+				
	-					
		+				
Total						
3 List all states in which the organization	on is registered or licensed to solicit	contril	outions	s or has been notified	d it is exempt from r	egistration
or licensing.	or is registered or incorpora to senior	00111111		or mad been meaned	a it io oxompt iron it	og.or. a
						: <del></del>

132081 01-23-12

Schedule G (Form 990 or 990-EZ) 2011

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

#### UNITED WAY OF WASHINGTON COUNTY,

Sch <b>P</b> a		le G (Form 990 or 990 EZ) 2011 MARYLA  Fundraising Events. Complete if	ND INC. the organization answered	"Yes" to Form 990, Part		-0691704 Page 2 I more than \$15,000
		of fundraising event contributions and	<del></del>			pts greater than \$5,000.
			(a) Event #1 PROGRAMATIC EVENTS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	Go. (c)
Revenue	1	Gross receipts	28,444.			28,444.
	2	Less: Charitable contributions	20,241.			20,241.
	3	Gross income (line 1 minus line 2)	8,203.			8,203.
	4	Cash prizes			<del></del>	
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	···			
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	8,203.			8,203.
	10	Direct expense summary Add lines 4 throu			<b>•</b>	( 8,203)
	11	Net income summary Combine line 3, colui	mn (d), and line 10			0.
Pa	ırt l	Gaming. Complete if the organization	n answered "Yes" to Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, ine 6a.		,		
Revenue	ł		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
~~ ——	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes		-		
ă ă	3					
Dire	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2 throu	gh 5 in column (d)		<b>&gt;</b>	(
	8	Net gaming income summary. Combine line	e 1, column d, and line 7			
_	_					
		ter the state(s) in which the organization ope the organization licensed to operate gaming a		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses Yes,* explain:	•	= -		Yes No
_	_					
1320	82 0	1-23-12			Schedule G (Fo	orm 990 or 990-EZ) 2011

#### UNITED WAY OF WASHINGTON COUNTY,

Schedule G (Form 990 or 990-EZ) 2011 MARYLAND INC.	52-0691704 Page 3
11 Ques 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 form	F
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a %
b An outside facility	13b 96
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 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	e 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 secretarizations of secretarizatio	spent in the
organization's own exempt activities during the tax year   \$\begin{align*} \\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	o, 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 addition	
	_
0.1	adula C /Farm 000 or 000 F7) 0044

Schedule 1 (Form 990) (2011) **≗** Employer identification number 52-0691704 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes SENERAL SUPPORT SENERAL 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 and address of organization (b) EIN (c) IRC section or government assistance or government of a spilicable cash grant or government of a spilicable cash grant or government of a spilicable cash grant or government of a spilicable cash grant or government or gove 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 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 ċ ö 0 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. : 5,406. 18 768 105,862 53,460 104,753 3,559 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table WASHINGTON COUNTY, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table 52-0817684 52-1157651 52-2134660 52-0677793 52-6017446 23-7252343 General Information on Grants and Assistance 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 WASHINGTON COUNTY - 1135 VIRGINIA COUNCIL INC - 101 SUMMIT AVENUE -BALTIMORE STREET - HAGERSTOWN, MD BOYS AND GIRLS CLUB OF WASHINGTON COUNTY - 805 PENNSYLVANIA AVENUE AMERICAN RED CROSS, WASHINGTON CASA - CITIZENS ASSISTING AND AVENUE - HAGERSTOWN, MD 21740 BIG BROTHERS BIG SISTERS OF 1110 PROFESSIONAL COURT - HAGERSTOWN, MD 21740 HAGERSTOWN, MD 21742 CHILDREN IN NEED INC HAGERSTOWN MD 21740 HAGERSTOWN, MD 21740 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part = Part

ON COUNTY,	
WASHINGTON (	
UNITED WAY OF	MARYLAND INC.

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.	e to Governments and Organization	nizations in the Ur	nited 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 or assistance
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	49,159,	0.			GENERAL SUPPORT
FOOD RESOURCES INC 220 MCRAND COURT HAGERSTOWN, MD 21740	52-1653250	501(C)(3)	9,875,	0			GENERAL SUPPORT
SAFE PLACE WASHINGTON COUNTY CHILD ADVOCACY CENTER INC - 24 N WALNUT STREET - HAGERSTOWN, MD 21740	42-1582431	501(C)(3)	12,637,	0			GENERAL SUPPORT
GIRL SCOUTS OF SHAWNEE COUNCIL INC 153 MCMILLIAN COURT MARTINSBURG, WV 25401	52-0608013	501(C)(3)	30,045,	0			GENERAL SUPPORT
GIRLS INCORPORATED OF WASHINGTON COUNTY - 626 WASHINGTON STREET - HAGERSTOWN, MD 21740	23-7052207	501(C)(3)	110,354.	0.			GENERAL SUPPORT
HAGERSTOWN GOODWILL INDUSTRIES INC 14515 PENNSYLVANIA AVENUE HAGERSTOWN, MD 21742	52-0660403	501(C)(3)	45,345,	0			GENERAL SUPPORT
INTERFAITH SERVICE COALITION 116 W HIGH STREET HANCOCK, MD 21750	52-1679419	501(C)(3)	8,620,	0			GENERAL SUPPORT
MASON-DIXON COUNCIL 18600 CRESTWOOD DRIVE HAGERSTOWN, MD 21740	52-0591680	501(C)(3)	57,298.	0			GENERAL SUPPORT
REACH INC 140 W FRANKLIN STREET HAGERSTOWN, MD 21740	52-1696683	501(C)(3)	15,625,	0			GENERAL SUPPORT Schedule I (Form 990)

ON COUNTY,	
WASHINGTON	
WAY OF	ND INC.
UNITED	MARYLAN

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	LINGTON COUNTY,	nizations in the U	nited States (Sche	dule I (Form 990), Pa		52-0691704 Page 1
1	(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
STAR COMMUNITY INC 13757 BROADFORDING CHURCH ROAD HAGERSTOWN, MD 21740	23-2372237	501(C)(3)	2,500.	0			GENERAL SUPPORT
VILLA MARIA, WASHINGTON COUNTY 229 NORTH POTOMAC STREET HAGERSTOWN, MD 21740	52-0591538	501(C)(3)	47,240.	0			GENERAL SUPPORT
W HOUSE OF HAGERSTOWN FOUNDATION INC - 519 N LOCUST STREET - HAGERSTOWN, MD 21740	23-1727212	501(C)(3)	30,628,	0			GENERAL SUPPORT
WALNUT STREET COMMUNITY HEALTH CENTER - 24 N WALNUT STREET - HAGERSTOWN, MD 21740	02-0575163	501(C)(3)	4,807.	0			GENERAL, SUPPORT
WASHINGTON COUNTY COMMISSION ON AGING - 140 W FRANKLIN STREET - HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	66,151.	0			GENERAL SUPPORT
W-WELLS GROUP 124 E BALTIMORE STREET HAGERSTOWN, MD 21470	52-1368952	501(C)(3)	12,750,	0			GENERAL SUPPORT
YOUNG MENS CHRISTIAN ASSOCIATION OF HAGERSTOWN MD - 1100 EASTERN BLVD - HAGERSTOWN, MD 21742	52-0591701	501(C)(3)	46,224.	0			GENERAL_SUPPORT
							Schedule I (Form 990)

UNITED WAY OF WASHINGTON COUNTY, MARYLAND INC.

Schedule I (Form 990) (2011)

Page 2

52-0691704

(f) Description of non-cash assistance, (book, FMV, appraisal, other) 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 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. Part III

31

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

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WASHINGTON COUNTY. UNITED WAY OF MARYLAND INC

**Employer identification number** 52-0691704

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNITED WAY OF WASHINGTON COUNTY MOBILIZES OUR COMMUNITY TO PROVIDE OPPORTUNITIES, ADDRESS VITAL ISSUES AND IMPROVE 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 DIRECTOR.

FORM 990, PART VI, SECTION B, LINE 12C: EACH YEAR UNITED WAY STAFF AND BOARD GO THROUGH AN ETHICS UPDATE/TRAINING AND REVISIT THE EXPECTATIONS OF THE POLICY AND UPDATE THEIR CONFLICT OF INTEREST STATEMENT. IN ALL CASES WHERE A CONFLICT COULD OCCUR, THE STATEMENT IS USED BEFOREHAND TO PREPARE UNITED WAY STAFF AND VOLUNTEERS IN DESIGNING PROCESSES IN A WAY TO MINIMIZE THE RISK OF CONFLICT

FORM 990, PART VI, SECTION B, LINE 15: EVERY TWO YEARS UNITED WAY OF AMERICA DOES A HUMAN CAPITAL SURVEY AND PROVIDES LOCAL UNITED WAYS WITH AN OUTLINE FOR BOTH EXECUTIVE AND SENIOR STAFF COMPENSATION. THIS SALARY AND METRO SIZE REPORT IS BROKEN DOWN BY REGION, POSITION,

FORM 990, PART VI, SECTION C, LINE 19: BEFORE THE END OF THE CALENDAR YEAR DECEMBER, THE PUBLIC WILL BE ABLE TO VIEW THE ORGANIZATION'S FORM 990. 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

PART XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990 EZ) (2011)	Page 2
Name of the organization UNITED WAY OF WASHINGTON COUNTY, MARYLAND INC.	Employer identification number 52-0691704
PRIOR PERIOD ADJUSTMENT	105,159.
TRIOR FERIOD ADDUDIMENT	103,133.
THE ORGANIZATION'S PROCESS OF OBTAINING AUDITED FINANCIAL	STATEMENTS
HAS NOT CHANGED FROM PRIOR YEAR.	
	·
<del></del>	

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2011 ဍ **Employer identification number** Open to Public Inspection × OMB No 1545-0047 Direct controlling Yes 52-0691704 entity 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.) Direct controlling End-of-year assets status (if section **e** Public charity 501(c)(3)) LINE 7 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code Related Organizations and Unrelated Partnerships € section 501(c)(3)▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) MARYLAND WASHINGTON COUNTY, TO SUPPORT AND ASSIST THE UNITED WAY OF WASH CO IN CARRYING OUT ITS MISSION ► Attach to Form 990. Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. UNITED WAY OF MARYLAND INC FRANKLIN STREET, SUITE 203, HAGERSTOWN, MD UNITED WAY FOUNDATION OF WASHINGTO COUNTY MARYLAND, INC. - 23-7116948, 33 WEST Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) PartII Part

UNITED WAY OF WASHINGTON COUNTY,

Schedule R (Form 990) 2011 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

Page 2

52-0691704

Percentage ownership Code V-UBI General or Percentage amount in box Partner?

20 of Schedule Partner?

K-1 (Form 1065) Yes No Schedule R (Form 990) 2011 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.) Share of end-of-year assets Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e (d)
Direct controlling
entity Share of total income Predominant income (related, unrelated, excluded from tax under, sections 512-514) Legal domicite (state or foreign country) Q e 35 Primary activity (d)
| Direct controlling | entity (c)
Legal
domicite
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 132162 01-23-12 Part IV

52-0691704 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

<b>—</b>	2	×	×	×	×	×	<b>.</b>	×	×	×	×	;	4	×	×	×	×	×	×	 ×	×									2011
2	S C C	1a	4	10	1d	1e	:	<b>=</b>	1g	1h	1i		-	¥	=	Ŧ,	1n	 10	5	 19	<b>-1</b>									-orm 990
	Parts II-IV?	:								<u>, , , , , , , , , , , , , , , , , , , </u>	:			:						:		tionships and transaction thresholds.	(d) Method of determining amount involved							Schedule R (Form 990) 2011
	lated organizations listed in l		:								:				•		•			:		is line, including covered rela	(c) Amount involved							
	s with one or more re	:			:									nization(s)	nization(s)	on(s)			:			ho must complete th	(b) Transaction type (a-r)							36
Make Complete line 1 of any another is lected in Dade II III or N of the achievable	Note: Complete line 1 if any entity is listed in Farts II, III, or IV or this schedule.  1 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?	a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<b>b</b> Gift, grant, or capital contribution to related organization(s)	c Gift, grant, or capital contribution from related organization(s)	d Loans or loan guarantees to or for related organization(s)	e Loans or loan guarantees by related organization(s)		f Sale of assets to related organization(s)	g Purchase of assets from related organization(s)	h Exchange of assets with related organization(s)	i Lease of facilities, equipment, or other assets to related organization(s)		<ul> <li>Lease of facilities, equipment, or other assets from related organization(s)</li> </ul>	k Performance of services or membership or fundraising solicitations for related organization(s)	l Performance of services or membership or fundraising solicitations by related organization(s)	m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n Sharing of paid employees with related organization(s)	<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>	p Reimbursement paid by related organization(s) for expenses	q Other transfer of cash or property to related organization(s)	r Other transfer of cash or property from related organization(s)	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.	(a) Name of other organization	(1)	(c)	(3)	(4)	(5)	(9)	132163 01-23-12

52-0691704

Page 4

UNITED WAY OF WASHINGTON COUNTY,

MARYLAND INC.

Schedule R (Form 990) 2011

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.

(e)	(9)	1 5	(d)	9	(6)	3	9	5	8
Name, address, and EIN of entity	ctivity	흜	Predominant income parties sec (related, unrelated, 501(0)(3) overlined from tax	ळ	Share of end-of-year	Dispropor- tionate	Dispropression Code V-UBI General or Percentage tunate amount in box 20 managing ownership affocations? of Schoolin k.1 partner?	General or managing partner?	Percentage ownership
		country)	under section 512-514) Yes	No	assets	Yes No	(Form 1065)	Yes No	
								$\frac{1}{2}$	
						-			
								.         .	
								_	
							!		
					-				
					_				
						_			
							ļ		
							l.		
		-							
			-						_

Schedule R (Form 990) 2011

# UNITED WAY OF WASHINGTON COUNTY, 52-0691704 Page 5 MARYLAND INC. Schedule R (Form 990) 2011 Part VII | Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions) PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS: NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: UNITED WAY FOUNDATION OF WASHINGTO COUNTY, MARYLAND, INC. EIN: 23-7116948 33 WEST FRANKLIN STREET, SUITE 203 HAGERSTOWN, MD 21740

#### Form **8868**

(Rev January 2012)
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

	u are filing for an Automatic 3-Month Extension, complete only Part I and check this box	nua farma)		ightharpoons
	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the			
	complete Part II unless you have already been granted an automatic 3-month extension on a previously			
	onic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time			
	d to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file			
	to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Ti			
Person	al Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details of	n the elec	tronic filing	of this form,
	ww.rs.gov/efile and click on e-file for Chanties & Nonprofits.	الم ما		
Part				
A corpo	pration required to file Form 990-T and requesting an automatic 6-month extension - check this box and c	omplete		. $\Box$
Part I c	·		•	. ▶ 🗀
	er corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request Income tax returns.	an exten	sion of time	
Type o	, 1	Employe	rigentificatio	on number (EIN) or
print	UNITED WAY OF WASHINGTON COUNTY,	[ 40]	F0 0C	01704
File by th	MARYLAND INC.	X	52-06	
due date	for Number, street, and room or suite no. If a PO. box, see instructions.	Social se	curity numb	er (SSN)
filing your return Se				
Instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  HAGERSTOWN, MD 21740			
	A			
Enter ti	he Return code for the return that this application is for (file a separate application for each return)		•	0 1
Applic	ation Return Application			Return
Is For	Code Ns For			Code
Form 9	90 Perio 990-T (corporation)			07
Form 9	90-BL 03 1041-A			08
Form_9	90-EZ 01 Form 4720			09
Form 9	90-PF <b>Q</b> 4 Form 5227			10
Form 9	90-T (sec. 401(a) or 408(a) trust)			11
Form 9	90-T (trust other than above) 06 Form 8870			12
	THE ORGANIZATION			
• The	books are in the care of ▶ 33 WEST FRANKLIN ST, #203 - HAGERSTOWN	1, MD	21742	<u>.</u>
	phone No. ► 301-739-8200 FAX No ►			
	e organization does not have an office or place of business in the United States, check this box			▶ □
• If th	is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	this is fo	r the whole o	group, check this
box 🕨	If it is for part of the group, check this box   and attach a list with the names and EINs of	all memb	ers the exte	nsion is for.
	request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time			
	FEBRUARY 15, 2013, to file the exempt organization return for the organization name		The extense	on
- 19	s for the organization's return for:			
1	▶			
ĺ	X tax year beginning JUL 1, 2011 , and ending JUN 30, 2012			
2 li	f the tax year entered in line 1 is for less than 12 months, check reason: Initial return	inal retur	n	
- ï	Change in accounting period			
	Change in accounting period			
3a li	f this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
	nonrefundable credits. See instructions	3a	\$	0.
_	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
	Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required,	1		
	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.
	n. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo		EO for paym	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.			3868 (Rev. 1-2012)

123841 01-04-12