See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ **Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.**

▶ **Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , and ending 06-30-2014

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

C Name of organization
ROTARY CLUB OF HAGERSTOWN
CHARITABLE FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1110 PROFESSIONAL COURT SUITE 300
NO 300

City or town, state or province, country, and ZIP or foreign postal code
HAGERSTOWN, MD 21740

D Employer identification number
52-1192780

E Telephone number
(301) 739-5300

F Group Exemption Number ▶

G Accounting Method ☑ Cash ☐ Accrual Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one)? ☑ 501(c)(3) ☐ 501(c)( ) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 171,168

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	4,320
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	2,721
	5a	Gross amount from sale of assets other than inventory	5a 15,920		
	b	Less cost or other basis and sales expenses	5b 13,614		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	2,306
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 148,207		
	c	Less direct expenses from gaming and fundraising events	6c 73,107		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	75,100
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	84,447
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	83,244
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	649
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	4,040
	17	**Total expenses.** Add lines 10 through 16 ▶		17	87,933
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-3,486
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	87,680
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	5,328
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	89,522

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	84,780	22	89,522
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,900	24	0
25 **Total assets**	87,680	25	89,522
26 **Total liabilities** (describe in Schedule O)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	87,680	27	89,522

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . ☑

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

What is the organization's primary exempt purpose?
TO PROVIDE FUNDS TO CHARITABLE ORGANIZATIONS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO PROVIDE, THROUGH GRANTS, FUNDS TO LOCAL COMMUNITY CHARITABLE ORGANIZATIONS TO FURTHER THEIR EXEMPT MISSION AND PURPOSE (Grants $ 4,320) If this amount includes foreign grants, check here ▶ ☐	28a	83,244
29 (Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30 (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31 Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 Total program service expenses (add lines 28a through 31a) ▶	32	83,244

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☑

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

41 List the states with which a copy of this return is filed ▶ MD

42a The organization's books are in care of ▶ RANDY A RACHOR CPA CFP Telephone no ▶ (301) 739-5300

Located at ▶ 1110 PROFESSIONAL COURT SUITE 300 HAGERSTOWN, MD ZIP + 4 ▶ 21740

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**42b**		No
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	**42c**		No
	If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	**44a**		No
b	Did the organization operate one or more hospital facilities during the year? *If "Yes," Form 990 must be completed instead of Form 990-EZ*	**44b**		No
c	Did the organization receive any payments for indoor tanning services during the year?	**44c**		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**44d**		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**45a**		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	**45b**		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

			Yes	No
47	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	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☑ Yes ☐ No

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

Sign Here

****** 2015-02-16
Signature of officer Date

DENNIS ROCCO TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RANDY A RACHOR CPA CFP		2015-02-16		P00109189
Firm's name ▶ ALBRIGHT CRUMBACKER MOUL & ITELL CPA'S			Firm's EIN ▶ 52-1130974	
Firm's address ▶ 1110 PROFESSIONAL COURT SUITE 300 HAGERSTOWN, MD 21740			Phone no (301) 739-5300	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ Yes ☐ No

Additional Data

Software ID:
Software Version:
EIN: 52-1192780
Name: ROTARY CLUB OF HAGERSTOWN CHARITABLE FOUNDATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
TRACY A BARLUP PRESIDENT	5 00	0	0	0
E GAYE MCGOVERN VICE PRESIDENT	5 00	0	0	0
RANDY A RACHOR TREASURER	5 00	0	0	0
RUSSELL E TOWNLEY SECRETARY	5 00	0	0	0
CHRIS MOTZ MEMBER AT LARGE	5 00	0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ROTARY CLUB OF HAGERSTOWN
CHARITABLE FOUNDATION INC

Employer identification number
52-1192780

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization'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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	540		2,805	10,068	4,320	17,733
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	103,675	110,441	113,653	127,579	148,207	603,555
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 **Total.** Add lines 1 through 5	104,215	110,441	116,458	137,647	152,527	621,288
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6)						621,288

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	104,215	110,441	116,458	137,647	152,527	621,288
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	551	893	1,758	1,212	2,721	7,135
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	551	893	1,758	1,212	2,721	7,135
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)	104,766	111,334	118,216	138,859	155,248	628,423

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	98 860 %
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	99 110 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	1 140 %
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	0 890 %

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ROTARY CLUB OF HAGERSTOWN
CHARITABLE FOUNDATION INC

Employer identification number
52-1192780

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 BULL ROAST (event type)	(c) Other events 3 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	49,868	66,699	31,640	148,207
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	49,868	66,699	31,640	148,207
Direct Expenses	4 Cash prizes	3,780		6,475	10,255
	5 Noncash prizes				
	6 Rent/facility costs	6,800	3,782		10,582
	7 Food and beverages	3,779	29,791		33,570
	8 Entertainment		400		400
	9 Other direct expenses	2,110	5,190	11,000	18,300
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(73,107)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				75,100

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

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 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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
ROTARY CLUB OF HAGERSTOWN CHARITABLE FOUNDATION INC

Employer identification number
52-1192780

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 134 DESCRIPTION DIVIDENDS AMOUNT 2,587 TOTAL INCLUDED ON FORM 990-EZ, LINE 4 2,721
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MASON-DIXON COUNCIL BOY SCOUTS OF AMERICA GRANTE E ADDRESS 18600 CRESTWOOD DRIVE HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVE N 982
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HAGERSTOWN CHILDREN'S SCHOOL ASSOCIATION GRANTEE ADDRESS 141 S POTOMAC STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME PARENT CHILD CENTER GRANTEE ADDRESS 988 POTOMAC AVENUE HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON COUNTY COMMUNITY MEDIATION GRANTEE AD DRESS 5 PUBLIC SQUARE HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME THE SALVATION ARMY GRANTEE ADDRESS 534 W FRANK LIN STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BROOK LANE HEALTH SERVICES GRANTEE ADDRESS 1321 8 BROOK LANE DRIVE HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 5,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME STAR COMMUNITY INC GRANTEE ADDRESS 13753 BROAD FORDING CHURCH RD HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BOYS & GIRLS CLUB OF WASHINGTON COUNTY GRANTEE A DDRESS 805 PENNSYLVANIA AVENUE HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MARYLAND THEATRE ASSOCIATION GRANTEE ADDRESS 21 S POTOMAC STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,189
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME GIRLS INC OF WASHINGTON COUNTY GRANTEE ADDRESS 626 WASHINGTON AVENUE HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,386
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WELL'S HOUSE GRANTEE ADDRESS 124 E BALTIMORE ST REET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,300
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HAGERSTOWN COMMUNITY COLLEGE FOUNDATION INC GRAN TEE ADDRESS 11400 ROBINWOOD DRIVE HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GI VEN 1,426
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MEMORIAL RECREATION CENTER INC GRANTEE ADDRESS 109 W NORTH AVENUE HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME INTERFAITH SERVICE COALITION GRANTEE ADDRESS 8 W HIGH STREET HANCOCK, MD 21750 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON COUNTY MUSEUM OF FINE ARTS GRANTEE AD DRESS 91 KEY STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,208
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME YOUNG LIFE WASHINGTON COUNTY GRANTEE ADDRESS P O BOX 4606 HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 850
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FORT RITCHIE COMMUNITY CENTER GRANTEE ADDRESS 1 4421 LAKE ROYER DRIVE CASCADE, MD 21719 DATE OF GIFT 06/18/14 AMOUNT GIVEN 620
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ST MARIA GORETTI HIGH SCHOOL GRANTEE ADDRESS 15 35 OAK HILL AVENUE HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HUB OPERA ENSEMBLE LTD GRANTEE ADDRESS 547 N M ULBERRY ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HANCOCK FIRE COMPANY GRANTEE ADDRESS 3 FULTON S TREET HANCOCK, MD 21750 DATE OF GIFT 06/18/14 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CASA, INC GRANTEE ADDRESS 116 W BALTIMORE STR EET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,152
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL GRAN TEE ADDRESS 433 BREWER AVENUE HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CHILDREN'S VILLAGE GRANTEE ADDRESS 1546 MOUNT A ETNA ROAD HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 940
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FLETCHER LIBRARY BRANCH GRANTEE ADDRESS 100 SOU TH POTOMAC STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON COUNTY FAMILY CENTER GRANTEE ADDRESS 920 W WASHINGTON STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,60 0
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME COURT APPOINTED SPEC ADVOCATES OF WC GRANTEE ADD RESS 116 W BALTIMORE STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON CO LEADERSHIP DEVELOPMENT PROGRAM GR ANTEE ADDRESS 11 PUBLIC SQUARE, STE 202 HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMO UNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MARY'S CENTER INC GRANTEE ADDRESS 1200 DUAL HWY HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,256
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME JOHN WELSEY DAY NURSERY GRANTEE ADDRESS 129 N P OTOMAC STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 998
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME ST MARY CATHOLIC SCHOOL GRANTEE ADDRESS 218 W WASHINGTON ST CUMBERLAND, MD 21502 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,540
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MIHI, INC GRANTEE ADDRESS 19026 CHERRY TREE DR HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 998
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME VALOR MINISTRIES GRANTEE ADDRESS 223 N PROSPEC T ST STE 403 HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME SAN MAR CHILDREN'S HOSPITAL GRANTEE ADDRESS 850 4 MAPLEVILLE ROAD HAGERSTOWN, MD 21713 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,008
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME CEDAR RIDGE CHILDRENS HOME GRANTEE ADDRESS 1214 6 CEDAR RIDGE RD WILLIAMSPORT, MD 21795 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,250
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WOMEN'S CLUB FOUNDATION INC GRANTEE ADDRESS 31 S PROSPECT ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,296
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON COUNTY HISTORICAL SOCIETY GRANTEE ADD RESS 135 W WASHINGTON ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,50 0
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON COUNTY COUNCIL OF CHURCHES GRANTEE AD DRESS 34 S POTOMAC ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 986
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME EASTER SEALS ADULT CARE SERVICES GRANTEE ADDRESS 101 EAST BALITMORE STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 80 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME NATIONAL ROAD HERITAGE FOUNDATION GRANTEE ADDRES S PO BOX 174 BOONSBORO, MD 21713 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WASHINGTON COUNTY ARTS COUNCIL GRANTEE ADDRESS 34 S POTOMAC ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BARBARA INGRAM SCHOOL FOR THE ARTS GRANTEE ADDRE SS 7 S POTOMAC STREET HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 919
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME BREAST CANCER AWARENESS GRANTEE ADDRESS 324 E A NTIETAM ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME MARYLAND SYMPHONY ORCHESTRA GRANTEE ADDRESS 30 W WASHINGTON ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,759
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME WESTERN MARYLAND HOSPITAL AUXILIARY GRANTEE ADDR ESS 12500 WILLOWBROOK RD CUMBERLAND, MD 21502 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,16 2
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME DISCOVERY STATION OF HAGERSTOWN INC GRANTEE ADDR ESS 101 W WASHINGTON ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 800
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME COMMUNITY FREE CLINIC GRANTEE ADDRESS 249 MILL ST HAGERSTOWN, MD 21740 DATE OF GIFT 06/18/14 AMOUNT GIVEN 990
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HEAL OF WASHINGTON COUNTY GRANTEE ADDRESS PO BO X 4954 HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 2,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME FRIENDS OF RURAL HERITAGE GRANTEE ADDRESS 7313 SHARPSBURG PIKE BOONSBORO, MD 21713 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HAGERSTOWN COMMUNITY COLLEGE SCHOLARSHIP FUND GR ANTEE ADDRESS 11400 ROBINWOOD DRIVE HAGERSTOWN, MD 21742 DATE OF GIFT 06/18/14 AMOUNT GIVEN 1,282
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANTEE NAME HAGERSTOWN ROTARY GRANTEE ADDRESS PO BOX 45 HAG ERSTOWN, MD 21741 DATE OF GIFT 06/18/14 AMOUNT GIVEN 8,000 TOTAL INCLUDED ON FORM 990 -EZ, LINE 10 83,244
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BANK CHARGES AMOUNT 56 DESCRIPTION LICENSES & FEES AMOUNT 200 DESCRI PTION CREDIT CARD FEES AMOUNT 66 DESCRIPTION EVENT FEES AMOUNT 616 DESCRIPTION LI TERACY EXPENSES AMOUNT 3,102 TOTAL TO FORM 990-EZ, LINE 16 4,040
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION UNREALIZED GAIN/LOSS ON INVESTMENTS AMOUNT 5,328
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 2,900 END OF YEAR AMOUNT 0

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492047007615

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: ROTARY CLUB OF HAGERSTOWN
CHARITABLE FOUNDATION INC

EIN: 52-1192780

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.