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.

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011

B Check if applicable

C Name of organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

D Employer identification number

52-1488711

E Telephone number

301-695-7660

G Gross receipts $ 29,503,185.

H(a) Is this a group return

[ ] Yes [ ] No

for affiliates?

H(b) Are all affiliates included?

[ ] Yes [ ] No

If "No," attach a list (see instructions)

H(c) Group exemption number


I Tax-exempt status: [ ] 501(c)(3) [ ] 501(c)( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.CFFREDCO.ORG

K Form of organization: [ ] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1986 M State of legal domicile: MD

Part I Summary

1 Briefly describe the organization’s mission or most significant activities: A CATALYST TO CREATE POSITIVE & LASTING IMPACT, BY BUILDING & FOSTERING RELATIONSHIPS - FOR GOOD.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 24

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 12

6 Total number of volunteers (estimate if necessary) 108

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

8 Contributions and grants (Part VIII, line 1h) 7,564,058.00 6,939,272.00

9 Program service revenue (Part VIII, line 2g) 0.00 0.00

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,235,112.00 2,507,585.00

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 50,798.00 103,164.00

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,849,968.00 9,550,021.00

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3,248,847.00 2,793,709.00

14 Benefits paid to or for members (Part IX, column (A), line 4) 0.00 0.00

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 526,091.00 589,134.00

16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00 0.00

17 Total fundraising expenses (Part IX, column (A), line 12) 160,473.00

18 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 431,995.00 665,267.00

19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,206,933.00 4,048,110.00

20 Revenue less expenses. Subtract line 19 from line 12 4,643,035.00 5,501,911.00

21 Total assets (Part X, line 16) 49,822,757.00 62,775,654.00

22 Total liabilities (Part X, line 21) 5,382,189.00 6,965,630.00

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.

Signed Here [ ]

[ ] Yes [ ] No

ELIZABETH Y. DAY, PRESIDENT

Date 3/19/2012

Type or print name and title

Date 3/12/12

The preparer of this return is the person or firm that prepared the return.

Preparer's signature

ELIZABETH Y. DAY, PRESIDENT

Preparer's name

ELIN & TUCKER, CHARTERED

Preparer's EIN

100 S CHARLES ST SUITE 1300

Preparer's address

Baltimore, MD 21201

Phone no. 410-727-5735

Form 990 (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC. 52-1488711 Page 2

Part 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:

THE COMMUNITY FOUNDATION SERVES AS A CATALYST TO CREATE POSITIVE AND LASTING IMPACT, BY BUILDING AND FOSTERING RELATIONSHIPS THAT ARE FOR GOOD, FOREVER, FOR FREDERICK COUNTY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☑ 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?

☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses $589,618, including grants of $414,597) (Revenue $ )

THE COMMUNITY FOUNDATION IS ONE OF FREDERICK COUNTY'S LARGEST PROVIDERS OF SCHOLARSHIPS TO INDIVIDUALS PURSUING POST-SECONDARY EDUCATION, WHICH INCLUDES TWO AND FOUR YEAR COLLEGES AND UNIVERSITIES AS WELL AS TRADE SCHOOLS. SCHOLARSHIPS ARE AVAILABLE FOR ALMOST ANY AREA OF STUDY, SOME SPECIFICALLY FOR NON-TRADITIONAL STUDENTS. SCHOLARSHIPS ARE AVAILABLE FOR STUDYING IN A WIDE RANGE OF AREAS, INCLUDING ARTS, ENVIRONMENT, HISTORIC PRESERVATION, ANIMAL WELFARE, YOUTH PROGRAMS, CIVIC CAUSES, ELDER CARE CAUSES, FAITH-BASED PROGRAMS, AND COMMUNITY PROGRAMS.

4b (Code: ) (Expenses $386,563, including grants of $198,823) (Revenue $ )

THE COMMUNITY FOUNDATION PROVIDES DISCRETIONARY GRANTS TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT ARE CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY OR FAITH-BASED IN PURPOSE. THROUGH THE GRANT APPLICATION PROCESS, NONPROFIT ORGANIZATIONS MUST DESCRIBE THE PROGRAM FOR WHICH THEY ARE REQUESTING SUPPORT AND MUST DEMONSTRATE HOW THE GRANT WILL NOT ONLY HELP ACHIEVE THEIR GOALS, BUT HOW THE GRANT WILL POSITIVELY IMPACT THE COMMUNITY. FINAL REPORTS FROM EACH ORGANIZATION ENSURE ACCOUNTABILITY.

4c (Code: ) (Expenses $2,264,479, including grants of $2,180,289) (Revenue $ )

THE COMMUNITY FOUNDATION PROVIDES RESTRICTED GRANTS TO QUALIFIED NONPROFITS, GENERALLY IDENTIFIED AS 501(C)(3) ORGANIZATIONS THAT ARE CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY OR RELIGIOUS IN PURPOSE.

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $ ) (Revenue $ )

4e Total program service expenses ➪ $3,240,660.}

0320202
12-21-10

10070310 132974 01834.000 2010.05070 THE COMMUNITY FOUNDATION OF 01834_01
<table>
<thead>
<tr>
<th>1</th>
<th>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</th>
<th>Yes</th>
<th>No</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>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 &quot;Yes,&quot; complete Schedule C, Part II</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>f</td>
<td>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 &quot;Yes,&quot; complete Schedule D, Part XI</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI, XII, and XIII</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11? If &quot;Yes,&quot; complete Schedule G, Part I</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospitals? If &quot;Yes,&quot; complete Schedule H</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes&quot; to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)</td>
<td>Yes</td>
<td>No</td>
<td>X</td>
</tr>
<tr>
<td>Part IV</td>
<td>Checklist of Required Schedules (continued)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------</td>
<td>------------------------------------------</td>
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<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>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 &quot;Yes,&quot; complete Schedule I, Parts I and III. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If &quot;Yes,&quot; complete Schedule J. □ Yes □ No</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>24a</td>
<td>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 &quot;Yes,&quot; answer lines 24b through 24d and complete Schedule K. If &quot;No&quot;, go to line 25. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24b</td>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c</td>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d</td>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If &quot;Yes,&quot; complete Schedule L, Part I. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25b</td>
<td>Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If &quot;Yes,&quot; complete Schedule L, Part II. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization’s tax year? If &quot;Yes,&quot; complete Schedule L, Part II. □ Yes □ No</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>27</td>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If &quot;Yes,&quot; complete Schedule L, Part III. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>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): □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28a</td>
<td>A current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28b</td>
<td>A family member of a current or former officer, director, trustee, or key employee? If &quot;Yes,&quot; complete Schedule L, Part IV. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28c</td>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If &quot;Yes,&quot; complete Schedule L, Part IV. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Did the organization receive more than $25,000 in non-cash contributions? If &quot;Yes,&quot; complete Schedule M. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If &quot;Yes,&quot; complete Schedule M. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Did the organization liquidate, terminate, or dissolve and cease operations? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If &quot;Yes,&quot; complete Schedule N, Part II. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If &quot;Yes,&quot; complete Schedule R, Part I. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Was the organization related to any tax-exempt or taxable entity? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Is any related organization a controlled entity within the meaning of section 512(b)(13)? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35a</td>
<td>Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>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 &quot;Yes,&quot; complete Schedule R, Part VI. □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? □ Yes □ No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: All Form 990 filers are required to complete Schedule O.
<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4a 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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a 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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7b Did the organization notify the donor of the value of the goods or services provided?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9 Sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Did the organization make any taxable distributions under section 4966?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13a Is the organization licensed to issue qualified health plans in more than one state?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note. See the instructions for additional information the organization must report on Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13c Enter the amount of reserves on hand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>14b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
   1a

b Enter the number of voting members included in line 1a, above, who are independent
   1b

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
   2

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?
   3

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
   4

5 Did the organization become aware during the year of a significant diversion of the organization's assets?
   5

6 Does the organization have members or stockholders?
   6

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?
   7a

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?
   7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
   a The governing body?
   8a

b Each committee with authority to act on behalf of the governing body?
   8b

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

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches or affiliates?
   10a

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, branches, and their officers to ensure that they are consistent with those of the organization?
   10b

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?
   11a

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.
   11b

12a Does the organization have a written conflict of interest policy? If "No," go to line 13
   12a

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
   12b

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.
   12c

13 Does the organization have a written whistleblower policy?
   13

14 Does the organization have a written document retention and destruction policy?
   14

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
   a The organization's CEO, Executive Director, or top management official.
   15a

b Other officers or key employees of the organization.
   15b

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

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?
   16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed.

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make 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 makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

   GAIL FITZGERALD - 301-695-7660
   312 EAST CHURCH STREET, FREDERICK, MD 21701

Form 990 (2010)
### Part VII: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- 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 employee."
- 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) 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>KATHLEEN M. DAVIS</td>
<td>1.00 X X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIRMAN OF THE BOARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANDREW CARPEL</td>
<td>1.00 X X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAST CHAIRMAN OF THE BOARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DOUGLAS W. SELBY</td>
<td>1.00 X X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>META NASH</td>
<td>1.00 X X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>FIRST VICE CHAIRMAN</td>
<td>1.00 X X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JANET MCCURDY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECOND VICE CHAIRMAN</td>
<td>1.00 X X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN E. TRITT</td>
<td>2.00 X X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CATHARINE FAIRLEY</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HUMBERTO BENITEZ</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>JOHN QUINN</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOHN R. RATNAVALE</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KARLYS KLINE</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBERT BRODRUP</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRENDA MAIN</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOY ONLEY</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LISA COBLENTZ</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAVID HOFFMAN</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. RAY RAMSBURG, III</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and title</td>
<td>Average hours per week</td>
<td>Position (check all that apply)</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
<td></td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------------------------</td>
<td>---------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Shirely Shores</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Dennis E. Black</td>
<td>2.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
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</tr>
<tr>
<td>Cynthia S. Palmer</td>
<td>2.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>James R. Shogmaker</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Joanne R. Mccoy</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>William Blakeslee</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Cornelius R. Pay, III</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Y. Day</td>
<td>50.00 X</td>
<td></td>
<td>100,387.</td>
<td>21,857.</td>
<td></td>
</tr>
<tr>
<td>Gail M. Fitzgerald</td>
<td>50.00 X</td>
<td></td>
<td>75,452.</td>
<td>21,332.</td>
<td></td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td></td>
<td></td>
<td>175,839.</td>
<td>43,189.</td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total 175,839. 0. 43,189.

c Total from continuation sheets to Part VII, Section A 0. 0. 0.
d Total (add lines 1b and 1c) 175,839. 0. 43,189.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization 1.

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Yes No 3 X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual Yes No 4 X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Yes No 5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>M&amp;T Investment Group</td>
<td>Investment Manager</td>
<td>139,423</td>
</tr>
<tr>
<td>P.O. Box 1377, Buffalo, NY 14203</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization 1.
### Part VIII   Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c 1,645</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 200,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 6,737,627</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f</td>
<td>1g 233,971</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>6,939,272</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
</tr>
</tbody>
</table>

| 3 Investment income (including dividends, interest, and other similar amounts) | 1,316,439 | 1316439 |

| 4 Income from investment of tax-exempt bond proceeds |               |

| 5 Royalties |               |

<table>
<thead>
<tr>
<th>6 a Gross Rents</th>
<th>(i) Real (ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: rental expenses</td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7 a Gross amount from sales of assets other than inventory</th>
<th>21107967</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td>19916821</td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td>1191146</td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td>1,191,146</td>
<td>1191146</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8 a Gross income from fundraising events (not including $1,645 of contributions reported on line 1c). See Part IV, line 18</th>
<th>139,507</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: direct expenses</td>
<td>36,343</td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td>103,164</td>
<td>103,164</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9 a Gross income from gaming activities. See Part IV, line 19</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: direct expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10 a Gross sales of inventory, less returns and allowances</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b Less: cost of goods sold</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
</tr>
</tbody>
</table>

<p>| 12 Total revenue. See instructions. | 9,550,021 | 0 | 0 | 2610749 |</p>
<table>
<thead>
<tr>
<th>Part IX</th>
<th>Statement of Functional Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</strong></td>
<td><strong>(A) Total expenses</strong></td>
</tr>
<tr>
<td>1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21</td>
<td>2,379,112</td>
</tr>
<tr>
<td>2 Grants and other assistance to individuals in the U.S. See Part IV, line 22</td>
<td>414,597</td>
</tr>
<tr>
<td>3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16</td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>216,465</td>
</tr>
<tr>
<td>6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>305,651</td>
</tr>
<tr>
<td>8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td>4,001</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>26,405</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>36,612</td>
</tr>
<tr>
<td>11 Fees for services (non-employees):</td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>6,400</td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>264,785</td>
</tr>
<tr>
<td>g Other</td>
<td>109,176</td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td>4,080</td>
</tr>
<tr>
<td>13 Office expenses</td>
<td>37,627</td>
</tr>
<tr>
<td>14 Information technology</td>
<td>37,876</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>55,285</td>
</tr>
<tr>
<td>17 Travel</td>
<td>1,032</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>61,114</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>8,545</td>
</tr>
<tr>
<td>24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)</td>
<td></td>
</tr>
<tr>
<td>a EVENTS</td>
<td>33,562</td>
</tr>
<tr>
<td>b NEWSLETTER</td>
<td>13,338</td>
</tr>
<tr>
<td>c ANNUAL REPORT</td>
<td>12,991</td>
</tr>
<tr>
<td>d DUES &amp; SUBSCRIPTIONS</td>
<td>12,609</td>
</tr>
<tr>
<td>e OTHER</td>
<td>6,847</td>
</tr>
<tr>
<td>f All other expenses</td>
<td></td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24f</td>
<td>4,048,110</td>
</tr>
<tr>
<td>26 Joint costs. Check here □ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
</tr>
</tbody>
</table>

---

Form 990 (2010)
# Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash - non-interest-bearing</td>
<td>3,145,916</td>
<td>274,117</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td>174,698</td>
<td>152,971</td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instructions)</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td>12,279</td>
<td>15,355</td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>361,262</td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>244,612</td>
<td>143,247</td>
</tr>
<tr>
<td>11 Investments - publicly traded securities</td>
<td>16,993,164</td>
<td>59,903,422</td>
</tr>
<tr>
<td>12 Investments - other securities. See Part IV, line 11</td>
<td>27,744,520</td>
<td></td>
</tr>
<tr>
<td>13 Investments - program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td>1,608,933</td>
<td>2,313,139</td>
</tr>
<tr>
<td>16 Total assets, Add lines 1 through 15 (must equal line 34)</td>
<td>49,822,757</td>
<td>62,775,654</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>77,056</td>
<td>131,068</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>25 Other liabilities. Complete Part X of Schedule D</td>
<td>5,305,133</td>
<td>6,834,562</td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td>5,382,189</td>
<td>6,965,630</td>
</tr>
</tbody>
</table>

| Organizations that follow SFAS 117, check here □ and complete lines 27 through 29, and lines 33 and 34. | | |
| 27 Unrestricted net assets | 35,453,870 | 40,557,391 |
| 28 Temporarily restricted net assets | 4,018,686 | 5,854,248 |
| 29 Permanently restricted net assets | 4,968,012 | 9,398,385 |

| Organizations that do not follow SFAS 117, check here □ and complete lines 30 through 34. | | |
| 30 Capital stock or trust principal, or current funds | | 30 |
| 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 |
| 32 Retained earnings, endowment, accumulated income, or other funds | | 32 |
| 33 Total net assets or fund balances | 44,440,568 | 55,810,024 |
| 34 Total liabilities and net assets/fund balances | 49,822,757 | 62,775,654 |

Form 990 (2010)
## Part XI Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>9,550,021</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>4,048,110</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>5,501,911</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>44,440,568</td>
</tr>
<tr>
<td>5</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>5,867,545</td>
</tr>
<tr>
<td>6</td>
<td>Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
<td>55,810,024</td>
</tr>
</tbody>
</table>

## Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>Accrual</td>
<td>Other</td>
</tr>
<tr>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separate basis</td>
<td>Consolidated basis</td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>3a</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</td>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>
Schedule A
(For Form 990 or 990-EZ)

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.

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)(iii). (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  [X] 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)(iv). (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 - Other

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

If (i) A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii) below, the governing body of the supported organization?

11g(i) Yes  No

(ii) A family member of a person described in (i) above?

11g(ii) Yes  No

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

11g(iii) Yes  No

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.?

Yes  No  Yes  No  Yes  No

Total

LHA  For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2010 Form 990 or 990-EZ.

032021 12-21-10

10070310 132974 01834.000 2010.05070 THE COMMUNITY FOUNDATION OF 01834_01 13
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>6094900.</td>
<td>5974573.</td>
<td>7190336.</td>
<td>7564058.</td>
<td>6939272.</td>
<td>33763139.</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>6094900.</td>
<td>5974573.</td>
<td>7190336.</td>
<td>7564058.</td>
<td>6939272.</td>
<td>33763139.</td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>6094900.</td>
<td>5974573.</td>
<td>7190336.</td>
<td>7564058.</td>
<td>6939272.</td>
<td>33763139.</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>972,177.</td>
<td>2905128.</td>
<td>1341034.</td>
<td>960,644.</td>
<td>1316439.</td>
<td>7495422.</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>41258561.</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))</td>
<td>61.10 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2009 Schedule A, Part II, line 14</td>
<td>61.72 %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 16a 33 1/3% support test - 2010
- 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.  

#### 16b 33 1/3% support test - 2009
- 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 - 2010
- If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

#### 17b 10% -facts-and-circumstances test - 2009
- 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.

Schedule A (Form 990 or 990-EZ) 2010

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Schedule A (Form 990 or 990-EZ) 2010 for THE COMMUNITY FOUNDATION OF 01834_01
## 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>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</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>7b 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</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>8 Public support (expressed in terms of lines 6)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>13 Total support (Add lines 6, 10a, 11, and 12)</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2006</th>
<th>(b) 2007</th>
<th>(c) 2008</th>
<th>(d) 2009</th>
<th>(e) 2010</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>19b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
<tr>
<td>20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
<td>..........</td>
</tr>
</tbody>
</table>
SCHEDULE D
(Form 990)
Department of the Treasury
Internal Revenue Service

The Community Foundation of Frederick
COUNTY MARYLAND, INC.

Employer identification number
52-1488711

Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Total number at end of year</td>
<td>145</td>
<td>480</td>
</tr>
<tr>
<td>2 Aggregate contributions to (during year)</td>
<td>1,555,041.</td>
<td>5,029,214.</td>
</tr>
<tr>
<td>3 Aggregate grants from (during year)</td>
<td>1,281,269.</td>
<td>1,746,136.</td>
</tr>
<tr>
<td>4 Aggregate value at end of year</td>
<td>7,980,344.</td>
<td>49,683,154.</td>
</tr>
</tbody>
</table>

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?  □ Yes  □ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  □ Yes  □ No

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
□ Protection 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.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
</tr>
</tbody>
</table>

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?  □ Yes  □ No

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) and section 170(h)(4)(B)(ii)?  □ Yes  □ No

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.

1b 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  ▶ $ ▶

   b Assets included in Form 990, Part X  ▶ $ ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2010

LHA  10070310  132974  01834.000  2010.05070  THE COMMUNITY FOUNDATION OF 01834_01
THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC. 52-1488711 Page 2

Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3  Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  ✓ Public exhibition                      d  ✓ Loan or exchange programs
   b  ✓ Scholarly research                     e  ✓ Other
   c  ✓ Preservation for future generations

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 sold to raise funds rather than to be maintained as part of the organization's collection?
   □ No  □ Yes

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, 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?  □ No  □ Yes

b  If "Yes," explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c Beginning balance</td>
<td></td>
</tr>
<tr>
<td>1d Additions during the year</td>
<td></td>
</tr>
<tr>
<td>1e Distributions during the year</td>
<td></td>
</tr>
<tr>
<td>1f Ending balance</td>
<td></td>
</tr>
</tbody>
</table>

2a  Did the organization include an amount on Form 990, Part X, line 21?  □ No  □ Yes

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.


b  Contributions  □  4,363,661,  3,076,541,  37,362.

c  Net investment earnings, gains, and losses  □  940,844,  178,964,  -205,735.

d  Grants or scholarships  □  22,003,  23,245,  72,643.

e  Other expenditures for facilities and programs  □

f  Administrative expenses  □

g  End of year balance  □  10,621,709,  5,339,207,  2,106,947.

2  Provide the estimated percentage of the year end balance held as:

   a  Board designated or quasi-endowment  □
       □  88.50%

   b  Permanent endowment  □  88.50%
       □

   c  Term endowment  □  11.50%
       □

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  □

3b  If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  □ No  □ Yes

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.

<table>
<thead>
<tr>
<th>Description of investment</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Leasehold improvements</td>
<td>217,526.</td>
<td>151,419.</td>
<td>66,107.</td>
<td></td>
</tr>
<tr>
<td>1d Equipment</td>
<td>143,736.</td>
<td>93,193.</td>
<td>50,543.</td>
<td></td>
</tr>
<tr>
<td>1e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  □  116,650.

Schedule D (Form 990) 2010
### Part VII: Investments - Other Securities

<table>
<thead>
<tr>
<th>Description of security or category</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
<td></td>
<td></td>
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<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
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<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)**

### Part VIII: Investments - Program Related

<table>
<thead>
<tr>
<th>Description of investment type</th>
<th>Book value</th>
<th>Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
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<td>(4)</td>
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<td>(8)</td>
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<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)**

### Part IX: Other Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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<tr>
<td>(2)</td>
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<tr>
<td>(3)</td>
<td></td>
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<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)**

### Part X: Other Liabilities

1. **Description of liability**
   - (1) Federal income taxes
   - (2) LIABILITIES UNDER SPLIT-INTEREST
   - (3) AGREEMENTS: 1,233,589.
   - (4) FUNDS HELD FOR OTHERS (FAS 136): 5,600,973.

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,233,589.</td>
</tr>
<tr>
<td>5,600,973.</td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)** 6,834,562.

**FIN 48 (ASC 740):** Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).
### Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td>$9,550,021</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td>$4,048,110</td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year. Subtract line 2 from line 1</td>
<td>$5,501,911</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td>$7,045,793</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td>$1,178,248</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net). Add lines 4 through 8</td>
<td>$5,867,545</td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9</td>
<td>$11,369,456</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>$15,167,048</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>$7,045,793</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>$15,375</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>$445,593</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>$7,506,761</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>$7,660,287</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>$1,889,734</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>$1,889,734</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)</td>
<td>$9,550,021</td>
</tr>
</tbody>
</table>

### Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>$3,799,083</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>$15,375</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>$49,737</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2c</td>
<td>$65,112</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>$3,733,971</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>$314,139</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>$314,139</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)</td>
<td>$4,048,110</td>
</tr>
</tbody>
</table>

### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE FOUNDATION HAS A TRUSTEE-APPROVED ENDOWMENT**

**SPENDING POLICY THAT TARGETS EITHER NET INCOME OR 5% OF ITS ENDOWMENT**

**FUND'S FAIR MARKET VALUE AS OF JUNE 30 OF THE PREVIOUS FISCAL YEAR FOR ALL FUNDS.**

---

**PART X, LINE 2: THE FOUNDATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS.**
WHICH INCLUDE MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS 382,612.

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 14,735.

FUNDS HELD FOR OTHERS -1,575,595.

TOTAL TO SCHEDULE D, PART XI, LINE 8 -1,178,248.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CSV 14,735.

RELATED ORGANIZATION INCOME AND UNREALIZED LOSS 11,903.

CHANGE IN PV OF FUTURE INTEREST 382,612.

FUNDRAISING EVENTS 36,343.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 445,593.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHERS 1,889,734.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES 13,394.

FUNDRAISING EVENTS 36,343.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 49,737.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:
Funds Held for Others

314,139.
**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.

### 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

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

3. 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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.

---

LHA  Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2010

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032082 01-13-11

10070310 132974 01834.000 2010.05070 THE COMMUNITY FOUNDATION OF 01834_01
**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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>GOLF TOURNAMENT</th>
<th>(a) Event #1</th>
<th>GOLF TOURNAMENT</th>
<th>(b) Event #2</th>
<th>(c) Other events</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>30,720</td>
<td>22,353</td>
<td>88,079</td>
<td>141,152</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Less: Charitable contributions</td>
<td>980</td>
<td>665</td>
<td></td>
<td>1,645</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>29,740</td>
<td>21,688</td>
<td>88,079</td>
<td>139,507</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Expenses**

| Expenses | |
|----------|-----------------|--------------|--------------|--------------|
| 4 Cash prizes | 2,544 | 2,544 |
| 5 Noncash prizes | 18,852 | 10,914 | 29,766 |
| 6 Rent/facility costs | |
| 7 Food and beverages | |
| 8 Entertainment | 2,097 | 1,937 | 4,034 |
| 9 Other direct expenses | |

**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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6 Volunteer labor

7 Direct expense summary. Add lines 2 through 5 in column (d) |

8 Net gaming income summary. Combine line 1, column (d), and line 7 |

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

<table>
<thead>
<tr>
<th>a Is the organization licensed to operate gaming activities in each of these states?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

b If "Yes," explain:
THE COMMUNITY FOUNDATION OF FREDERICK

Schedule G (Form 990 or 990-EZ) 2010 COUNTY MARYLAND, INC. 52-1488711 Page 3

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

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

13 Indicate the percentage of gaming activity operated in:
   a The organization's facility Yes % ☐ No ☐
   b An outside facility Yes % ☐ No ☐

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 ☐
   If "Yes," enter the amount of gaming revenue received by the organization $ ____________ and the amount of gaming revenue retained by the third party $ ____________.
   If "Yes," enter name and address of the third party:

Name ▶
Address ▶

16 Gaming manager information:

Name ▶
Gaming manager compensation $ ____________
Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes ☐ No ☐
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $ ____________

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (a) 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).
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.</td>
<td>52-1488711</td>
</tr>
</tbody>
</table>

### Part I: General Information on Grants and Assistance

1. 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 criteria used to award the grants or assistance? Yes [x] No [ ]

2. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

### Part II: Grants and Other Assistance to Governments and Organizations in the United States

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>EIN</th>
<th>IRC section if applicable</th>
<th>Amount of cash grant</th>
<th>Amount of non-cash assistance</th>
<th>Method of valuation (book, FMV, appraisal, other)</th>
<th>Description of non-cash assistance</th>
<th>Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADVENTIST HEALTH CARE, INC.</td>
<td>52-1532556</td>
<td>501(C)(3)</td>
<td>25,778</td>
<td></td>
<td></td>
<td>SHADY GROVE HOSPITAL</td>
<td></td>
</tr>
<tr>
<td>1801 RESEARCH BLVD #400</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROCKVILLE, MD 20850</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADVOCATES FOR HOMELESS FAMILIES, INC. - 216 ABRECHT PLACE -</td>
<td>52-1591139</td>
<td>501(C)(3)</td>
<td>9,885</td>
<td></td>
<td></td>
<td>TRANSITIONAL HOUSING PROGRAM FOR PARENT</td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21701</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NORTHERS WITH CHILDREN, AFTER-SCHOOL ACTIVITIES</td>
<td></td>
</tr>
<tr>
<td>ALL SAINTS EPISCOPAL CHURCH</td>
<td></td>
<td>501(C)(3)</td>
<td></td>
<td></td>
<td></td>
<td>2011 CAPITAL CAMPAIGN AND MAINTENANCE AND RESTORATION, UNRESTRICTED</td>
<td></td>
</tr>
<tr>
<td>108 WEST CHURCH STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UNRESTRICTED FOR LOCAL SERVICES, FINANCIAL SUPPORT FOR ACTIVITIES, TO SUPPORT</td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21701</td>
<td>52-0610441</td>
<td></td>
<td>41,163</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARC OF FREDERICK COUNTY, INC.</td>
<td></td>
<td>501(C)(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>620-A RESEARCH DRIVE</td>
<td>52-6055211</td>
<td></td>
<td>66,804</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21703</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOYS &amp; GIRLS CLUB OF FREDERICK COUNTY, INC. - 413 BURCK STREET -</td>
<td>26-3428855</td>
<td>501(C)(3)</td>
<td></td>
<td></td>
<td></td>
<td>IV, TV MOUNTS AND WII BUNDLES, PROJECT LEARN</td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21701</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAKES FOR CAUSE</td>
<td>77-0712653</td>
<td>501(C)(3)</td>
<td></td>
<td></td>
<td></td>
<td>APPRENTICESHIP PROGRAM FOR FEMALE APPRENTICES, GENERAL OPERATING EXPENSES</td>
<td></td>
</tr>
<tr>
<td>21 EAST 5TH STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21701</td>
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<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations: 66

3. Enter total number of other organizations: 4
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALVARY UNITED METHODIST CHURCH 133 WEST 2ND STREET FREDERICK, MD 21701</td>
<td>52-0685068 501(C)(3)</td>
<td>5,560</td>
<td>0</td>
<td></td>
<td>ASBESTOS ABATEMENT IN THE EDUCATION BUILDING</td>
<td></td>
<td>UNRESTRICTED</td>
</tr>
<tr>
<td>CHURCH OF THE TRANSFIGURATION 6909 MARYLAND AVENUE, P.O. BOX 87 BRADDOCK HEIGHTS, MD 21714</td>
<td>52-1549171 501(C)(3)</td>
<td>180,735</td>
<td>0</td>
<td></td>
<td></td>
<td>FINANCIAL SUPPORT</td>
<td></td>
</tr>
<tr>
<td>COVENANT PRESBYTERIAN CHURCH 6926 TRAIL BOULEVARD NAPLES, FL 34108</td>
<td>52-1098689 501(C)(3)</td>
<td>20,000</td>
<td>0</td>
<td></td>
<td></td>
<td>UNRESTRICTED</td>
<td></td>
</tr>
<tr>
<td>DELAPLAINE VISUAL ARTS EDUCATION CENTER - 40 SOUTH CARROLL STREET - FREDERICK, MD 21701</td>
<td>52-1481592 501(C)(3)</td>
<td>25,097</td>
<td>0</td>
<td></td>
<td>UNRESTRICTED, ARTS START CLASS FOR FREDERICK COUNTY, ART CLASSES FOR CHILDREN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EVANGELICAL LUTHERAN CHURCH 35 EAST CHURCH STREET FREDERICK, MD 21701</td>
<td>52-0627772 501(C)(3)</td>
<td>18,731</td>
<td>0</td>
<td></td>
<td></td>
<td>UNRESTRICTED</td>
<td></td>
</tr>
<tr>
<td>FAMILY PLUS, INC. 35 EAST CHURCH STREET FREDERICK, MD 21701</td>
<td>52-1389967 501(C)(3)</td>
<td>7,700</td>
<td>0</td>
<td></td>
<td>SPONSORSHIP FOR PARENTING PROGRAMS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FIRST BAPTIST CHURCH OF SILVER SPRING MARYLAND - 8415 FENTON STREET - SILVER SPRING, MD 20910</td>
<td>52-0607986 501(C)(3)</td>
<td>7,100</td>
<td>0</td>
<td></td>
<td>GENERAL FUND, BAPTIST CONVENTION, INTERNATIONAL MISSIONS, ONE GREAT HOUR OF SHARING, THE SENIOR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK COUNTY BOARD OF COUNTY COMMISSIONERS - 12 EAST CHURCH STREET - FREDERICK, MD 21701</td>
<td>52-6000943 501(C)(3)</td>
<td>248,672</td>
<td>0</td>
<td></td>
<td>BUILDING FUNDS FOR CITIZENS CARE AND REHABILITATION CENTER AND MONTEVUE HOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK COUNTY AGRICULTURAL SOCIETY, INC. - P.O. BOX 604 - FREDERICK, MD 21705</td>
<td>52-0915839 501(C)(5)</td>
<td>44,000</td>
<td>0</td>
<td></td>
<td>CAPITAL IMPROVEMENTS TO THE DOMESTIC ARTS BLDG.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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<td>--------------------------------------------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>FREDERICK COUNTY HEALTH CARE COALITION - 350 MONTEVUE LANE - FREDERICK, MD 21702</td>
<td>27-0492113</td>
<td>501(c)(3)</td>
<td>69,417</td>
<td>0</td>
<td>HEALTH CARE COORDINATION, MEDICATIONS AND DIAGNOSTIC/LABORATORY TEST</td>
<td>FINANCIAL SUPPORT, HISTORIC PRESERVATION, PRESERVATION OF FREDERICK COUNTY RESIDENCES</td>
<td>MAINTAIN AND EXPAND HOLDINGS OF MD ROOM, HISTORIC RESEARCH, MATERIALS FOR C. BURR</td>
</tr>
<tr>
<td>FREDERICK COUNTY LANDMARKS 1110 ROSEMONT AVENUE FREDERICK, MD 21701</td>
<td>23-7241926</td>
<td>501(c)(3)</td>
<td>9,049</td>
<td>0</td>
<td></td>
<td></td>
<td>ACQUISITION OF BOOKS, MUSIC EQUIPMENT AND MATERIALS, GIFTS FOR EDUCATION GRANTS, ANNUAL</td>
</tr>
<tr>
<td>FREDERICK COUNTY PUBLIC LIBRARIES 110 EAST PATRICK STREET FREDERICK, MD 21701</td>
<td>52-2173683</td>
<td>501(c)(3)</td>
<td>12,621</td>
<td>0</td>
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<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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<td>(e) Amount of non-cash assistance</td>
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<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
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Schedule I (Form 990)
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<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
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<td>SERVICE COORDINATION, INC.</td>
<td>52-1651219</td>
<td>501(C)(3)</td>
<td>9,295, 0</td>
<td></td>
<td></td>
<td>RIPTON CHAIR AN ACCESSORIES, PATIENT LIFT CHAIR, WHEELCHAIR TYPE STROLLER</td>
<td></td>
</tr>
<tr>
<td>FRIENDS FOR NEIGHBORHOOD PROGRESS, INC. - 100 SOUTH MARKET STREET - FREDERICK, MD 21701</td>
<td>52-1036628</td>
<td>501(C)(3)</td>
<td>6,164, 0</td>
<td></td>
<td></td>
<td>PRESCRIPTION MEDICATIONS</td>
<td></td>
</tr>
<tr>
<td>MONTGOMERY COUNTY PUBLIC SCHOOLS 8501 HUNGERFORD DRIVE, #149 ROCKVILLE, MD 20850</td>
<td>52-1804509</td>
<td>501(C)(3)</td>
<td>51,557, 0</td>
<td></td>
<td></td>
<td>SCHOLARSHIPS</td>
<td></td>
</tr>
<tr>
<td>EMITTSBURG OSTEOPATHIC PRIMARY CARE CENTER, INC. - P.O. BOX 1219 - EMITTSBURG, MD 21727</td>
<td>52-2179848</td>
<td>501(C)(3)</td>
<td>5,769, 0</td>
<td></td>
<td></td>
<td>ASSESS PEAK FLOW METERS</td>
<td></td>
</tr>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
<td>(c) IRC section if applicable</td>
<td>(d) Amount of cash grant</td>
<td>(e) Amount of non-cash assistance</td>
<td>(f) Method of valuation (book, FMV, appraisal, other)</td>
<td>(g) Description of non-cash assistance</td>
<td>(h) Purpose of grant or assistance</td>
</tr>
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<td>------------------------------------------------</td>
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</tr>
<tr>
<td>WEINBERG CENTER FOR THE ARTS</td>
<td>52-1900511</td>
<td>501(C)(3)</td>
<td>12,050</td>
<td>0</td>
<td>REPAIR AND RENOVATION OF WURLITZER PIANO, HIGH SCHOOL JAZZ, CHAMBER EVENT, FREE TICKETS TO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOLARSHIPS</td>
<td>298</td>
<td>414,597.00</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2:** THE STAFF CHECKS TO ENSURE THAT GRANTEE IS A QUALIFYING ORGANIZATION, AND REQUESTS END OF GRANT PERIOD REPORT WHICH DETAILS THE USE OF THE FUNDS AND OUTCOME MEASURES AND RESULTS. COVER LETTER THAT IS SENT WITH GRANT CHECK STATES THAT GRANTEE SIGNIFIES IT AGREES TO TERMS OF GRANT BY DEPOSITING THE GRANT CHECK.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT:** ADVOCATES FOR HOMELESS FAMILIES, INC.

**(H) PURPOSE OF GRANT OR ASSISTANCE:** TRANSITIONAL HOUSING PROGRAM FOR
PARENT MOTHERS WITH CHILDREN, AFTER-SCHOOL ACTIVITIES FEES AND RELATED EXPENSES FOR HOMELESS CHILDREN, UNRESTRICTED GIFTS

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS EPISCOPAL CHURCH
(H) PURPOSE OF GRANT OR ASSISTANCE: 2011 CAPITAL CAMPAIGN AND 2011 GENERAL FUND, MAINTENANCE AND RESTORATION, UNRESTRICTED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: ARC OF FREDERICK COUNTY, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, RESTRICTED FOR LOCAL SERVICES, FINANCIAL SUPPORT FOR ACTIVITIES, TO SUPPORT THE BELIEVER'S CLUB OF FREDERICK COUNTY, PHYSICAL THERAPY ASSISTANCE FOR THE YOUTH

NAME OF ORGANIZATION OR GOVERNMENT: FIRST BAPTIST CHURCH OF SILVER SPRING MARYLAND
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL FUND, BAPTIST CONVENTION, INTERNATIONAL MISSIONS, ONE GREAT HOUR OF SHARING, THE SENIOR CONNECTION, DISASTER RELIEF, BAPTIST HOME FOR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC LIBRARIES
(H) PURPOSE OF GRANT OR ASSISTANCE: MAINTAIN AND EXPAND HOLDINGS OF MD ROOM, HISTORIC RESEARCH, MATERIALS FOR C. BURR ARTZ LIBRARY, ACQUISITIONS AND MAINTENANCE OF BOOKS AND MATERIALS

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC SCHOOLS
(H) PURPOSE OF GRANT OR ASSISTANCE: ACQUISITION OF BOOKS, MUSIC EQUIPMENT AND MATERIALS, GIFTS FOR EDUCATION GRANTS, ANNUAL DISBURSEMENT

NAME OF ORGANIZATION OR GOVERNMENT: MISSION OF MERCY
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, REPAIR COST FOR
MOBILE MEDICAL VANS, GOLF TOURNAMENT SPONSORSHIP, PRENATAL CARE PROGRAM
AND PURCHASE OF M7 SPEEDCLAVE AUTOCLAVE

NAME OF ORGANIZATION OR GOVERNMENT:
HOUSING AUTHORITY OF THE CITY OF FREDERICK - PROJECT ALIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUMMERSAFE CAMPERSHIPS SUBSIDY,
PURCHASE OF PORTABLE SOUND SYSTEM, CHILDCARE, TRANSPORTATION AND TUITION
ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT:
RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, DENTAL CARE, HOMELESS
CENTER, EVICTION PREVENTION FOR WOMEN AND THEIR FAMILIES, FOOD BANK, COLD
WEATHER SHELTER, EMERGENCY SHELTER OPERATION

NAME OF ORGANIZATION OR GOVERNMENT: WEINBERG CENTER FOR THE ARTS
(H) PURPOSE OF GRANT OR ASSISTANCE: REPAIR AND RENOVATION OF WURLITZER
PIANO, HIGH SCHOOL JAZZ, CHAMBER EVENT, FREE TICKETS TO SICK CHILDREN AND
THEIR FAMILIES
## Transactions With Interested Persons

**Part I** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1. **(a) Name of disqualified person**
   
   **(b) Description of transaction**
   
   **(c) Corrected?**
   - Yes
   - No

2. Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.  

3. Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

<table>
<thead>
<tr>
<th>(a) Name of interested person and purpose</th>
<th>(b) Loan to or from the organization?</th>
<th>(c) Original principal amount</th>
<th>(d) Balance due</th>
<th>(e) In default?</th>
<th>(f) Approved by board or committee?</th>
<th>(g) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To</td>
<td>From</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<td></td>
<td></td>
<td></td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Total**

\[ \text{\$} \]

## Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount and type of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLYDE CRUM</td>
<td>FORMER TRUSTEE</td>
<td>SCHOLARSHIP TO FAM</td>
</tr>
</tbody>
</table>

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

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS
### Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of transaction</th>
<th>(d) Description of transaction</th>
<th>(e) Share of organization's revenues?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:**

(A) **NAME OF PERSON:** CLYDE CRUM

(B) **RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:**

FORMER TRUSTEE

(C) **AMOUNT OF GRANT:** $1,026.

(C) **TYPE OF ASSISTANCE:** SCHOLARSHIP TO FAMILY MEMBER
**Noncash Contributions**

**SCHEDULE M**  
Form 990  

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

**THE COMMUNITY FOUNDATION OF FREDERICK**  
COUNTY MARYLAND, INC.  

Employer identification number  
52-1488711

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1q</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td>X</td>
<td>12</td>
<td>233,971.</td>
<td>HIGH-LOW AVERAGE</td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>25</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement</td>
<td>29</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  

- Yes  
- No  

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  

- Yes  
- No  

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  

- Yes  
- No  

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2010)
Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: PUBLICLY TRADED SECURITIES ARE SOLD BY

INVESTMENT MANAGERS.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOREVER, FOR FREDERICK COUNTY.

FORM 990, PART VI, SECTION A, LINE 2: CATHERINE FAIRLEY AND CORNELIUS R.
FAY, III- BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE AND TREASURER
REVIEW THE FORM 990, THEN FORWARD IT TO THE BOARD OF TRUSTEES FOR ITS
REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, TRUSTEES, AND KEY
EMPLOYEES MUST COMPLETE A QUESTIONNAIRE OUTLINING THEIR INTERESTS AND
RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. THE
GOVERNANCE COMMITTEE AND STAFF REVIEW THE INFORMATION CONTAINED THEREIN AND
ARE WATCHFUL AT BOARD MEETINGS FOR VOTES THAT MAY CONSTITUTE A CONFLICT
MAKING SURE THAT THE INTERESTED PARTY ABSTAINS FROM VOTING. THE ABSTENTION
IS NOTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCE COMMITTEE
ESTABLISHES SALARY RANGES BASED ON OTHER NONPROFIT AND FOUNDATION SALARY
INFORMATION. PERFORMANCE REVIEWS THEN DETERMINE WHERE ON THE SALARY RANGE
THE POSITION WILL FALL.

FORM 990, PART VI, SECTION C, LINE 19: COPIES ARE AVAILABLE ON THE
ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST. ALL DONORS FOUNDING FUNDS
RECEIVE A COPY OF THE ARTICLES OF INCORPORATION AND BYLAWS AT THE TIME THE
LHA 032211 01-24-11
01070310 132974 01834.000 2010.05070 THE COMMUNITY FOUNDATION OF 01834_01

46
FUND AGREEMENT IS SIGNED.

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

NET UNREALIZED GAINS ON INVESTMENTS: 7,045,793.

CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS 382,612.

CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 14,735.

Funds held for others -1,575,595.

TOTAL TO FORM 990, PART XI, LINE 5 5,867,545.

PART XI, LINE 2C

THE PROCESS REGARDING THE PREPARATION OF THE AUDITED FINANCIAL

STATEMENTS IS UNCHANGED FROM THE PRIOR YEAR.
## Related Organizations and Unrelated Partnerships

### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### Part II: Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 530(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE COMMUNITY FOUNDATION HOLDING COMPANY</td>
<td>PROVIDE FINANCIAL SUPPORT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>INC., - 52-2028247, 312 EAST CHURCH STREET,</td>
<td>TO THE COMMUNITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21701</td>
<td>FOUNDATION OF FREDERICK</td>
<td>MARYLAND</td>
<td>501(C)(3)</td>
<td>LINE 11A, I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THE AUSHERMAN FAMILY TRUST - 52-7165889</td>
<td>PROVIDE SUPPORT TO THE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>7420 HAYWARD ROAD</td>
<td>COMMUNITY FOUNDATION OF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FREDERICK, MD 21702</td>
<td>FREDERICK COUNTY MD</td>
<td>MARYLAND</td>
<td>501(C)(3)</td>
<td>LINE 11A, I</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III: Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code VUBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
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Schedule R (Form 990) 2010
COUNTY MARYLAND, INC.
52-1488711
# Schedule R (Form 990) 2010
## The Community Foundation of Frederick
### County Maryland, Inc.
#### 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.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of other organization</th>
<th>(b) Transaction type (a-r)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
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<tbody>
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<td>1</td>
<td>THE AUSHERMANN FAMILY TRUST</td>
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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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Are all partnership section 501(c)(3) organizations?</th>
<th>(e) Share of end-of-year assets</th>
<th>(f) Disproportionate allocations?</th>
<th>(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(h) General or managing partner?</th>
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Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. 
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file and click on e-file for Charities & Nonprofits.

Part I  Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only. All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Application for Extension of Time To File an Exempt Organization Return

Name of exempt organization
THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number
52-1488711

Number, street, and room or suite no. If a P.O. box, see instructions.
312 EAST CHURCH STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
FREDERICK, MD 21701

Enter the Return code for the return that this application is for (file a separate application for each return)

Application
Form 990 Code
01
Form 990-T (corporation)
07
Form 990-BL
02
Form 1041-A
08
Form 990-EZ
03
Form 4720
09
Form 990-PF
04
Form 5227
10
Form 990-T (sec. 401(a) or 408(a) trust)
05
Form 6069
11
Form 990-T (trust other than above)
06
Form 8870
12

GAIL FITZGERALD

The books are in the care of:
312 EAST CHURCH STREET - FREDERICK, MD 21701

Telephone No. 301-695-7660  FAX No. 

If the organization does not have an office or place of business in the United States, check this box  ◼

If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) □□□□. If this is for the whole 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 members the extension is for.

I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

FEBRUARY 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

◼ calendar year  or
◼ tax year beginning JUL 1, 2010 , and ending JUN 30, 2011 

If the tax year entered in line 1 is for less than 12 months, check reason:
◼ Initial return  ◼ Final return  ◼ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6068, enter the tentative tax, less any nonrefundable credits. See instructions.
3a $ 0

b If this application is for Form 990-PF, 990-T, 4720, or 6068, enter any refundable credits and estimated tax payments made, include any prior year overpayment allowed as a credit.
3b $ 0

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFPS (Electronic Federal Tax Payment System). See instructions.
3c $ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

LHA

Form 8868 (Rev. 1-2011)

10361108 132974 01834.000  2010.04050 THE COMMUNITY FOUNDATION OF 01834_01
Part II  Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Name of exempt organization: THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number: 52-1488711

Number, street, and room or suite no. If a P.O. box, see instructions:
312 EAST CHURCH STREET

City, town or post office, state, and ZIP code. For a foreign address, see instructions:
FREDERICK, MD 21701

Enter the Return code for the return that this application is for (file a separate application for each return):

Application Is For | Return Code | Application Is For | Return Code
--- | --- | --- | ---
Form 990 | 01 | Form 1041-A | 08
Form 990-BL | 02 | Form 4720 | 09
Form 990-EZ | 01 | Form 5227 | 10
Form 990-PF | 04 | Form 6069 | 11
Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12
Form 990-T (trust other than above) | 06 |  |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8888.

GAIL FITZGERALD

Telephone No. 301-695-7660  FAX No.  

If the organization does not have an office or place of business in the United States, check this box □. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) □. If this is for the whole 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 members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2012.

5 For calendar year □, or other tax year beginning JUL 1, 2010 □, and ending JUN 30, 2011 □.

6 If the tax year entered in line 5 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period

7 State in detail why you need the extension.

ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

8b If 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 and any amount paid previously with Form 8888.

8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Signature □ □ Title □ CPA Date □

Form 8888 (Rev. 1-2011)