Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

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

Inspection

A	For the	e 2009 calendar year, or tax year beginning $\mathrm{JUL}1$, 2009	JUN 30, 2010	
	Check if	Please C Name of organization	D Employer identific	cation number
_ 6	applicabl	e: Use IRS THE COMMUNITY FOUNDATION OF FREDERICK		
	Addre chang	ss label or COLLEGE MADIST AND THE		
F	Name chang	type	52-1	488711
F	∏Initial		uite E Telephone numbe	
	return ☐Termii ated			695-7660
Ę	Amen- return Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	23,656,413.
	tion pendi	FREDERICK, MD 21/01	H(a) Is this a group re	eturn
	•	F Name and address of principal officer: ELIZABETH Y. DAY	for affiliates?	Yes X No
_		SAME AS C ABOVE	H(b) Are all affiliates inc	
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		te: > WWW.CFFREDCO.ORG	H(c) Group exemptio	
		·	ear of formation: 1986 N	M State of legal domicile: MD
Pa	art I	Summary	CT TO CD = 1 TT	DOGTETII .
ė	1	Briefly describe the organization's mission or most significant activities: A CATALY	ST TO CREATE	POSITIVE &
au		LASTING IMPACT, BY BUILDING & FOSTERING RELA		
Governance		Check this box if the organization discontinued its operations or disposed of n		
Š		Number of voting members of the governing body (Part VI, line 1a)		24
۵		Number of independent voting members of the governing body (Part VI, line 1b)		24
ies		Total number of employees (Part V, line 2a)		9
Activities &	6	Total number of volunteers (estimate if necessary)	6	91
Aci		Total gross unrelated business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)	7,190,336.	7,564,058.
		Program service revenue (Part VIII, line 2g)	4 050 050	1 005 110
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<1,850,353.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,144.	50,798.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,351,127.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,733,962.	3,248,847.
		Benefits paid to or for members (Part IX, column (A), line 4)	E20 2E2	506 001
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	530,373.	526,091.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
Ř	b	Total fundraising expenses (Part IX, column (D), line 25) 111,469.	406.061	424 005
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	406,861.	431,995.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,671,196.	4,206,933.
		Revenue less expenses. Subtract line 18 from line 12	679,931.	4,643,035.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)	41,745,320.	49,822,757.
at A	21	Total liabilities (Part X, line 26)	4,807,516.	5,382,189.
		Net assets or fund balances. Subtract line 21 from line 20	36,937,804.	44,440,568.
Pa	art II	Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nto and to the best of my knowled	as and halist it is two sowest
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	edge.	ge and belief, it is true, correct,
			1	
Sig		Signature of officer	I Date	
Hei	re	, and the second	υαιο	
		ELIZABETH Y. DAY, PRESIDENT Type or print name and title		
		I Date	Check if Prepare	er's identifying number
Pai	d	Tropardi 3	self- (see ins	structions)
Pre	parer's	Signature Firm's name (or FITTN C MITCHED CUADMEDED	employed	
Use	Only	vours if EDDIN & TOCKER, CHARTERED	EIN ►	
	-	self-employed), address, and PALITIMORE MP 21 201		10 707 5725
		BALTIMORE, MD 21201	Phone no. ► 4	10-727-5735
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	990 (2009) COUNTY MARYLAND, INC.	52-1488711 Page 2
Par	t III Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission: THE COMMUNITY FOUNDATION SERVES AS A CATALYST TO CREATE LASTING IMPACT, BY BUILDING AND FOSTERING RELATIONSHIPS 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 X 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? 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 exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g allocations to others, the total expenses, and revenue, if any, for each program service reported.	grants and
4a	POST-SECONDARY EDUCATIONAL SCHOLARSHIPS THE COMMUNITY FOR PROVIDES MUSIC SCHOLARSHIPS TO YOUTH AGES 6 TO 17 FOR COEDUCATION IN VOICE AND INSTRUMENTAL INSTRUCTION.	IDUALS PURSUING S. AGES OF ITION TO DUNDATION DINTINUING
4b	(Code:)(Expenses \$ 295,864. including grants of \$ 216,254.)(Retained to the community foundation provides discretionary grants of the community foundation grants	O QUALIFIED ONS THAT ARE
4c	(Code:)(Expenses \$ 2,557,744. including grants of \$ 2,523,626.)(Reference of the Community Foundation Provides Restricted Grants to Comprofits, Generally Identified as 501(C)(3) Organization Charitable, Educational, Scientific, Literary or Religion	QUALIFIED IONS THAT ARE
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	
<u></u>	Total program service expenses \$\\$ 3,476,303.	

Part IV | Checklist of Required Schedules

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	•		Х			
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3 4		X			
4 5	Section 501(c)(3) organizations. Did the organization engage in looplying activities? If Yes, complete Scriedule C, Fart II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to						
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	х				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х			
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide						
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI.						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.						
•	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 "Yes," complete Schedule D, Part VIII.						
•	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 "Yes," complete Schedule D, Part IX.						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.						
•	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? If "Yes," complete Schedule D, Part X.						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		х			
40.	Schedule D, Parts XI, XII, and XIII.	12		Δ			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A X						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Λ.			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х			
40	or entity located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Part II</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15					
16		16		х			
17	located outside the United States? If "Yes," complete Schedule F, Part III						
17	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 11e? If "Yes," complete Schedule G, Part I	17		х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17					
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"						
	complete Schedule G, Part III	19		х			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х			
_		_		_			

Form **990** (2009)

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	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 "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" 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 "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		x
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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 "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	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 "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34	21	
33	If "Yes," complete Schedule R, Part V, line 2	35	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	55		
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2009)

52-1488711 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 33 U.S. Information Returns. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (gambling) winnings to prize winners? 1c 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 Х **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х provided to the payor? 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Х 7е benefit contract? X 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 Х 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. Х Did the organization make any taxable distributions under section 4966? 9a X Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against

Form **990** (2009)

12a

amounts due or received from them.)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11b

Form 990 (2009)

52-1488711

Page 6

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.

Sec	tion A. Governing Body and Management								
4.		۔ ا	ı	24		Yes	No		
_	Enter the number of voting members of the governing body	1a		24 24					
b	Enter the number of voting members that are independent			24					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•		Х		
_	officer, director, trustee, or key employee?				2				
3	Did the organization delegate control over management duties customarily performed by or under the				3		Х		
4	of officers, directors or trustees, or key employees to a management company or other person?				4		X		
4 5	J J J J J J I I I I I I I I I I I I I I								
6	Did the organization become aware during the year of a material diversion of the organization's assets?								
	Does the organization have members or stockholders? a Does the organization have members, stockholders, or other persons who may elect one or more members of the								
'a									
h	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other pe				7a 7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken				7.5				
Ŭ	by the following:	aum	ig the year						
а	The governing body?				8a	х			
	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
•					9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R								
			,			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?				10a		X		
	If "Yes," does the organization have written policies and procedures governing the activities of such								
					10b				
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f				11	Х			
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld gi	ve rise						
	to conflicts?				12b	Х			
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe						
	in Schedule O how this is done				12c	X			
13	Does the organization have a written whistleblower policy?				13	Х			
14	Does the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approv	al by	independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official				15a	X			
b	Other officers or key employees of the organization				15b	Х			
	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 arrange	ment	with a				37		
	taxable entity during the year?				16a		X		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			n					
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	aniza	tion's						
800	exempt status with respect to such arrangements?				16b				
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed MD	T /FO:	1/2/(0) 2 2 2 2 3	دا داداند،	£				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (DU)	i (c)(3)s only) av	allable	ior				
	public inspection. Indicate how you make these available. Check all that apply. X Own website X Another's website X Upon request								
10	• •	onfli	at of interest as	aliov or	nd fina	noial			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, of statements available to the public.	JOI IIII(λι οι interest po	Jiloy, ar	iu iiii	ıııcıaı			
20	State the name, physical address, and telephone number of the person who possesses the books a	nd ra	carde of the a	nanizat	ion:				
20	GAIL FITZGERALD - 301-695-7660		COIGO OI LITE OI	garnzai					
	312 EAST CHURCH STREET, FREDERICK, MD 21701								

Form **990** (2009)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0		<i>,</i>		(D)	(E)	(F)
Name and Title	Average hours	(0)	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	per	È	lecr	l all t	IIIai	app T	γι <u>γ)</u> Τ	from	from related	other
	week	lirecto				L		the	organizations	compensation
		ee or c	stee			nsatec		organization	(W-2/1099-MISC)	from the
		l trust	nal tru		oyee	ompe	K	(W-2/1099-MISC)		organization and related
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		Pul	lus	JJ0	Ke	E E	훈			
ANDREW CARPEL CHAIRMAN OF THE BOARD	2.00	x		х				0.	0.	0.
CATHARINE FAIRLEY	2.00			77				0.	0.	
TRUSTEE	1.00	x					_	0.	0.	0.
DENNIS E. BLACK	1,00					K	\vdash	-	0.	
TRUSTEE	2.00	x						0.	0.	0.
DOUGLAS W. SELBY										
TREASURER	2.00	Х		Х				0.	0.	0.
GEORGE E. LEWIS, JR.										
TRUSTEE	1.00	X						0.	0.	0.
HUMBERTO BENITEZ										
TRUSTEE	1.00	X						0.	0.	0.
JOHN QUINN	1 00	37						0.	0	0
TRUSTEE JOHN E. TRITT	1.00	Х					H	0.	0.	0.
SECRETARY	3.00	x		x				0.	0.	0.
JOHN R. RATNAVALE	3.00			71				0.	0.	
TRUSTEE	1.00	x						0.	0.	0.
JOSEPH S. WELTY							T			
TRUSTEE	1.00	х						0.	0.	0.
KARLYS KLINE										
TRUSTEE	1.00	Х						0.	0.	0.
KATHLEEN A. COSTLOW										_
PAST CHAIRMAN OF THE BOA	2.00	Х		Х				0.	0.	0.
KATHLEEN M. DAVIS	0 00	l							•	•
FIRST VICE CHAIRMAN	2.00	Х		Х				0.	0.	0.
META NASH TRUSTEE	1.00	x						0.	0.	0.
PATRICIA HURWITZ	1.00							0.	0.	0.
TRUSTEE	1.00	X						0.	0.	0.
ROBERT C. MOUNT	1.00							0.	0.	
TRUSTEE	1.00	x						0.	0.	0.
ROBERT E. KALLSTROM							T			
TRUSTEE	1.00	Х						0.	0.	0.

932007 02-04-10

Page 8

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Section A. Officers, Directors, 1	rustees, Key E	mplo	oyee	s, a	nd l	High	est	Compensated Employ	rees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Position			Reportable	Reportable	Estimated	
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per	ctor						from the	from related	other
	week	rdire				ted		organization	organizations (W-2/1099-MISC)	compensation from the
		stee o	rustee			ensa		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
		ndividual trustee or director	nstitutional trustee		Key employee	Highest compensated employee		(** 2. *********************************		and related
		dividu	stituti	Officer	iy emi	ghest	Former			organizations
		ءَ	Ë	þ	å	를 들	윤			
SCOTT R GROVE										
TRUSTEE	1.00	Х						0.	0.	0.
ROBERT BROADRUP										
TRUSTEE	1.00	Х						0.	0.	0.
DANIEL LAJEWSKI										
TRUSTEE	1.00	Х						0.	0.	0.
BRENDA MAIN										
TRUSTEE	1.00	Х						0.	0.	0.
JANET MCCURDY									_	_
SECOND VICE CHAIRMAN	2.00	Х		Х				0.	0.	0.
JOY ONLEY										_
TRUSTEE	1.00	Х						0.	0.	0.
LISA COBLENTZ										
TRUSTEE	1.00	Х						0.	0.	0.
DAVID HOFFMAN										
TRUSTEE	1.00	Х						0.	0.	0.
J. RAY RAMSBURG, III										
TRUSTEE	1.00	Х						0.	0.	0.
SHIRLEY SHORES								_	_	_
TRUSTEE	1.00	X						0.	0.	0.
1b Total		<u></u>	<u>.</u>			<u> </u>		166,105.	0.	42,361.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable										

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

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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

 ie organization.		
(A) Name and business address	(B) Description of services	(C) Compensation
INVESTMENT ADVISORS, 100 EAST PRATT 17TH FLOOR, BALTIMORE, MD 21202	INVESTMENT MANAGER	119,066.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \(\bigsim 1\)

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2009)

Form 990 (2009)

COUNTY MARYLAND, INC.

52-1488711 Page 9

Pa	rt VI	Statement of Rever	nue .				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ıts ts	1 a	Federated campaigns	1a				
ra E		Membership dues					
g,		Fundraising events		<u>.</u>			
i i		Related organizations					
S, S		Government grants (contribut					
sir		All other contributions, gifts, gran	, 	_			
le ti	'	similar amounts not included abo					
or			250 050				
Contributions, gifts, grants and other similar amounts	9		5 1a-1f: \$	7,564,058.			
- 1	r	Total. Add lines 1a-1f					
	_		Business Cod	<u>e</u>			
ice	2 a						
er ne	b						
n S	C	:					
Zev Sev	C	l					
Program Service Revenue	e	·					
۵	f	All other program service reve	enue				
	g	Total. Add lines 2a-2f	>				
	3	Investment income (including	dividends, interest, and				
		other similar amounts)	>	960,644.			960,644.
	4	Income from investment of ta	x-exempt bond proceeds				
	5	Royalties	>				
			(i) Real (ii) Personal				
	6 a	Gross Rents					
	b						
	c						
		Gross amount from sales of	(i) Securities (ii) Other				
		assets other than inventory	15009937				
	L	Less: cost or other basis		-			
	L		14735469				
	_	and sales expenses Gain or (loss)	274 468				
	C	Gain or (loss)	274,400.	274,468.			274,468.
		Net gain or (loss)		2/4,400.			2/4,400.
ne	8 a	Gross income from fundraisin					
Other Revenue		including \$ 11,4					
Re		contributions reported on line					
er			a 121,774	-1			
₹		Less: direct expenses					E0 E00
		Net income or (loss) from fund		50,798.			50,798.
	9 a	Gross income from gaming ac					
		Part IV, line 19					
		Less: direct expenses					
	c	Net income or (loss) from gan	ning activities				
	10 a	Gross sales of inventory, less					
		and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sale	es of inventory				
		Miscellaneous Revenu	ue Business Cod	е			
Ī	11 a	1					
	b						
	c						
	c	All other revenue					
	e	Total. Add lines 11a-11d					
_	12	Total revenue. See instructions.		8,849,968.	0.	0.	1285910.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and		·	·	·				
	organizations in the U.S. See Part IV, line 21	2,739,880.	2,739,880.						
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22	508,967.	508,967.						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the U.S.								
	See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors,								
	trustees, and key employees	211,866.	40,239.	109,661.	61,966.				
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	261,613.	157,604.	72,839.	31,170.				
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)	4,506.	2,179.	1,917.	410.				
9	Other employee benefits	14,687.		4,400.	2,104.				
10	Payroll taxes	33,419.	14,291.	12,319.	6,809.				
11	Fees for services (non-employees):								
а	Management								
	Legal								
	Accounting	6,450.		6,450.					
d	Lobbying								
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees	180,296.		180,296.					
g	Other	4,975.		4,975.					
12	Advertising and promotion	8,603.		2,151.	6,452.				
13	Office expenses	33,752.	976.	31,623.	1,153.				
14	Information technology	14,260.		14,260.					
15	Royalties								
16	Occupancy	53,878.		53,878.					
17	Travel	1,500.		1,500.					
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	58,923.		58,923.					
23	Insurance	8,044.		8,044.					
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total								
	expenses shown on line 25 below.)	26,837.	3,984.	22,853.					
	EVENTS ANNUAL REPORT		3,904.		1 110				
b	DUES & SUBSCRIPTIONS	11,184. 10,661.		10,066.	1,118.				
С.		9,759.		9,759.					
d	OTHER NEWSLETTER	2,873.		2,586.	287.				
е		2,013.		2,300.	407.				
f	All other expenses	1 206 022	2 476 202	619,161.	111 /60				
25	Total functional expenses. Add lines 1 through 24f	4,206,933.	3,476,303.	019,101.	111,469.				
26	Joint costs. Check here if following								
	SOP 98-2. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation				Farm 990 (999)				

Form **990** (2009)

Pa	rt X	Balance Sheet					_
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,651,323.	1	3,145,916.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			221,044.	3	174,698.
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, dire					
		employees, and highest compensated employees	s. Comple	ete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as d	lefined ur	nder section			
		4958(f)(1)) and persons described in section 4958					
		Part II of Schedule L		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10 555	8	10 000
4	9	Prepaid expenses and deferred charges			12,575.	9	12,279.
	10a	Land, buildings, and equipment: cost or other		226 545			
		basis. Complete Part VI of Schedule D		326,545.	107 004		142 047
		Less: accumulated depreciation		183,298.	197,204.	10c	143,247.
	11	Investments - publicly traded securities			13,472,904.	11	16,993,164.
	12	Investments - other securities. See Part IV, line 11			23,612,242.	12	27,744,520.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			1 570 000	14	1 600 022
	15	Other assets. See Part IV, line 11			1,578,028. 41,745,320.	15	1,608,933. 49,822,757.
	16	Total assets. Add lines 1 through 15 (must equal			62,607.	16 17	77,056.
	17 18	Accounts payable and accrued expenses			02,007	18	77,0301
	19	Grants payable				19	
	20	Deferred revenue Tax-exempt bond liabilities				20	
"	21	Escrow or custodial account liability. Complete Pa				21	
ţį	22	Payables to current and former officers, directors				21	
Liabilities		highest compensated employees, and disqualified					
Ë		of Schedule L				22	
	23	Secured mortgages and notes payable to unrelat		· .		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities. Complete Part X of Schedule D			4,744,909.	25	5,305,133.
	26	Total liabilities. Add lines 17 through 25			4,807,516.	26	5,382,189.
		Organizations that follow SFAS 117, check her					
es		lines 27 through 29, and lines 33 and 34.					
anc anc	27	Unrestricted net assets			31,127,653.	27	35,453,870.
3ak	28	Temporarily restricted net assets			3,843,219.	28	4,018,686.
Ε	29				1,966,932.	29	4,968,012.
Ξ		Organizations that do not follow SFAS 117, che	eck here	▶ and			
ō		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds		ī		30	
Ass	31	Paid-in or capital surplus, or land, building, or equ	-			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc			26 025 004	32	44 440 560
~	33	Total net assets or fund balances			36,937,804.	33	44,440,568.
	34	Total liabilities and net assets/fund balances			41,745,320.	34	49,822,757.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С		2c	х	
	review, or compilation of its financial statements and selection of an independent accountant?	20	21	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			1
	Act and OMB Circular A-133?	За		Х
b	If "Yes," 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.	3b		1



SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number 52-1488711

Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and stat								•	•		
5		An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describe	d in		
		-	(b)(1)(A)(iv). (Comple		•		•	· ·					
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7	X								or from the	general p	ublic desc	ribed in	1
		-	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8				ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9				eives: (1) more than 33 1			rom contri	butions n	nembershi	n fees, an	d aross re	ceints f	rom
Ĭ				nctions - subject to certa									
				axable income (less sect									
			509(a)(2). (Complete			о потпос	10111000001	zoquirea E	y the orge	i iizatioi i a	itoi ourio c	,0, 1070	·.
10				perated exclusively to te	st for nubl	ic safety 9	See sectio	n 509(a)(4	1\				
11	一	-	-	perated exclusively for the	•					v out the r	nurnnses (of one o	nr.
••		•	•	ations described in section							•		
				organization and comple				.). Occ 30 0) COO 11011	ajjoj. One	CK the box	tilat	
		a Type		¬ ·		e III - Fund		earsted		d \square	Type III - 0	Other	
				t the organization is not			-	-	r more die		• •		,
	<i>-</i>			han one or more publicly									'
1				ten determination from t						3(a)(1) 01 S	ection 508)(a)(2).	
'													
			rganization, check th	nis box organization accepted ar									ш
ç	,			irectly controls, either al								Yes	No
											11a(i)	165	INO
				-									
													—
					or (ii) above?					11g(iii)		—	
r	1	Provide the i	ollowing information	about the supported or	gariization	(S).							
_				(iii) Type of	(iv) lo the c	raoni-otion	(w) Did vo	, notify the	(vi) Is	the			—
(i	,	of supported	(ii) EIN			sted in your	nization (v) Did you notify the I in your organization in col.			on in col.		nount of	
	orga	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	Sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
_				(See mandonons))	163	NO	163	NO	163	140			
_									-	 			
										\sqcup			
Tot	al												

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 COUNTY MARYLAND, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sec	ction A. Public Support		<u>, , , , , , , , , , , , , , , , , , , </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	,
	membership fees received. (Do not						
	include any "unusual grants.")	7435090.	6094900.	5974573.	7190336.	7564058.	34258957.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7435090.	6094900.	5974573.	7190336.	7564058.	34258957.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8807553.
	Public support. Subtract line 5 from line 4.						25451404.
_	ction B. Total Support						1
	endar year (or fiscal year beginning in)	(a) 2005 7435090.	(b) 2006 6094900.	(c) 2007 5974573.	(d) 2008 7190336.	(e) 2009	(f) Total 34258957.
	Amounts from line 4	7435090.	0094900.	39/43/3.	7190330.	7304030.	34230937.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	796,975.	972,177.	2905128.	1341034.	960,644.	6975958.
_	and income from similar sources	190,913.	314,111.	2903120.	1241024.	300,044.	0913930.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						41234915.
	Gross receipts from related activities,	etc (see instruction	nne)			12	
	First five years. If the Form 990 is for						
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				,
14	Public support percentage for 2009 (I	ine 6, column (f) di	ivided by line 11, o	column (f))		14	61.72 %
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	63.19 %
	33 1/3% support test - 2009. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	33 1/3% support test - 2008. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		•	•	,		▶⊟
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	ns ▶∟

Schedule A (Form 990 or 990-EZ) 2009

Pa	rt III Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete onl	y if you checked the	box on line 9 of Part I.
	ction A. Public Support			•	2	<i>y</i>	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2							
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	etion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(4) 2000	(3) 2000	(0) 2001	(4) 2000	(6) 2000	(i) rotal
	Gross income from interest,			7			
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	· · · · · · · · · · · · · · · · · · ·						
	Add lines 10a and 10b						
''	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sect	ion 501(c)(3) organ	nization,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2008	3 Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inve						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2009. If the	•					
	more than 33 1/3%, check this box a	-					•
r	33 1/3% support tests - 2008. If the						
_	line 18 is not more than 33 1/3%, che	-					
			90		, ,		

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2009

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JOSEPH D BYRD FOUNDATION	3,664,349.	2,839,651
JOSEPH D BYRD REVOCABLE TRUST	2,582,845.	1,758,147.
ESTATE OF MARYBELL CASTLE EVERHART	3,000,000.	2,175,302.
ESTATE OF HELEN ERWIN	2,500,000.	1,675,302.
HENRY P LAUGHLIN	999,500.	174,802.
ESTATE OF LUCILLE PONTON	931,014.	106,316.
ESTATE OF MEREDITH YOUNG	902,731.	78,033.
otal Excess Contributions to Schedule A, Part II, Line 5		8,807,553

923171 04-24-09

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number

52-1488711

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	(r), (d), or (10) organization can check boxes for both the deficial ridie and a opecial ridie. See instructions.						
General Rule							
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.						
Special Rules							
509(a)(1) and 170(l	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
aggregate contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.							
ŭ	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify						

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Employer identification number

52-1488711

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF HELEN ERWIN 127 WEST PATRICK STREET FREDERICK, MD 21701	\$ 2,500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	HENRY P LAUGHLIN 3200 BAKER CIRCLE ADAMSTOWN, MD 21710	\$ 999,500.	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ESTATE OF LUCILLE H PONTON 930 CHEROKEE TRAIL FREDERICK, MD 21701	\$ 931,014.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	EDGAR C VIRTS 2022 VIRTS LANE JEFFERSON, MD 21755	\$ 250,100.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	ESTATE OF MEREDITH S YOUNG 609 SCHLEY AVENUE FREDERICK, MD 21702	\$ 902,731.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

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

Employer identification number

52-1488711

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	5000 SHARES OF ENTERPRISE GP HOLDINGS LP		
		\$ 194,500.	12/31/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
23453 02-01			90, 990-EZ, or 990-PF) (2009

$\Gamma H E$	COMMUNITY	FOUNDATION	OF	FREDERICK
	COIMICHTII	I COMBINITION	0-	TREDERCE

COUNTY MARYLAND, INC.

52-1488711

Part III	Exclusively religious, charitable, etc.,	individual contributions t	to section 501(c)(7), (8), or (10) organizations aggregating				
	Part III, enter the total of exclusively relig	ite columns (a) through (e)	and the follows	ng line entry. For organizations completing				
	\$1,000 or less for the year. (Enter this in	nformation once. See instru	uctions.) > \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of g		(d) Description of how gift is held				
Parti								
		-						
			_					
f		(e) Transf	er of aift	_				
		(-,	3					
	Transferee's name, address,	and ZIP + 4	R	elationship of transferor to transferee				
		_	-					
(a) Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held				
Part I	.,, .	.,		., .				
				*				
f		(e) Transf	er of gift					
		(c) Iranoi	or or gint					
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
Ī	, ,			•				
(a) No. from	(b) Purpose of gift	(c) Use of g	ıi ft	(d) Description of how gift is held				
Part I	(b) I dipose of gift	(0) 000 01 9	,	(a) Decomption of now gift to note				
				·				
f		(e) Transf	er of gift					
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
Ī	, ,							
(a) No. from	(b) Purpose of gift	(c) Use of g	ıift	(d) Description of how gift is held				
Part I	(b) i di pocc ci giit	(0, 000 01 9	,	(a) Decomption of now gift to note				
}		(a) Tucast	or of gift					
		(e) Transf	ei oi giπ					
	Transferee's name, address,	and 7IP ± 4	D	elationship of transferor to transferee				
ŀ	mansieree s name, audress, a	411 T T	<u>n</u>	อเฉนอกอกคุ อา นินกอเอเอา เอ นินกอเฮเฮเฮฮ				
	-			_				
	-							

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

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

 $\begin{array}{c} \text{Employer identification number} \\ 52-1488711 \end{array}$

Pai	rt I	Organizations Maintaining Donor Advised		or Accou	Ints. Complete if the
		organization answered "Yes" to Form 990, Part IV, line 6	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total	number at end of year	160	(3) i aii	505
2		egate contributions to (during year)	987,498.		7,106,250.
3		egate grants from (during year)	1,439,447.		3,347,211.
4		egate value at end of year	6,532,343.		37,386,392.
5	-	ne organization inform all donors and donor advisors in wri		ad funds	3.700070321
J		e organization's property, subject to the organization's ex	_		X Yes No
6		e organization is property, subject to the organizations ex ne organization inform all grantees, donors, and donor adv			Les Les
Ü		aritable purposes and not for the benefit of the donor or c			
		missible private benefit?	•	_	X Yes No
Pai	rt II	Conservation Easements. Complete if the organ			
1		pse(s) of conservation easements held by the organization		ure 17, 11110 7.	
•		Preservation of land for public use (e.g., recreation or plea	` <i></i>	orically impo	ortant land area
		Protection of natural habitat	Preservation of a certi		
		Preservation of open space	Treservation of a serial	nea motorio	on dotal o
2		plete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserva	ation easement on the last
_		f the tax year.		51 G 0011001 V	ation succinont on the last
	uu, o	, the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements		2a	
b		acreage restricted by conservation easements			
С		per of conservation easements on a certified historic struc			
d		per of conservation easements included in (c) acquired aft			
3		per of conservation easements modified, transferred, relea			n during the tax
	year			J	3
4		per of states where property subject to conservation ease	ment is located ▶		
5		the organization have a written policy regarding the period			
		ons, and enforcement of the conservation easements it h			Yes No
6		and volunteer hours devoted to monitoring, inspecting, ar			ur >
7		int of expenses incurred in monitoring, inspecting, and en			
8		each conservation easement reported on line 2(d) above			
	and s	ection 170(h)(4)(B)(ii)?			Yes No
9	In Par	t XIV, describe how the organization reports conservation	easements in its revenue and expense	statement,	and balance sheet, and
		le, if applicable, the text of the footnote to the organization			
		ervation easements.			
Pai	rt III	Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	her Simil	ar Assets.
		Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.		
1a	If the	organization elected, as permitted under SFAS 116, not to	o report in its revenue statement and ba	lance sheet	works of art, historical
	treasu	ures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pub	olic service, p	provide, in Part XIV, the text of
	the fo	otnote to its financial statements that describes these iter	ms.		
b	If the	organization elected, as permitted under SFAS 116, to rep	oort in its revenue statement and baland	ce sheet wor	ks of art, historical treasures,
	or oth	er similar assets held for public exhibition, education, or re	esearch in furtherance of public service	, provide the	following amounts relating to
		items:			
	(i) R	evenues included in Form 990, Part VIII, line 1			\$
	(ii) A	ssets included in Form 990, Part X			\$
2	If the	organization received or held works of art, historical treas-	ures, or other similar assets for financial	gain, provid	le
	the fo	llowing amounts required to be reported under SFAS 116	relating to these items:		
а	Rever	nues included in Form 990, Part VIII, line 1			\$
b	Asset	s included in Form 990. Part X		•	\$

Sche		UNITY FOUND ARYLAND, IN		F FREDE	RICK	52-14	88711	Page 2
	rt III Organizations Maintaining Co	ollections of Art,	Historical 1	reasures,	or Other S			
3	Using the organization's acquisition, accessio							
	(check all that apply):							
а	Public exhibition	d [Loan or ex	change progr	ams			
b	Scholarly research	e L	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain ho	ow they further	the organizat	ion's exempt	purpose in Part	: XIV.	
5	During the year, did the organization solicit or						7	
_	to be sold to raise funds rather than to be mai						Yes	<u> </u>
Pai	rt IV Escrow and Custodial Arrang		if organization	answered "Ye	s" to Form 9	90, Part IV, line	Э, or	
	reported an amount on Form 990, Part	<u> </u>						
1a	Is the organization an agent, trustee, custodia						٦	
	on Form 990, Part X?						⊻ Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follow	ving table:		Г			
							Amount	
	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f	T.,	т.
	Did the organization include an amount on Fo	rm 990, Part X, line 21	?				」Yes	└── No
	rt V Endowment Funds. Complete if	the engine time to the control of th		Taura 000 Davi	LIV line 10			
rai	Lindowinient i dinds. Complete ii					Three years back	(e) Four y	voare back
4.	Reginning of year balance	(a) Current year 2, 106, 947.2,	(b) Prior year 3 4 7 9 6 4	(C) Two year	iis back (a)	Tillee years back	(e) 1 our y	tais back
		,076,541.						
b	Contributions 3 Net investment earnings, gains, and losses	178,964.						
d	Grants or scholarships	23,245.	72,643					
u e	Other expenditures for facilities	23,2431	12,013	4				
-								
f	Administrative expenses							
g	End of year balance	,339,207.2,	106.947	•				
2	Provide the estimated percentage of the year							
a	Board designated or quasi-endowment	%						
b	Permanent endowment > 93.05	%	7					
-	Term endowment ► 6.95 %	 `						
	Are there endowment funds not in the posses		n that are held	and administ	ered for the c	organization		
	by:					gaa	[Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on S	Schedule R?				3b	
4	Describe in Part XIV the intended uses of the							<u> </u>
Pai	rt VI Investments - Land, Buildings			0, Part X, line	10.			
	Description of investment	(a) Cost or other	r (b) Co	st or other	(c) Accur		(d) Book	value

Schedule D (Form 990) 2009

110,138.

143,247.

107,388. 75,910.

c Leasehold improvementsd Equipment

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

217,526. 109,019.

e D (Form 990) 2009	COUNTY	MARYLAND,	INC

Closely-held equity interests Other SECURITIES AND OTHER INVESTMENTS 27,744,520. END-OF-YEAR MARKET VALUE Total. (Col (b) must equal form 990, Part X, col (B) line 12.) > 27,744,520. Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Total. (Col (b) must equal form 990, Part X, col (B) line 13.) > Part X Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) must equal form 990, Part X, col (B) line 13.) > Part X Other Labilities. See Form 990, Part X, col (B) line 15. Total. (Column (b) must equal form 990, Part X, col (B) line 15.) > Part X Other Labilities. See Form 990, Part X, line 25. 1, 2, 29, 7, 55.	Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	2.	<u> </u>
Closely-related equity interests Chite SECURITIES AND OTHER TOTAL (Cot (b) must equal form 990, Part X, cot (B) line 12,) Total (Cot (b) must equal form 990, Part X, cot (B) line 15,) Part XIII Other Assets. See Form 990, Part X, cot (B) line 15. (a) Description Total (Cot (b) must equal form 990, Part X, cot (B) line 15. (b) Book value (c) Method of valuation: Cost of end of year market value Cost of end of year market value (b) Book value (c) Method of valuation: (c) Method of valuation: (a) Description (b) Book value (c) Method of valuation: (c) End of end of year market value (e) Method of valuation: (a) Description (b) Book value (c) Method of valuation: (c) End of end of year market value (e) Method of valuation: (a) Description (b) Book value (c) Method of valuation: (b) Book value (c) Method of valuation: (c) End of end of year market value (e) Method of valuation: (b) Book value (c) Description (c) Description (d) Description (e) Description (f) Replace of the first o		(b) Book value		
SECURITIES AND OTHER INVESTMENTS 27,744,520. END-OF-YEAR MARKET VALUE Total. (Colif): must equal Form 990, Part X, col (B) line 12,1 > 27,744,520. [A) Description of investment type (b) Book value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (d) Description (e) Book value (b) Book value (b) Book value (c) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (b) Book value (c) Method of valuation: Cost or end of year market value (b) Book value (c) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (b) Book value (b) Book value (c) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (b) Book value (b) Book value (b) Book value 1 (b) Book value 1 (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (b) Book value (b) Book value (b) Book value (b) Book value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year market value (e) Method of valuation: Cost or end of year mar	Financial derivatives			
SECURITIES AND OTHER				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ 27, 744, 520. Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) > 27, 744, 520. Part VIII Investments - Program Related. See Form 990, Part X, line 13. (a) Description of investment type (b) Book value Cost or end of year market value Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) > Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end of year market value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes LI ABILITIES UNDER SPLIT—INTEREST AGREEMENTS				
Part VIII Investments - Program Related. See Form 990, Part X, line 13.	INVESTMENTS	27,744,520.	END-OF-YEAR MARK	ET VALUE
Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Part VIII Investments - Program Related. See Form 990, Part X, line 13.				
Part VIII Investments - Program Related. See Form 990, Part X, line 13.	Total (Col/h) must equal Form 000 Part V col/P) line 12)	27 744 520		
(a) Description of investment type (b) Book value Cost or end-of-year market value Total. (Col(b) must equal Form 990, Part X, col (8) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total. (Column (b) must equal Form 990, Part X, col (8) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT—INTEREST AGREEMENTS 1, 279, 755. FUNDS HELD FOR OTHERS (FASB 136) 4, 025, 378.				
Total, (Col/unn (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value Total, (Col/unn (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT—INTEREST AGREEMENTS 1, 279, 755. FUNDS HELD FOR OTHERS (FASB 136) 4, 025, 378.				valuation:
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value	(a) Description of investment type	(b) Book value		
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value	-			
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value				
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Book value	Total (Col (h) must equal Form 990 Part X col (R) line 13)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.		15		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1, 279, 755. FUNDS HELD FOR OTHERS (FASB 136) 4, 025, 378.				(b) Book value
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				, ,
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				
Part X Other Liabilities. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.	Total, (Column (b) must equal Form 990, Part X, col (B) line	9 15.)		. ▶
1. (a) Description of liability (b) Amount Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.				-
Federal income taxes LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.	() 5		(b) Amount	
LIABILITIES UNDER SPLIT-INTEREST AGREEMENTS 1,279,755. FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.	···			
FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.		EST		
FUNDS HELD FOR OTHERS (FASB 136) 4,025,378.	AGREEMENTS		1,279,755.	
		36)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	. , , , , , , , , , , , , , , , , , , ,			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) > 5 , 305 , 133 .				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) > 5 , 305 , 133 .				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) > 5 , 305 , 133 .				
	Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	5,305,133.	

2. FIN 48 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.

932053 02-01-10

THE COMMUNITY FOUNDATION OF FREDERICK 52-1488711 Page 4 COUNTY MARYLAND, INC. Schedule D (Form 990) 2009 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 8,849,968. Total revenue (Form 990, Part VIII, column (A), line 12) 4,206,933. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 4,643,035. Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 3,171,525. 4 Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 5 6 6 Investment expenses Prior period adjustments 7 <311.797. Other (Describe in Part XIV.) 8 R 2,859,728. 9 Total adjustments (net). Add lines 4 through 8 9 7,502,763. Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 11,364,896. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII. line 12: 2 a Net unrealized gains on investments 3,171,525. 2a Donated services and use of facilities 2b Recoveries of prior year grants 2c 223,853. Other (Describe in Part XIV.) 3,395,378. Add lines 2a through 2d 2e 7,969,518. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 880,450. Other (Describe in Part XIV.) 880,450. c Add lines 4a and 4b 4c 8,849,968. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 4,115,369. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 362,024. Other (Describe in Part XIV.) 362,024. Add lines 2a through 2d 2e 3,753,345. Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 453,588. **b** Other (Describe in Part XIV.) 453,588. c Add lines 4a and 4b 4c 4,206,933. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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 XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS: 121439.

DECREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE: -6373.

Part XIV Supplemental Information (continued)

FAS 136 ADJUSTMENT: -426863.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CSV: -6373.

RELATED ORGANIZATION INCOME AND UNREALIZED LOSS: 37811.

CHANGE IN PV OF FUTURE INTEREST: 121439.

FUNDRAISING EVENTS: 70976.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FASB 136 ADJUSTMENT: 880450.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES: 291048.

FUNDRAISING EVENTS: 70976.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FASB 136 ADJUSTMENT: 453588.

PART X, LINE 2- FIN 48 FINANCIAL STATEMENT FOOTNOTE

ON JULY 1, 2009, THE FOUNDATION ADOPTED 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.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service 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.

Inspection

Employer identification number Name of the organization COMMUNITY FOUNDATION OF FREDERICK THE 52-1488711 COUNTY MARYLAND, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Internet and email solicitations □ Solicitation of government grants b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody from activity fundraiser or entity (fundraiser) or control of organization contributions' listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009

COUNTY MARYLAND, INC.

52-1488711 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ${ t GOLF}$ ${ t GOLF}$ (add col. (a) through TOURNAMENT TOURNAMENT 5 col. (c)) (total number) (event type) (event type) Revenue 39,394. 34,531. 59,325. 133,250. 1 Gross receipts 3,860 6,366. 1,250 11,476. 2 Less: Charitable contributions 35,534 33,281 52,959. 121,774. Gross income (line 1 minus line 2) 4 Cash prizes 2,579. 5,927. 187. 8,693. 5 Noncash prizes **Direct Expenses** 3,100. 9,555. 9,934. 22,589. 6 Rent/facility costs 7 Food and beverages 8 Entertainment 34,343. 5,352. 39,695. Other direct expenses 70,977, 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,797. 11 Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue . 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 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?

THE COMMUNITY FOUNDATION OF FREDERICK		0711	
Schedule G (Form 990 or 990-EZ) 2009 COUNTY MARYLAND, INC.	52-148		Page 3 s No
10. Indicate the management of page in a patient, an austral in	I	T T E	S NO
I3 Indicate the percentage of gaming activity operated in:	%		
a The organization's facility b An outside facility 13a		-	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	,-	1	
The life hame and address of the person who propares the organization organization organization			
Name ▶			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:	amount		
Name			
Address ▶			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided			
Director/officer Employee Independent contractor			
Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to			

retain the state gaming license? **b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the

Schedule G (Form 990 or 990-EZ) 2009

organization's own exempt activities during the tax year > \$

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

THE COMMUNITY FOUNDATION OF FREDERICK

Employer identification number

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? 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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance (h) Purpose of grant or assistance (a) Amount of non-cash assistance (b) EIN ADVENTIST HEALTH CARE, INC. 1801 RESEARCH BLVD #400 ROCKVILLE, MD 20850 52-1532556 501(C)(3) 24,191. 0. SHADY GROVE HOSPITAL FINANCIAL SUPPORT FOR ACTIVITIES BELIEVER'S CLUB, LOCAL SERVICES, RETEAT TO BUILDING	COUNTY MAI	RYLAND, I	INC.				52-1488711
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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable assistance (d) Amount of cash grant one-cash assistance (g) Description of valuation (book, FMV, appraisal, other) ADVENTIST HEALTH CARE, INC. 1801 RESEARCH BLVD #400 ROCKVILLE, MD 20850 52-1532556 501(C)(3) 24,191. 0. SHADY GROVE HOSPITAL FINANCIAL SUPPORT FOR ACTIVITIES BELIEVER'S CLUB, LOCAL SERVICES,	Part I General Information on Grants ar	nd Assistance					
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of grant or assistance (h)							
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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	criteria used to award the grants or assis	tance?					 X Yes No
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed 1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance ADVENTIST HEALTH CARE, INC. 1801 RESEARCH BLVD #400 ROCKVILLE, MD 20850 52-1532556 501(C)(3) 24,191. 0. SHADY GROVE HOSPITAL FINANCIAL SUPPORT FOR ACTIVITIES BELIEVER'S 620-A RESEARCH DRIVE CLUB, LOCAL SERVICES,	2 Describe in Part IV the organization's pro	cedures for mon	itoring the use of grant	t funds in the United	d States.		
1 (a) Name and address of organization or government (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (h) Purpose of grant or assistance ADVENTIST HEALTH CARE, INC. 1801 RESEARCH BLVD #400 ROCKVILLE, MD 20850 52-1532556 501(C)(3) 24,191. 0. SHADY GROVE HOSPITAL FINANCIAL SUPPORT FOR ACTIVITIES BELIEVER'S CLUB, LOCAL SERVICES,	Grants and Other Assistance to t		_				
ADVENTIST HEALTH CARE, INC. 1801 RESEARCH BLVD #400 ROCKVILLE, MD 20850 ARC OF FREDERICK COUNTY, INC. 620-A RESEARCH DRIVE (b) FIN (c) FAC section if applicable in a						art IV and Schedule I-	
1801 RESEARCH BLVD #400 ROCKVILLE, MD 20850 52-1532556 501(C)(3) 24,191. 0. SHADY GROVE HOSPITAL FINANCIAL SUPPORT FOR ACTIVITIES BELIEVER'S CLUB, LOCAL SERVICES,		(b) EIN			`non-cash	valuation (book, FMV, appraisal,	
FINANCIAL SUPPORT FOR ARC OF FREDERICK COUNTY, INC. 620-A RESEARCH DRIVE FINANCIAL SUPPORT FOR ACTIVITIES BELIEVER'S CLUB, LOCAL SERVICES,	1801 RESEARCH BLVD #400	52-1532556	501(C)(3)	24 191.	0.		SHADY GROVE HOSPITAL
	ARC OF FREDERICK COUNTY, INC. 620-A RESEARCH DRIVE				0.		FINANCIAL SUPPORT FOR ACTIVITIES BELIEVER'S CLUB, LOCAL SERVICES,
AUSHERMAN FAMILY FOUNDATION 7420 HAYWARD ROAD FREDERICK, MD 21701 20-4937263 501(C)(3) 7,863. 0. SUMMIT	7420 HAYWARD ROAD	20-4937263	501(C)(3)	7,863.	0.		
BANNER SCHOOL 1730 NORTH MARKET STREET FREDERICK, MD 21701 52-1254968 501(C)(3) 101,319. 0. BUILDING FUND, SCHOLARSHIP PROGRAM	1730 NORTH MARKET STREET	52-1254968	501(C)(3)	101,319.	0.		·
BIG BROTHERS BIG SISTERS OF FREDERICK COUNTY - 2 EAST CHURCH STREET - FREDERICK, MD 21701 52-1107974 501(C)(3) 6,520. 0. UNRESTRICTED, KEYBOARD AND ACCESSORIES, MENTORING ACTIVITIES	FREDERICK COUNTY - 2 EAST CHURCH	52-1107974	501(C)(3)	6,520.	0.		·
BOYS & GIRLS CLUB OF FREDERICK COUNTY - 805 PENNSYLVANIA AVENUE - HAGERSTOWN, MD 21742 26-3428855 501(C)(3) 9,719. 0. UNRESTRICTED, MATH & SCIENCE FACILITATOR GUIDES, REFRIGERATOR	COUNTY - 805 PENNSYLVANIA AVENUE -	26-3428855	501(C)(3)	9,719.	0.		SCIENCE FACILITATOR
2 Enter total number of section 501(c)(3) and government organizations 5 Inter total number of other organizations							71.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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						
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	SCHOLARSHIPS	359	508,967.	0.		
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			,			
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						
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						
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						
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			317			
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	Part IV Supplemental Information. Complete this part to provi	de the informatio	n required in Part I,	line 2, and any other	additional information.	
DETAILS THE USE OF THE FUNDS AND OUTCOME MEASURES AND RESULTS. COVER LETTER THAT IS SENT WITH GRANT CHECK STATES THAT GRANTEE SIGNIFIES IT	SCHEDULE I, PART I, LINE 2: THE ST	AFF CHEC	KS TO ENSU	RE THAT GR	ANTEE IS A	
LETTER THAT IS SENT WITH GRANT CHECK STATES THAT GRANTEE SIGNIFIES IT	QUALIFYING ORGANIZATION, AND REQU	ESTS END	OF GRANT	PERIOD REP	ORT WHICH	
	DETAILS THE USE OF THE FUNDS AND C	UTCOME M	EASURES AN	D RESULTS.	COVER	
AGREES TO TERMS OF GRANT BY DEPOSITING THE GRANT CHECK.	LETTER THAT IS SENT WITH GRANT CHE	CK STATE	S THAT GRA	NTEE SIGNI	FIES IT	
	AGREES TO TERMS OF GRANT BY DEPOSI	TING THE	GRANT CHE	CK.		
PART II, LINE 1, COLUMN (H):	PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT: ARC OF FREDERICK COUNTY, INC.	NAME OF ORGANIZATION OR GOVERNMENT	: ARC OF	FREDERICK	COUNTY, I	NC.	

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL SUPPORT FOR ACTIVITIES

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

COUNTY MA	11 1 DESTAD, 1	-110.					2-1400/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY UNITED METHODIST CHURCH 133 WEST SECOND STREET FREDERICK, MD 21701	52-0685068	501(C)(3)	9,113.	0.			UNRESTRICTED, KITCHEN RENOVATIONS
CATOCTIN HIGH SCHOOL 14745 SABILLASVILLE ROAD THURMONT, MD 21788	52-6000941	501(C)(3)	16,553.	0.			ACADEMIC AND EXTRACURRICULAR PROGRAM
CHURCH OF THE TRANSFIGURATION 6909 MARYLAND AVENUE BRADDOCK HEIGHTS, MD 21714	52-1549171	501(C)(3)	167,735.	0.			GENERAL SUPPORT
DELAPLAINE VISUAL ARTS EDUCATION CENTER - 40 SOUTH CARROLL STREET - FREDERICK, MD 21701	52-1481592	501(C)(3)	22,304.	0.			ART INSTRUCTIONS, HEAD START ART START PROGRAM, MATERIALS, SUPPLIES UNRESTRICTED, ART CLASSES
DR J ELMER HARP MEDICAL CENTER INC 400 EAST MAIN STREET MIDDLETOWN, MD 21769	52-1076100	501(C)(3)	9,237.	0.			2010-2011 SCHOLARSHIP PROGRAM
EVANGELICAL LUTHERAN CHURCH 35 EAST CHURCH STREET FREDERICK, MD 21701	52-0627772	501(C)(3)	16,920.	0.			FREDERICK AND URBANA CAMPUSES, FINE ARTS SERIES
FIRST BAPTIST CHURCH OF SILVER SPRING MARYLAND - 8415 FENTON STREET - SILVER SPRING, MD 20910	52-0607986	501(C)(3)	7,100.	0.			BAPTIST HOME FOR CHILDREN AND FAMILIES, DC BAPTIST CONVENTION, INTERNATIONAL AND NATIONAL MINISTRIES
FREDERICK ALLIANCE FOR YOUTH 1150 ORCHARD TERRACE FREDERICK, MD 21703	26-2230200	501(C)(3)	5,471.	0.			ACTIVITY SUBSIDY FOR CLUB EXPLORE PROGRAM, ART INSTRUCTION

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

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number 5.2–1.488711

COUNTY MA	RYLAND, I	INC.					52-1488/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assist	
FREDERICK COMMUNITY COLLEGE FOUNDATION - 7932 OPPOSSUMTOWN PIKE - FREDERICK, MD 21701	52-1231768	501(C)(3)	93,611.	0.	<		MUSIC INSTRUMENTS AND ACCESSORIES, MUSIC ARRANGEMENTS, SCHOLARSHIPS, WOMEN TO
FREDERICK COUNTY CHAMBER OF COMMERCE - 8420-B GAS HOUSE PIKE - FREDERICK, MD 21702	52-0318880	501(C)(6)	83,430.	0.			OPERATING EXPENSES FOR THE FREDERICK COUNTY BUSINESS ROUNDTABLE FOR EDUCATION AND LEADERSHIP
FREDERICK COUNTY HEALTH CARE COALITION - 350 MONTEVUE LANE - FREDERICK, MD 21702	27-0492113	501(C)(3)	14,207.	0.			HEALTH CARE COORDINATION
FREDERICK COUNTY HEALTH DEPARTMENT 350 MONTEVUE LANE FREDERICK, MD 21702		501(C)(3)	6,130.	0.			HEALTH CARE COORDINATION
FREDERICK COUNTY LANDMARKS 1110 ROSEMONT AVENUE FREDERICK, MD 21701	23-7241926	501(C)(3)	8,312.	0.			HISTORIC PRESERVATION AND
FREDERICK COUNTY PUBLIC LIBRARIES 110 EAST PATRICK STREET FREDERICK, MD 21701	52-2173683	501(C)(3)	48,393.	0.			HISTORIC RESEARCH, ACQUISITION AND MAINTENANCE MATERIALS, STORYLAND, STORYTIMES
FREDERICK COUNTY PUBLIC SCHOOLS 7630 HAYWARD ROAD FREDERICK, MD 21702	52-6000941	501(C)(3)	86,212.	0.			MUSIC EQUIPMENT AND MATERIALS, AGRICULTURAL GRANTS, EDUCATIONAL PROGRAMS,
FREDERICK COUNTY STUDENTS CONSTRUCTION TRADES FOUNDATION INC - 7922 OPOSSUMTOWN PIKE - FREDERICK, MD 21702	52-1188937	501(C)(3)	34,192.	0.			GENERAL SUPPORT

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

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number 52-1488711

	итпеир, т	.1101				-	72-1400/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	_
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICK MEMORIAL HOSPITAL 400 WEST SEVENTH STREET FREDERICK, MD 21701	52-0591612	501(C)(3)	79,419.	0.			HEALTHCARE SERVICES, UNRESTRICTED, EMERGENCY SERVICES, PATIENT CANCER THERAPY ASSISTANCE
FREDERICK UNION RESCUE MISSION 419 W. SOUTH STREET FREDERICK, MD 21705	52-0813371	501(C)(3)	16,857.	0.			NON-PERISHABLE FOOD, UNRESTRICTED, PROGRAM WORKBOOKS,KITCHEN EQUIPMENT, DRUG TESTING,
FRIENDS FOR NEIGHBORHOOD PROGRESS INC - 100 SOUTH MARKET STREET - FREDERICK, MD 21701	52-1036628	501(C)(3)	9,038.	0.			MEALS AND FOOD FOR NEEDY, MEDICAL AND DENTAL SERVICES
GALE HOUSES INC 608 EAST PATRICK STREET FREDERICK, MD 21701	52-1061150	501(C)(3)	9,512.	0.			MATTRESSES AND ENCASEMENTS
GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL - 4301 CONNECTICUT AVENUE, NW - WASHINGTON, DC 20008	54-0732966	501(C)(3)	7,661.	0.			SCOUTING ACTIVITIES IN FREDERICK COUNTY MARYLAND
GLADE UNITED CHURCH OF CHRIST 21 FULTON AVENUE WALKERSVILLE, MD 21793	52-0679615	501(C)(3)	6,390.	0.			GENERAL SUPPORT
GLADE VALLEY COMMUNITY SERVICES INC - P.O. BOX 655 - WALKERSVILLE, MD 21793	52-0679615	501(C)(3)	10,215.	0.			FOOD BANK
GOODWILL INDUSTRIES OF THE MONOCACY VALLEY, INC 400 EAST CHURCH STREET - FREDERICK, MD 21701	23-7047548	501(C)(3)	10,343.	0.			UNRESTRICTED, CAPITAL IMPROVEMENTS,TRAINING AND EDUCATION OF PERSONS WITH DISABILITIES, VIDEO

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

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

COUNTI III	KILAND, 1	1110.				-	02-1400/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE UNITED CHURCH OF CHRIST 25 EAST SECOND STREET FREDERICK, MD 21701	52-0607994	501(C)(3)	6,646.	0.			ACTIVITIES, PROGRAMS AND CAPITAL NEEDS,
HABITAT FOR HUMANITY OF FREDERICK COUNTY - 2 EAST CHURCH STREET - FREDERICK, MD 21701	52-1820647	501(C)(3)	6,192.	0.			CONSTRUCTION OF DUPLEX
HEARING AND SPEECH AGENCY OF METROPOLITAN BALTIMORE INC - 5900 METRO DRIVE - BALTIMORE, MD 21215	52-0591577	501(C)(3)	6,000.	0.			RESTRICTED GRANT FOR THE HILGENBURG SPEECH AND LANGUAGE CENTER
HEARTLY HOUSE, INC. PO BOX 857 FREDERICK, MD 21701	52-1186250	501(C)(3)	27,981.	0.			HEALTHY FAMILIES FREDERICK PROGRAM, SCHOLARSHIPS, CHILDREN'S SERVICES, SECURITY SYSTEM
HISTORICAL SOCIETY OF FREDERICK COUNTY - 24 EAST CHURCH STREET - FREDERICK, MD 21701	52-6050333	501(C)(3)	23,240.	0.			HISTORIC RESEARCH, MAINTENANCE, CAPITAL IMPROVEMENTS AND RESTORATION
HOMEWOOD AT CRUMLAND FARMS 7407 WILLOW ROAD FREDERICK, MD 21701	52-1931794	501(C)(3)	21,390.	0.			GENERAL SUPPORT
HOOD COLLEGE 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	77,010.	0.			ONICA PRALL SCHOOL, LIBRARY, ATHLETIC DEPARTMENT, ART AWARDS, SCHOLARSHIPS, BUILDING
HOPE ALIVE, INC. P.O. BOX 140 SABILLASVILLE, MD 21780	68-0515611	501(C)(3)	225,852.	0.			FIELD TRIPS, BREATHALIZER, FAMILY SHELTER CHILDREN'S DEVELOPMENT PROGRAM,

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

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

COUNTY MA	TITUMED, 1	1110.				•	02-1400/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF FREDERICK COUNTY P.O. BOX 1799 FREDERICK, MD 21705	52-1164513	501(C)(3)	14,310.	0.			UNRESTRICTED, BEREAVEMENT SUPPORT, HOSPICE HOUSE,CAMP JAMIE
JEANNE BUSSARD CENTER 555 SOUTH MARKET STREET FREDERICK, MD 21701	52-0808406	501(C)(3)	5,480.	0.			GENERAL SUPPORT
LEGAL AID BUREAU, INC 500 LEXINGTON STREET BALTIMORE, MD 21202	52-0591621	501(C)(3)	7,775.	0.			PARALEGAL AND GENERAL SUPPORT
LINGANORE OAKDALE URBANA YOUTH ATHLETIC ASSOCIATION - 9325 SNOWDEN RIVER PARKWAY - NEW MARKET, MD 21774	52-1126673	501(C)(3)	65,000.	0.			ENHANCEMENTS AND CONSTRUCTION OF BASEBALL & SPECIAL FIELDS
MARYLAND 4-H FOUNDATION, INC. 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	24,191.	0.			GENERAL SUPPORT TO 4-H CLUB OF MONTGOMERY COUNTY
MARYLAND FFA FOUNDATION, INC P.O. BOX 3241 SILVER SPRING, MD 20918	52-1354382	501(C)(3)	24,894.	0.			GENERAL SUPPORT
MARYLAND SHERIFFS' YOUTH RANCH, INC PO BOX 42 - BUCKEYSTOWN, MD 21717	52-1055741	501(C)(3)	5,075.	0.			ACTIVITIES PROGRAM AND CAPITAL NEEDS
MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, INC 263 W PATRICK STREET - FREDERICK, MD 21701	52-0968521	501(C)(3)	17,605.	0.			SECURITY SERVICES FOR SUPERVISED VISITATION 7 SESSION COURSE AND GENERAL SUPPORT

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

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

COUNTI HA	RILAND, 1	.11C •					02-1400/11
Part I Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION OF MERCY 22 S MARKET STREET FREDERICK, MD 21701	86-0704883	501(C)(3)	20,986.	0.			STARTUP COSTS, PROGRAM EXPANSION COSTS, PRENATAL PROGRAM AND GENERAL SUPPORT
MONTGOMERY COUNTY PUBLIC SCHOOLS 850 HUNGERFORD DRIVE ROCKVILLE, MD 20850	52-1804509	501(C)(3)	48,383.	0.			SCHOLARSHIP PROGRAMS
MONTGOMERY UNITED METHODIST CHURCH 28325 KEMPTOWN ROAD DAMASCUS, MD 20872	27-7420311	501(C)(3)	34,000.	0.			GENERAL SUPPORT
NATIONAL BRAIN TUMOR SOCIETY, INC 124 WATERMAN STREET WATERTOWN, MA 02472	04-3068130	501(C)(3)	15,000.	0.			GENERAL SUPPORT
NATIONAL LUTHERAN HOME FOR THE AGED - 9701 VIERS DRIVE - ROCKVILLE, MD 20850	53-0196624	501(C)(3)	12,420.	0.			GENERAL SUPPORT
NATIONAL PARK SERVICE 1850 DUAL HIGHWAY HAGERSTOWN, MD 21740	30-0401642	501(C)(3)	300,000.	0.			C&O CANAL AQUADUCT RESTORATION
PARKWAY ELEMENTARY SCHOOL 300 CARROLL PARKWAY FREDERICK, MD 21701	52-6000941	501(C)(3)	5,150.	0.			AFTERSCHOOL MENTORING PROGRAM
PARTNERS IN CARE 6 SOUTH RITCHIE HIGHWAY PASADENA, MD 21122	52-1911806	501(C)(3)	10,405.	0.			OPERATING AND TRANSPORTATION COSTS

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

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

COUNTY MA	TITIME, I	-110 •					02-1400/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS - 27 DEGRANGE STREET - FREDERICK, MD 21701	52-1449375	501(C)(3)	64,397.	0.			FOOD BANK, COLD WEATHER SHELTER, RENOVATIONS, MEDICAL AND DENTAL SERVICES
SAINT JOHN'S CATHOLIC PREP 889 BUTTERFLY LANE FREDERICK, MD 21701	52-0954961	501(C)(3)	17,238.	0.			SCHOLARSHIP PROGRAM AND GENERAL SUPPORT
SALVATION ARMY 223 WEST FIFTH STREET FREDERICK, MD 21701	52-0591457	501(C)(3)	5,845.	0.			EMERGENCY ASSISTANCE PROGRAMS
SECOND CHANCE, INC. 1645 WARNER STREET BALTIMORE, MD 21230	52-2276640	501(C)(3)	5,845.	0.			GENERAL SUPPORT
SHEPPARD PRATT HEALTH SYSTEM, INC P.O. BOX 6815 BALTIMORE, MD 21285	52-0591684	501(C)(3)	7,500.	0.			JEFFERSON SCHOOL -GENERAL SUPPORT AND SCHOLARSHIPS
ST CATHERINE'S NURSING CENTER 331 S SETON AVENUE EMMITSBURG, MD 21727	52-1835288	501(C)(3)	7,292.	0.			BENEVOLENCE FUND
ST JOHN'S REGIONAL SCHOOL 8414 OPOSSUMTOWN PIKE FREDERICK, MD 21701	52-1752206	501(C)(3)	145,000.	0.			TUITION ASSISTANCE PROGRAM
ST JOHN'S CEMETERY, INC. 112 EAST 2ND STREET FREDERICK, MD 21701	52-1746331	501(C)(13)	9,379.	0.			PRESERVATION AND MAINTENANCE OF CEMETERY

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

COUNTY MA	KIDAND, I	-110.					2-1400/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN'S LITERARY INSTITUTION 889 BUTTERFLY LANE FREDERICK, MD 21703	52-0954961	501(C)(3)	6,354.	0.			BUILDING FUND
THE COPPER RIDGE INSTITUTE 576 JOHNSVILLE ROAD ELDERSBURG, MD 21784	52-2139438	501(C)(3)	62,350.	0.			GENERAL SUPPORT AND BENEVOLENT FUND
THE LEARNING TREE EARLY LEARNING CENTER - 607 EAST D STREET - BRUNSWICK, MD 21716	23-7087042	501(C)(3)	5,086.	0.			PLAYGROUND EQUIPMENT
THORPEWOOD, INC. 12805A MINK FARM ROAD THURMONT, MD 21788	20-5381038	501(C)(3)	20,625.	0.			YOUTH ACTIVITIES, YOUNG WOMEN PROGRAMS, LATINO STUDENT PROGRAMS
TOURISM COUNCIL OF FREDERICK COUNTY, INC - 19 EAST CHURCH STREET - FREDERICK, MD 21701	52-1057866	501(C)(6)	10,750.	0.			BELL AND HISTORY DAYS ACTIVITIES, AFRICAN AMERICAN BROCHURE, GENERAL SUPPORT
UMCP FOUNDATION COLLEGE OF AGRICULTURE AND NATURAL RESOURCES - 1221 SYMONS HALL - COLLEGE PARK, MD 20740	52-2197313	501(C)(3)	7,298.	0.			COLLEGE OF AGRICULTURE
UNITED WAY OF FREDERICK COUNTY, INC PO BOX 307 - FREDERICK, MD 21701	52-0607973	501(C)(3)	24,191.	0.			GENERAL SUPPORT
VIRGINIA TECH UNIVERSITY DEVELOPMENT - 902 PRICES FORK ROAD - BLACKSBURG, VA 24061	52-0721690	501(C)(3)	25,956.	0.			CORPS OF CADETS, SCHOLARSHIP FUNDS, SCHOOL OF ENGINEERING

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

Schedule I-1 (Form 990) 2009

SCHEDULE I-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

COUNTI MA	KILAND, 1	.11/ •					32-1400/11
Part I Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on non-cash assistan	
WALKERSVILLE UNITED METHODIST CHURCH - 22 MAIN STREET - WALKERSVILLE, MD 21793	52-6043801	501(C)(3)	6,430.	0.			GENERAL SUPPORT
YELLOW RIBBON FUND 7200 WISCONSIN AVENUE							
BETHESDA, MD 20814 YMCA OF FREDERICK COUNTY 1000 NORTH MARKET STREET FREDERICK, MD 21701	36-4567583 52-0607953	501(C)(3) 501(C)(3)	25,000.	0.			GENERAL SUPPORT PLAYGROUND EQUIPMENT, VESTIBULATOR, SENSORY PERCEPTUAL EQUIPMENT, GENERAL SUPPORT
HOUSING AUTHORITY OF THE CITY OF FREDERICK - 520 NORTH MARKET STREET - FREDERICK, MD 21701		501(C)(3)	10,000.	0.			WOMEN ON THE MOVE - TRANSPORTATION & CHILDCARE
JUNIOR FIRE CO NO 2 535 NORTH MARKET STREET FREDERICK, MD 21701	52-0370587	501(C)(4)	5,500.	0.			EQUIPMENT

Part IV | Supplemental Information

BELIEVER'S CLUB, LOCAL SERVICES, RETREAT TO BUILDING PARENTING SKILLS,

TRAINING AND EDUCATION ACTIVITIES, GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT:

DELAPLAINE VISUAL ARTS EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ART INSTRUCTIONS, HEAD START ART

START PROGRAM, MATERIALS, SUPPLIES

UNRESTRICTED, ART CLASSES FOR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST BAPTIST CHURCH OF SILVER SPRING MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: BAPTIST HOME FOR CHILDREN AND

FAMILIES, DC BAPTIST CONVENTION, INTERNATIONAL AND NATIONAL MINISTRIES OF

ABC, ONE GREAT HOUR OF SHARING, THE SENIOR CONNECTION, ABC FOR DISASTER

RELIEF, OPERATIONS

NAME OF ORGANIZATION OR GOVERNMENT:

FREDERICK COMMUNITY COLLEGE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: MUSIC INSTRUMENTS AND ACCESSORIES,

MUSIC ARRANGEMENTS, SCHOLARSHIPS, WOMEN TO WOMEN MENTORING TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATING EXPENSES FOR THE FREDERICK

COUNTY BUSINESS ROUNDTABLE FOR EDUCATION AND LEADERSHIP FREDERICK AWARDS

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC LIBRARIES

(H) PURPOSE OF GRANT OR ASSISTANCE: HISTORIC RESEARCH, ACQUISITION AND

MAINTENANCE MATERIALS, STORYLAND, STORYTIMES ASSISTANCE FOR CHILDREN

Schedule I (Form 990) 2009

Part IV | Supplemental Information

GENERAL SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: MUSIC EQUIPMENT AND MATERIALS,

AGRICULTURAL GRANTS, EDUCATIONAL PROGRAMS,

TECHNOLOGY, DEVELOPMENT ACTIVITIES FOR STEM, BOOKS, SUMMER PROGRAMS,

BUILDING FUND

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK UNION RESCUE MISSION

(H) PURPOSE OF GRANT OR ASSISTANCE: NON-PERISHABLE FOOD, UNRESTRICTED,

PROGRAM WORKBOOKS, KITCHEN EQUIPMENT, DRUG TESTING, BICYCLE RACKS

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL INDUSTRIES OF THE MONOCACY VALLEY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, CAPITAL

IMPROVEMENTS, TRAINING AND EDUCATION OF PERSONS WITH DISABILITIES, VIDEO

TERMINAL PROJECT, SUPPLEMENTAL NUTRITION ASSISTANCE

NAME OF ORGANIZATION OR GOVERNMENT: HEARTLY HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTHY FAMILIES FREDERICK PROGRAM,

SCHOLARSHIPS, CHILDREN'S SERVICES, SECURITY SYSTEM UPGRADE, SMOKE

DETECTOR SYSTEM, TRANSITIONAL HOUSING, BUILDING RENOVATIONS AND

MAINTENANCE

NAME OF ORGANIZATION OR GOVERNMENT:

HISTORICAL SOCIETY OF FREDERICK COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: HISTORIC RESEARCH, MAINTENANCE,

CAPITAL IMPROVEMENTS AND RESTORATION

Schedule I (Form 990) 2009

Part IV Supplemental Information
LECTURE SERIES, ARCHIVAL STORAGE CONTAINERS UNRESTRICTED
NAME OF ORGANIZATION OR GOVERNMENT: HOOD COLLEGE
(H) PURPOSE OF GRANT OR ASSISTANCE: ONICA PRALL SCHOOL, LIBRARY,
ATHLETIC DEPARTMENT, ART AWARDS, SCHOLARSHIPS, BUILDING FUND
NAME OF ORGANIZATION OR GOVERNMENT: HOPE ALIVE, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: FIELD TRIPS, BREATHALIZER, FAMILY
SHELTER CHILDREN'S DEVELOPMENT PROGRAM, WOMEN'S DEVELOPMENT
TRANSPORTATION, 12 FOOD PANTRY STORAGE CABINETS, GENERAL SUPPORT
NAME OF ORGANIZATION OR GOVERNMENT:
RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS
(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD BANK, COLD WEATHER SHELTER,
RENOVATIONS, MEDICAL AND DENTAL SERVICES
UTILITY INTERRUPTION PREVENTION, EMERGENCY SHELTER AND DENTAL CARE FOR
WOMEN, EVICTION PREVENTION FOR WOMEN AND THEIR FAMILIES

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2009
Open to Public

Department of the Treasury Internal Revenue Service

Name of the Organization

► See the Instructions for Form 990.

THE COMMUNITY FOUNDATION OF FREDERICK

Inspection
Employer Identification number 52–1488711

COUNTY M	ARYLAND	, -	INC	С.				FREDERICK	52-148	8711
Part I Continuation of Officers, D	irectors, Tı	ust	tees	s, K	Cey	En	npl	oyees, and Highes	t Compensated	Employees
(A) Name and title	(B) Average hours	(cl	heck	Pos			olv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JAMES SHOEMAKER TRUSTEE	1.00	x						0.	0.	0.
ELIZABETH DAY PRESIDENT	60.00			х				94,946.	0.	20,731.
GAIL FITZGERALD CHIEF FINANCIAL OFFICER	60.00			х			Z	71,159.	0.	21,630.
	00.00							/1/1331		2270301
-					7					
						5				
		5								
-										
-										
			\vdash							

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

Schedule J-2 (Form 990) 2009

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number 52-1488711

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions	Revenues reported on Form 990, Part VIII, line 1g	Method of de revenu		ng	
		арриодые	Contributions		1010110			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	10	349,778.	HIGH-LOW AV	ERAG	E	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other • ()							
28	Other ()							
29	Number of Forms 8283 received by the organia		•					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledo	gment 29				
							Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial				• •			
	the entire holding period?					30a	_	_X_
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance		•	•		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			_	
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization did not report revenues in c	olumn (c) fo	a type of property	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number 52-1488711

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOREVER, FOR FREDERICK COUNTY.

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

FUND AGREEMENT IS SIGNED.

PART XI, LINE 2C

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

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name	of the organiza	tion	THE COUNTY				ON OF	FREDERIC	K	Employer identification number 52-1488711
THE	PROCESS	S R	EGARDING				OF THE	AUDITED	FINA	NCIAL
STA'	TEMENTS	IS	UNCHANGI	ED FRO	M THE	PRIOR	YEAR.			
				4						

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

 2009
Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

 $\begin{array}{c} \text{Employer identification number} \\ 52 - 1488711 \end{array}$

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part II Identification of Related Tax-Exempt Organications during the tax year.)	zations (Complete if the organization an	swered "Yes" to Form 990, Pa	art IV, line 34 becaus	se it had one or more r	elated tax-exempt
art II Identification of Related Tax-Exempt Organiorganizations during the tax year.) (a)	zations (Complete if the organization an	swered "Yes" to Form 990, Pa	art IV, line 34 becaus	se it had one or more r	elated tax-exempt
organizations during the tax year.)					·
organizations during the tax year.) (a) Name, address, and EIN of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN of related organization IE COMMUNITY FOUNDATION HOLDING COMPANY	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN of related organization ME COMMUNITY FOUNDATION HOLDING COMPANY MIC 52-2028247, 312 EAST CHURCH STREET,	(b) Primary activity PROVIDE FINANCIAL SUPPORT	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN of related organization HE COMMUNITY FOUNDATION HOLDING COMPANY NC 52-2028247, 312 EAST CHURCH STREET, REDERICK, MD 21701	(b) Primary activity PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN of related organization HE COMMUNITY FOUNDATION HOLDING COMPANY NC 52-2028247, 312 EAST CHURCH STREET, REDERICK, MD 21701 HE AUSHERMAN FAMILY TRUST - 52-7165889	(b) Primary activity PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MD	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN of related organization HE COMMUNITY FOUNDATION HOLDING COMPANY NC 52-2028247, 312 EAST CHURCH STREET, REDERICK, MD 21701 HE AUSHERMAN FAMILY TRUST - 52-7165889	(b) Primary activity PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MD PROVIDE SUPPORT TO THE	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN of related organization HE COMMUNITY FOUNDATION HOLDING COMPANY NC 52-2028247, 312 EAST CHURCH STREET, REDERICK, MD 21701 HE AUSHERMAN FAMILY TRUST - 52-7165889 420 HAYWARD ROAD	(b) Primary activity PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MD PROVIDE SUPPORT TO THE COMMUNITY FOUNDATION OF	(c) Legal domicile (state or foreign country) MARYLAND	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN of related organization HE COMMUNITY FOUNDATION HOLDING COMPANY NC 52-2028247, 312 EAST CHURCH STREET, REDERICK, MD 21701 HE AUSHERMAN FAMILY TRUST - 52-7165889 420 HAYWARD ROAD	(b) Primary activity PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MD PROVIDE SUPPORT TO THE COMMUNITY FOUNDATION OF	(c) Legal domicile (state or foreign country) MARYLAND	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling
organizations during the tax year.) (a) Name, address, and EIN	(b) Primary activity PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MD PROVIDE SUPPORT TO THE COMMUNITY FOUNDATION OF	(c) Legal domicile (state or foreign country) MARYLAND	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	n)	(i)	(j
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	and a firm and	Dispropate alloc	portion- cations?	Code V-UBI amount in box 20 of Schedule	Gener mana partr
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes
										1

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
	4.8					0.1.1.2.5	

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		_X_
b	Gift, grant, or capital contribution to other organization(s)			1b		X
	Gift, grant, or capital contribution from other organization(s)			1c	Х	
c	Loans or loan guarantees to or for other organization(s)			1d		X
e	Loans or loan guarantees by other organization(s)			1e		X
f	Sale of assets to other organization(s)			1f		X
	Purchase of assets from other organization(s)			1g		X
	Exchange of assets			1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k	Х	
-1	Performance of services or membership or fundraising solicitations by other organization(s)			11		X
n	n Sharing of facilities, equipment, mailing lists, or other assets			1m	Х	
	Sharing of paid employees			1n	Х	
c	Reimbursement paid to other organization for expenses			10		X
p	Reimbursement paid by other organization for expenses			1 p	Х	
c	Other transfer of cash or property to other organization(s)			1q		X
	Other transfer of cash or property from other organization(s)			1r		X
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 tra	ansaction thresholds				
	(a)	(b)		(c)		
	Name of other organization(s)	Transaction	Am	iount ir		b
		type (a-r)				
1)	THE COMMUNITY FOUNDATION HOLDING COMPANY, INC.	P		<u> </u>	4,6	<u>65.</u>
		_		_		
2)	THE AUSHERMAN FAMILY TRUST	С		3	8,7	50.
3)						
4)						
5)						
6)	4.0					
321	63 02-04-10 49	Sch	edule R	(Form	990)	2009

Schedule R (Form 990) 2009

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

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.

(a)	(b)	(c)		d)	(e)		f)	(g)	(ł	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all presents and are all presents ar	oartners 501(c)(3) ations?	Share of end-of- year assets	Dispr tior alloca	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or aging ner?
		country)	Yes			Yes		(Form 1065)	Yes	
	_									
	_									
	_									
	_									
	\dashv									
	_									
	\dashv									
			<u> </u>							
	_		ĺ							
	_		ĺ							
	\dashv									
	L	1						l		

Page 4

Schedule R (Form 990) 2009

