

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

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

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**312 EAST CHURCH STREET**

City or town, state or country, and ZIP + 4

**FREDERICK, MD 21701****F** Name and address of principal officer: **ELIZABETH Y. DAY****SAME AS C ABOVE****D** Employer identification number**52-1488711****E** Telephone number**301-695-7660****G** Gross receipts \$ **29,503,185.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.CFFREDCO.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1986** **M** State of legal domicile: **MD****Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities: **A CATALYST TO CREATE POSITIVE & LASTING IMPACT, BY BUILDING & FOSTERING RELATIONSHIPS - FOR GOOD.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3** **24****4** Number of independent voting members of the governing body (Part VI, line 1b) **4** **24****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a) **5** **12****6** Total number of volunteers (estimate if necessary) **6** **108****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a** **0.****b** Net unrelated business taxable income from Form 990-T, line 34 **7b** **0.**

Revenue

**8** Contributions and grants (Part VIII, line 1h) **Prior Year** **7,564,058.** **Current Year** **6,939,272.****9** Program service revenue (Part VIII, line 2g) **0.** **0.****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **1,235,112.** **2,507,585.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **50,798.** **103,164.****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **8,849,968.** **9,550,021.**

Expenses

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **3,248,847.** **2,793,709.****14** Benefits paid to or for members (Part IX, column (A), line 4) **0.** **0.****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **526,091.** **589,134.****16a** Professional fundraising fees (Part IX, column (A), line 11e) **0.** **0.****b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **160,473.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) **431,995.** **665,267.****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **4,206,933.** **4,048,110.****19** Revenue less expenses. Subtract line 18 from line 12 **4,643,035.** **5,501,911.**

Net Assets or Fund Balances

**20** Total assets (Part X, line 16) **Beginning of Current Year** **49,822,757.** **End of Year** **62,775,654.****21** Total liabilities (Part X, line 26) **5,382,189.** **6,965,630.****22** Net assets or fund balances. Subtract line 21 from line 20 **44,440,568.** **55,810,024.****Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

**ELIZABETH Y. DAY, PRESIDENT**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

**SUSAN KELLER**

Preparer's signature

Date

Check if self-employed

PTIN

Firm's name ▶ **ELLIN & TUCKER, CHARTERED**

Firm's EIN ▶

Firm's address ▶ **100 S CHARLES ST SUITE 1300  
BALTIMORE, MD 21201**Phone no. **410-727-5735**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

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

THE COMMUNITY FOUNDATION IS ONE OF FREDERICK COUNTY'S LARGEST PROVIDERS OF SCHOLARSHIPS TO INDIVIDUALS PURSUING POST-SECONDARY EDUCATION, WHICH INCLUDES TWO AND FOUR YEAR COLLEGES AND UNIVERSITIES AS WELL AS TRADE SCHOOLS. SCHOLAR AGES ARE 17 AND UP, AS SOME SCHOLARSHIPS ARE SPECIFICALLY FOR NON-TRADITIONAL STUDENTS. SCHOLARSHIPS ARE AVAILABLE FOR ALMOST ANY AREA OF STUDY, SOME DO NOT CONSIDER FINANCIAL NEED AS CRITERIA, AND SOME ARE RENEWABLE FOR ONE OR MORE YEARS. IN ADDITION, SEPARATE MUSIC SCHOLARSHIPS FOR YOUTH AGES 6 TO 17 ARE PROVIDED FOR CONTINUING EDUCATION IN VOICE AND INSTRUMENTAL INSTRUCTION.

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

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

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

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

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

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

4e Total program service expenses 3,240,660.

**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)?<br>If "Yes," complete Schedule A  | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors?  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | X  |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III                         |     |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | X   |    |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                      |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   |     | X  |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV |     | X  |
| 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   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   |     | X  |
| c 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   |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X      | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII   |     | X  |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional           | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E   |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV                     |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV                              |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV                                  |     | X  |
| 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   |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | X   |    |
| 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   |     | X  |
| 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H   |     | X  |
| b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        |     |    |

Form 990 (2010)

**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   | <input checked="" type="checkbox"/> |                                     |
| 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  | <input checked="" type="checkbox"/> |                                     |
| 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                           |                                     | <input checked="" type="checkbox"/> |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 |                                     | <input checked="" type="checkbox"/> |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |                                     |                                     |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |                                     |                                     |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |                                     |                                     |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |                                     | <input checked="" type="checkbox"/> |
| b 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             |                                     | <input checked="" type="checkbox"/> |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   |                                     | <input checked="" type="checkbox"/> |
| 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                 | <input checked="" type="checkbox"/> |                                     |
| 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):  |                                     |                                     |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |                                     | <input checked="" type="checkbox"/> |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |                                     | <input checked="" type="checkbox"/> |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |                                     | <input checked="" type="checkbox"/> |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | <input checked="" type="checkbox"/> |                                     |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   |                                     | <input checked="" type="checkbox"/> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   |                                     | <input checked="" type="checkbox"/> |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   |                                     | <input checked="" type="checkbox"/> |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   |                                     | <input checked="" type="checkbox"/> |
| 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  | <input checked="" type="checkbox"/> |                                     |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?  | <input checked="" type="checkbox"/> |                                     |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |                                     |                                     |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |                                     | <input checked="" type="checkbox"/> |
| 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  |                                     | <input checked="" type="checkbox"/> |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  | <input checked="" type="checkbox"/> |                                     |

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

|   | 1a | 1b | 1c | 2a | 2b | 3a | 3b | 4a | 5a | 5b | 5c | 6a | 6b | 7a | 7b | 7c | 7d | 7e | 7f | 7g | 7h | 8 | 9a | 9b | 10a | 10b | 11a | 11b | 12a | 12b | 13a | 13b | 13c | 14a | 14b |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 30 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   |    | 0  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 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  |    | 12 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 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?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 7 Organizations that may receive deductible contributions under section 170(c).   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?   |    |    | X  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| d If "Yes," indicate the number of Forms 8282 filed during the year   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 9 Sponsoring organizations maintaining donor advised funds.   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| a Did the organization make any taxable distributions under section 4966?   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b Did the organization make a distribution to a donor, donor advisor, or related person?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 10 Section 501(c)(7) organizations. Enter:  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 11 Section 501(c)(12) organizations. Enter:   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| a Gross income from members or shareholders   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?<br>Note. See the instructions for additional information the organization must report on Schedule O.   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| c Enter the amount of reserves on hand  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| 14a Did the organization receive any payments for indoor tanning services during the tax year?  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |   |    |    |     |     |     |     |     |     |     |     |     |     |     |

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

|   | 1a | 1b | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year  | 24 |    |     |    |
| b Enter the number of voting members included in line 1a, above, who are independent  |    | 24 |     |    |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |    |    | X   |    |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |    |    |     | X  |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |    |    |     | X  |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  |    |    |     | X  |
| 6 Does the organization have members or stockholders?   |    |    |     | X  |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  |    |    |     | X  |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |    |    |     | X  |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |    |    |     |    |
| a The governing body?   |    |    | X   |    |
| b Each committee with authority to act on behalf of the governing body?   |    |    | X   |    |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        |    |    |     | X  |

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

|  | 10a | 10b | 11a | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|--|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates?  |     |     |     |     |     |     |    |    |     |     |     |     |     | X  |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   |     |     | X   |     |     |     |    |    |     |     |     |     |     |    |
| b 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   |     |     |     | X   |     |     |    |    |     |     |     |     |     |    |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     |     |     |     | X   |     |    |    |     |     |     |     |     |    |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   |     |     |     |     |     | X   |    |    |     |     |     |     |     |    |
| 13 Does the organization have a written whistleblower policy?  |     |     |     |     |     |     | X  |    |     |     |     |     |     |    |
| 14 Does the organization have a written document retention and destruction policy?   |     |     |     |     |     |     |    | X  |     |     |     |     |     |    |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| a The organization's CEO, Executive Director, or top management official   |     |     |     |     |     |     |    |    | X   |     |     |     |     |    |
| b Other officers or key employees of the organization  |     |     |     |     |     |     |    |    |     | X   |     |     |     |    |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |     |     |     |     |     |     |    |    |     |     |     |     |     |    |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     |     |     |     |     |     |    |    |     |     |     |     |     | X  |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |     |     |     |     |     |    |    |     |     |     |     |     |    |

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **GAIL FITZGERALD - 301-695-7660**  
**312 EAST CHURCH STREET, FREDERICK, MD 21701**

**THE COMMUNITY FOUNDATION OF FREDERICK  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                       | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| KATHLEEN M. DAVIS<br>CHAIRMAN OF THE BOARD  | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ANDREW CARPEL<br>PAST CHAIRMAN OF THE BOARD | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| DOUGLAS W. SELBY<br>TREASURER               | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| META NASH<br>FIRST VICE CHAIRMAN            | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| JANET MCCURDY<br>SECOND VICE CHAIRMAN       | 1.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| JOHN E. TRITT<br>SECRETARY                  | 2.00   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| CATHARINE FAIRLEY<br>TRUSTEE                | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| HUMBERTO BENITEZ<br>TRUSTEE                 | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOHN QUINN<br>TRUSTEE                       | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOHN R. RATNAVALE<br>TRUSTEE                | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KARLYS KLINE<br>TRUSTEE                     | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ROBERT BROADRUP<br>TRUSTEE                  | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BRENDA MAIN<br>TRUSTEE                      | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOY ONLEY<br>TRUSTEE                        | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LISA COBLENTZ<br>TRUSTEE                    | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DAVID HOFFMAN<br>TRUSTEE                    | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| J. RAY RAMSBURG, III<br>TRUSTEE             | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| SHIRLEY SHORES<br>TRUSTEE                                      | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DENNIS E. BLACK<br>TRUSTEE                                     | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CYNTHIA S. PALMER<br>TRUSTEE                                   | 2.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JAMES R. SHOEMAKER<br>TRUSTEE                                  | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JOANNE R. MCCOY<br>TRUSTEE                                     | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WILLIAM BLAKESLEE<br>TRUSTEE                                   | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| CORNELIUS R. FAY, III<br>TRUSTEE                               | 1.00   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ELIZABETH Y. DAY<br>PRESIDENT                                  | 50.00  |  |                       | X       |              |                              |        | 100,387.   | 0.  | 21,857.   |
| GAIL M. FITZGERALD<br>CHIEF FINANCIAL OFFICER                  | 50.00  |  |                       | X       |              |                              |        | 75,452.  | 0.  | 21,332.   |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 175,839.   | 0.  | 43,189.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 175,839.   | 0.  | 43,189.   |

|   |  |     |    |
|---|--|-----|----|
| 2 | Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  | 1   |    |
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual   | Yes | No |
| 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 |     | X  |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       |     | 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.

| (A)<br>Name and business address                         | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| M&T INVESTMENT GROUP<br>P.O. BOX 1377, BUFFALO, NY 14203 | INVESTMENT MANAGER             | 139,423.            |
|  |                                |                     |
|  |                                |                     |
|  |                                |                     |

|   |          |
|---|----------|
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization | <b>1</b> |
|---|----------|

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**Part VIII Statement of Revenue**

|   |   |                |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|---|---|----------------|----------------------|----------------------|---|---|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b> | <b>1 a</b> Federated campaigns .....  | <b>1a</b>      |                      |                      |   |   |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>      |                      |                      |   |   |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>      | 1,645.               |                      |   |   |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>      |                      |                      |   |   |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>      | 200,000.             |                      |   |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>      | 6,737,627.           |                      |   |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |                | 233,971.             |                      |   |   |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                |                      | 6,939,272.           |   |   |  |
| <b>Program Service<br/>Revenue</b>                                | <b>2 a</b> .....  |                |                      | <b>Business Code</b> |   |   |  |
|   | <b>b</b> .....  |                |                      |                      |   |   |  |
|   | <b>c</b> .....  |                |                      |                      |   |   |  |
|   | <b>d</b> .....  |                |                      |                      |   |   |  |
|   | <b>e</b> .....  |                |                      |                      |   |   |  |
|   | <b>f</b> All other program service revenue .....  |                |                      |                      |   |   |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   |                |                      |                      |   |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....  |                |                      | 1,316,439.           |   |   | 1316439.   |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |                |                      |                      |   |   |  |
|   | <b>5</b> Royalties .....  |                |                      |                      |   |   |  |
|   | <b>6 a</b> Gross Rents .....  | (i) Real       | (ii) Personal        |                      |   |   |  |
|   | <b>b</b> Less: rental expenses .....  |                |                      |                      |   |   |  |
|   | <b>c</b> Rental income or (loss) .....  |                |                      |                      |   |   |  |
|   | <b>d</b> Net rental income or (loss) .....  |                |                      |                      |   |   |  |
|   | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities | (ii) Other           |                      |   |   |  |
|   | <b>b</b> Less: cost or other basis<br>and sales expenses .....  |                |                      | 21107967             |   |   |  |
|   | <b>c</b> Gain or (loss) .....   |                |                      | 19916821             |   |   |  |
|   | <b>d</b> Net gain or (loss) .....   |                |                      | 1191146.             |   |   |  |
|   | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 1,645. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>a</b>       |                      | 139,507.             |   |   |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>       |                      | 36,343.              |   |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events .....   |                |                      | 103,164.             |   |   | 103,164.   |
|   | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....   | <b>a</b>       |                      |                      |   |   |  |
|   | <b>b</b> Less: direct expenses .....  | <b>b</b>       |                      |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....  |                |                      |                      |   |   |  |
|   | <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....  | <b>a</b>       |                      |                      |   |   |  |
|   | <b>b</b> Less: cost of goods sold .....   | <b>b</b>       |                      |                      |   |   |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....   |                |                      |                      |   |   |  |
| <b>Miscellaneous Revenue</b>                                      |   |                | <b>Business Code</b> |                      |   |   |  |
| <b>11 a</b> .....   |   |                |                      |                      |   |   |  |
| <b>b</b> .....  |   |                |                      |                      |   |   |  |
| <b>c</b> .....  |   |                |                      |                      |   |   |  |
| <b>d</b> All other revenue .....                                  |   |                |                      |                      |   |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                           |   |                |                      |                      |   |   |  |
| <b>12 Total revenue.</b> See instructions. ....                   |   |                |                      | 9,550,021.           | 0.  | 0.                                      | 2610749.   |

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**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).*

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....   | 2,379,112.            | 2,379,112.                      |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....   | 414,597.              | 414,597.                        |  |                             |
| 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 .....  | 216,465.              | 40,566.                         | 114,480.                               | 61,419.                     |
| 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 .....  | 305,651.              | 175,278.                        | 86,117.                                | 44,256.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....   | 4,001.                | 2,908.                          | 808.                                   | 285.                        |
| 9 Other employee benefits .....   | 26,405.               | 12,841.                         | 9,289.                                 | 4,275.                      |
| 10 Payroll taxes .....  | 36,612.               | 15,613.                         | 13,316.                                | 7,683.                      |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management .....  |                       |                                 |  |                             |
| b Legal .....   |                       |                                 |  |                             |
| c Accounting .....  | 6,400.                |                                 | 6,400.                                 |                             |
| d Lobbying .....  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees .....  | 264,785.              |                                 | 264,785.                               |                             |
| g Other .....   | 109,176.              | 108,491.                        | 685.                                   |                             |
| 12 Advertising and promotion .....  | 4,080.                |                                 |  | 4,080.                      |
| 13 Office expenses .....  | 37,627.               | 8,663.                          | 17,671.                                | 11,293.                     |
| 14 Information technology .....   | 37,876.               | 19,037.                         | 15,031.                                | 3,808.                      |
| 15 Royalties .....  |                       |                                 |  |                             |
| 16 Occupancy .....  | 55,285.               | 20,228.                         | 30,247.                                | 4,810.                      |
| 17 Travel .....   | 1,032.                | 225.                            | 401.                                   | 406.                        |
| 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 .....  | 61,114.               | 22,222.                         | 32,719.                                | 6,173.                      |
| 23 Insurance .....  | 8,545.                | 3,332.                          | 3,824.                                 | 1,389.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)                                     |                       |                                 |  |                             |
| a <b>EVENTS</b> .....   | 33,562.               | 11,301.                         | 15,690.                                | 6,571.                      |
| b <b>NEWSLETTER</b> .....   | 13,338.               |                                 | 12,004.                                | 1,334.                      |
| c <b>ANNUAL REPORT</b> .....  | 12,991.               | 423.                            | 11,269.                                | 1,299.                      |
| d <b>DUES &amp; SUBSCRIPTIONS</b> .....   | 12,609.               | 4,875.                          | 6,437.                                 | 1,297.                      |
| e <b>OTHER</b> .....  | 6,847.                | 948.                            | 5,804.                                 | 95.                         |
| f All other expenses .....  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24f   | 4,048,110.            | 3,240,660.                      | 646,977.                               | 160,473.                    |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |  |                             |

**Part X Balance Sheet**

|  |   | (A)<br>Beginning of year  |             | (B)<br>End of year |
|--|---|---|-------------|--------------------|
| <b>Assets</b>  | 1 Cash - non-interest-bearing .....   | 3,145,916.  | 1           | 274,117.           |
|  | 2 Savings and temporary cash investments .....  |   | 2           |                    |
|  | 3 Pledges and grants receivable, net .....  | 174,698.  | 3           | 152,971.           |
|  | 4 Accounts receivable, net .....  |   | 4           |                    |
|  | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....   |   | 5           |                    |
|  | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) ..... |   | 6           |                    |
|  | 7 Notes and loans receivable, net .....   |   | 7           |                    |
|  | 8 Inventories for sale or use .....   |   | 8           |                    |
|  | 9 Prepaid expenses and deferred charges .....   | 12,279.   | 9           | 15,355.            |
|  | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 361,262.  |             |                    |
|  | b Less: accumulated depreciation .....  | 10b 244,612.  |             |                    |
|  |   | 10c 143,247.  | 10c         | 116,650.           |
|  | 11 Investments - publicly traded securities .....   | 16,993,164.   | 11          | 59,903,422.        |
|  | 12 Investments - other securities. See Part IV, line 11 .....   | 27,744,520.   | 12          |                    |
|  | 13 Investments - program-related. See Part IV, line 11 .....  |   | 13          |                    |
|  | 14 Intangible assets .....  |   | 14          |                    |
| 15 Other assets. See Part IV, line 11 .....  | 1,608,933.  | 15  | 2,313,139.  |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....  | 49,822,757.   | 16  | 62,775,654. |                    |
| <b>Liabilities</b>   | 17 Accounts payable and accrued expenses .....  | 77,056.   | 17          | 131,068.           |
|  | 18 Grants payable .....   |   | 18          |                    |
|  | 19 Deferred revenue .....   |   | 19          |                    |
|  | 20 Tax-exempt bond liabilities .....  |   | 20          |                    |
|  | 21 Escrow or custodial account liability. Complete Part IV of Schedule D .....  |   | 21          |                    |
|  | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....   |   | 22          |                    |
|  | 23 Secured mortgages and notes payable to unrelated third parties .....   |   | 23          |                    |
|  | 24 Unsecured notes and loans payable to unrelated third parties .....   |   | 24          |                    |
|  | 25 Other liabilities. Complete Part X of Schedule D .....   | 5,305,133.  | 25          | 6,834,562.         |
|  | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 5,382,189.  | 26          | 6,965,630.         |
|  | <b>Net Assets or Fund Balances</b>  | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |             |                    |
| 27 Unrestricted net assets .....   |   | 35,453,870.   | 27          | 40,557,391.        |
| 28 Temporarily restricted net assets .....   |   | 4,018,686.  | 28          | 5,854,248.         |
| 29 Permanently restricted net assets .....   |   | 4,968,012.  | 29          | 9,398,385.         |
| Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. |   |   |             |                    |
| 30 Capital stock or trust principal, or current funds .....  |   |   | 30          |                    |
| 31 Paid-in or capital surplus, or land, building, or equipment fund .....  |   |   | 31          |                    |
| 32 Retained earnings, endowment, accumulated income, or other funds .....  |   |   | 32          |                    |
| 33 <b>Total net assets or fund balances</b> .....  |   | 44,440,568.   | 33          | 55,810,024.        |
| 34 <b>Total liabilities and net assets/fund balances</b> .....   | 49,822,757.   | 34  | 62,775,654. |                    |

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☒

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

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>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  | X  |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | 2c  | X  |
| 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 separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | 3a  | X  |
| 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  |    |

Form 990 (2010)



**THE COMMUNITY FOUNDATION OF FREDERICK**

Schedule A (Form 990 or 990-EZ) 2010 **COUNTY MARYLAND, INC.**

52-1488711 Page 2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 6094900. | 5974573. | 7190336. | 7564058. | 6939272. | 33763139. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3 .....  | 6094900. | 5974573. | 7190336. | 7564058. | 6939272. | 33763139. |
| 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) ..... |          |          |          |          |          | 8555483.  |
| 6 Public support. Subtract line 5 from line 4.  |          |          |          |          |          | 25207656. |

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

|   |    |       |                                     |
|---|----|-------|-------------------------------------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....   | 14 | 61.10 | %                                   |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 .....   | 15 | 61.72 | %                                   |
| 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....  |    |       | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....   |    |       | <input type="checkbox"/>            |
| 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    |       | <input type="checkbox"/>            |
| b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    |       | <input type="checkbox"/>            |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....   |    |       | <input type="checkbox"/>            |

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.) .....   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....   |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.) .....   |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ..... |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization .....

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

**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

**2010**

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

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(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% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ 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 *exclusively* 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 *exclusively* 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 *exclusively* 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. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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



## Name of organization

THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.

## Employer identification number

52-1488711

## Part I Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4      | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 1,507,369.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 597,112.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 296,863.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 215,338.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 300,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 365,854.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(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 I Contributors (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4      | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 7          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 641,351.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 8          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 179,847.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 9          | [REDACTED]<br>[REDACTED]<br>[REDACTED] | \$ 170,222.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  |                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  |                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  |                                | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization

THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.

52-1488711

**Part II    Noncash Property** (see instructions)[illegible]

Name of organization

Employer identification number

THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.

52-1488711

**Part III**

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No.<br>from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

| (a) No.<br>from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

| (a) No.<br>from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

| (a) No.<br>from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

**(e) Transfer of gift**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

**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.

OMB No. 1545-0047

**2010**Open to Public  
InspectionName of the organization **THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.**Employer identification number  
**52-1488711****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the  
organization answered "Yes" to Form 990, Part IV, line 6.

|   | (a) Donor advised funds   | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year .....   | 145   | 480                          |
| 2 Aggregate contributions to (during year) .....  | 1,555,041.  | 5,029,214.                   |
| 3 Aggregate grants from (during year) .....   | 1,281,269.  | 1,746,136.                   |
| 4 Aggregate value at end of year .....  | 7,980,344.  | 49,683,154.                  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds<br>are the organization's property, subject to the organization's exclusive legal control? .....   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only<br>for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring<br>impermissible private benefit? ..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- |  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last  
day of the tax year.
- |   | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements .....  | 2a                              |
| b Total acreage restricted by conservation easements .....  | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....  | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure<br>listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax  
year ▶ .....
- 4 Number of states where property subject to conservation easement is located ▶ .....
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  
violations, and enforcement of the conservation easements it holds? .....
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ .....
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ .....
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)  
and section 170(h)(4)(B)(ii)? .....
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and  
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for  
conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,  
historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV,  
the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical  
treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts  
relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide  
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange programs  
 e ☐ Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

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

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 5,339,207.       | 2,106,947.     | 2,347,964.         |                      |                     |
| b Contributions                                  | 4,363,661.       | 3,076,541.     | 37,362.            |                      |                     |
| c Net investment earnings, gains, and losses     | 940,844.         | 178,964.       | -205,736.          |                      |                     |
| d Grants or scholarships                         | 22,003.          | 23,245.        | 72,643.            |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 10,621,709.      | 5,339,207.     | 2,106,947.         |                      |                     |

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☒ 88.50 %  
 c Term endowment ☒ 11.50 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

|                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations |     | X  |
| (ii) related organizations  |     | X  |
| 3b                          |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      |                                 |                              |                |
| c Leasehold improvements  |                                      | 217,526.                        | 151,419.                     | 66,107.        |
| d Equipment   |                                      | 143,736.                        | 93,193.                      | 50,543.        |
| e Other   |                                      |                                 |                              |                |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 116,650.       |

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives .....   |                |  |
| (2) Closely-held equity interests .....                                 |                |  |
| (3) Other .....   |                |  |
| (A) .....   |                |  |
| (B) .....   |                |  |
| (C) .....   |                |  |
| (D) .....   |                |  |
| (E) .....   |                |  |
| (F) .....   |                |  |
| (G) .....   |                |  |
| (H) .....   |                |  |
| (I) .....   |                |  |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶        |                |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                               | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1) .....  |                |  |
| (2) .....  |                |  |
| (3) .....  |                |  |
| (4) .....  |                |  |
| (5) .....  |                |  |
| (6) .....  |                |  |
| (7) .....  |                |  |
| (8) .....  |                |  |
| (9) .....  |                |  |
| (10) .....   |                |  |
| 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 |
|---|----------------|
| (1) .....   |                |
| (2) .....   |                |
| (3) .....   |                |
| (4) .....   |                |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| (10) .....  |                |
| 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 |
|---|------------|
| (1) Federal income taxes  |            |
| (2) LIABILITIES UNDER SPLIT-INTEREST                                |            |
| (3) AGREEMENTS  | 1,233,589. |
| (4) FUNDS HELD FOR OTHERS (FAS 136)                                 | 5,600,973. |
| (5) .....   |            |
| (6) .....   |            |
| (7) .....   |            |
| (8) .....   |            |
| (9) .....   |            |
| (10) .....  |            |
| (11) .....  |            |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ |            |
|   | 6,834,562. |

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

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

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

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

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

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

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

PART X, LINE 2: THE FOUNDATION FOLLOWS THE PROVISIONS OF ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE

CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS,



**Part XIV** Supplemental Information (continued)

WHICH INCLUDE MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

|  |             |
|--|-------------|
| CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS   | 382,612.    |
| CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE | 14,735.     |
| FUNDS HELD FOR OTHERS                            | -1,575,595. |
| TOTAL TO SCHEDULE D, PART XI, LINE 8             | -1,178,248. |

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

|   |          |
|---|----------|
| CHANGE IN CSV                                   | 14,735.  |
| RELATED ORGANIZATION INCOME AND UNREALIZED LOSS | 11,903.  |
| CHANGE IN PV OF FUTURE INTEREST                 | 382,612. |
| FUNDRAISING EVENTS                              | 36,343.  |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D          | 445,593. |

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

|                       |            |
|-----------------------|------------|
| FUNDS HELD FOR OTHERS | 1,889,734. |
|-----------------------|------------|

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

|   |         |
|---|---------|
| RELATED ORGANIZATION EXPENSES           | 13,394. |
| FUNDRAISING EVENTS                      | 36,343. |
| TOTAL TO SCHEDULE D, PART XIII, LINE 2D | 49,737. |

**PART XIII, LINE 4B - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

FUNDS HELD FOR OTHERS

314,139.

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. ▶ See separate instructions.**

OMB No. 1545-0047

2010

### Open To Public Inspection

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

Employer identification number  
52-1488711

## Part I

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

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

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations

- e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| Total .....   |               |  |    |                                   |   |   |

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

**THE COMMUNITY FOUNDATION OF FREDERICK**

Schedule G (Form 990 or 990-EZ) 2010

**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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |  | (a) Event #1                       | (b) Event #2                       | (c) Other events    | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|------------------------------------|------------------------------------|---------------------|--|
|                 |  | GOLF<br>TOURNAMENT<br>(event type) | GOLF<br>TOURNAMENT<br>(event type) | 8<br>(total number) |  |
| Revenue         | 1 Gross receipts .....   | 30,720.                            | 22,353.                            | 88,079.             | 141,152.   |
|                 | 2 Less: Charitable contributions .....                               | 980.                               | 665.                               |                     | 1,645.   |
|                 | 3 Gross income (line 1 minus line 2) .....                           | 29,740.                            | 21,688.                            | 88,079.             | 139,507.   |
| Direct Expenses | 4 Cash prizes .....  |                                    |                                    |                     |  |
|                 | 5 Noncash prizes .....   |                                    |                                    | 2,544.              | 2,544.   |
|                 | 6 Rent/facility costs .....  | 18,852.                            |                                    | 10,914.             | 29,766.  |
|                 | 7 Food and beverages .....   |                                    |                                    |                     |  |
|                 | 8 Entertainment .....  |                                    |                                    |                     |  |
|                 | 9 Other direct expenses .....  | 2,097.                             |                                    | 1,937.              | 4,034.   |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                    |                                    |                     | ( 36,344 )   |
|                 | 11 Net income summary. Combine line 3, column (d), and line 10 ..... |                                    |                                    |                     | 103,163.   |

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

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
| Revenue         | 1 Gross revenue .....   |   |   |   |   |
|                 | 2 Cash prizes .....   |   |   |   |   |
| Direct Expenses | 3 Noncash prizes .....  |   |   |   |   |
|                 | 4 Rent/facility costs .....   |   |   |   |   |
|                 | 5 Other direct expenses .....   |   |   |   |   |
|                 | 6 Volunteer labor .....   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary. Add lines 2 through 5 in column (d) .....     |   |   |   | ( )   |
|                 | 8 Net gaming income summary. Combine line 1, column d, and line 7 ..... |   |   |   |   |

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No  
b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No  
b If "Yes," explain: \_\_\_\_\_

**THE COMMUNITY FOUNDATION OF FREDERICK**

Schedule G (Form 990 or 990-EZ) 2010 **COUNTY MARYLAND, INC.**

**52-1488711** Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**52-1488711**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ☐

| 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.<br>1801 RESEARCH BLVD #400<br>ROCKVILLE, MD 20850              | 52-1532556 | 501(C)(3)                     | 25,778.                  | 0.                                |   |  | SHADY GROVE HOSPITAL<br>TRANSITIONAL HOUSING<br>PROGRAM FOR PARENT<br>MOTHERS WITH CHILDREN,<br>AFTER-SCHOOL ACTIVITIES               |
| ADVOCATES FOR HOMELESS FAMILIES,<br>INC. - 216 ABRECHT PLACE -<br>FREDERICK, MD 21701      | 52-1591139 | 501(C)(3)                     | 9,885.                   | 0.                                |   |  | 2011 CAPITAL CAMPAIGN AND<br>2011 GENERAL FUND,<br>MAINTENANCE AND<br>RESTORATION, UNRESTRICTED                                       |
| ALL SAINTS EPISCOPAL CHURCH<br>108 WEST CHURCH STREET<br>FREDERICK, MD 21701               | 52-0610441 | 501(C)(3)                     | 41,163.                  | 0.                                |   |  | UNRESTRICTED, RESTRICTED<br>FOR LOCAL SERVICES,<br>FINANCIAL SUPPORT FOR<br>ACTIVITIES, TO SUPPORT                                    |
| ARC OF FREDERICK COUNTY, INC.<br>620-A RESEARCH DRIVE<br>FREDERICK, MD 21703               | 52-6055211 | 501(C)(3)                     | 66,804.                  | 0.                                |   |  | TV, TV MOUNTS AND WII<br>BUNDLES, PROJECT LEARN<br>APPRENTICESHIP PROGRAM<br>FOR FEMALE APPRENTICES,<br>GENERAL OPERATING<br>EXPENSES |
| BOYS & GIRLS CLUB OF FREDERICK<br>COUNTY, INC. - 413 BURCK STREET -<br>FREDERICK, MD 21701 | 26-3428855 | 501(C)(3)                     | 7,554.                   | 0.                                |   |  |   |
| CAKES FOR CAUSE<br>21 EAST 5TH STREET<br>FREDERICK, MD 21701                               | 77-0712653 | 501(C)(3)                     | 13,000.                  | 0.                                |   |  |   |

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

**3** Enter total number of other organizations **4.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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Schedule I (Form 990) **Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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<br>133 WEST 2ND STREET<br>FREDERICK, MD 21701                       | 52-0685068 | 501(C)(3)                     | 5,560.                   | 0.                                |   |  | ASBESTOS ABATEMENT IN THE<br>EDUCATION BUILDING,<br>UNRESTRICTED   |
| CHURCH OF THE TRANSFIGURATION<br>6909 MARYLAND AVENUE, P.O. BOX 87<br>BRADDOCK HEIGHTS, MD 21714    | 52-1549171 | 501(C)(3)                     | 180,735.                 | 0.                                |   |  | FINANCIAL SUPPORT  |
| COVENANT PRESBYTERIAN CHURCH<br>6926 TRAIL BOULEVARD<br>NAPLES, FL 34108                            | 52-1098689 | 501(C)(3)                     | 20,000.                  | 0.                                |   |  | UNRESTRICTED   |
| DELAPLAINE VISUAL ARTS EDUCATION<br>CENTER - 40 SOUTH CARROLL STREET -<br>FREDERICK, MD 21701       | 52-1481592 | 501(C)(3)                     | 25,097.                  | 0.                                |   |  | UNRESTRICTED, ARTS/ART<br>CLASS FOR FREDERICK<br>COUNTY, ART CLASSES FOR<br>CHILDREN                     |
| EVANGELICAL LUTHERAN CHURCH<br>35 EAST CHURCH STREET<br>FREDERICK, MD 21701                         | 52-0627772 | 501(C)(3)                     | 18,731.                  | 0.                                |   |  | UNRESTRICTED   |
| FAMILY PLUS, INC.<br>35 EAST CHURCH STREET<br>FREDERICK, MD 21701                                   | 52-1389967 | 501(C)(3)                     | 7,700.                   | 0.                                |   |  | SPONSORSHIP FOR PARENTING<br>PROGRAMS  |
| FIRST BAPTIST CHURCH OF SILVER<br>SPRING MARYLAND - 8415 FENTON<br>STREET - SILVER SPRING, MD 20910 | 52-0607986 | 501(C)(3)                     | 7,100.                   | 0.                                |   |  | GENERAL FUND, BAPTIST<br>CONVENTION, INTERNATIONAL<br>MISSIONS, ONE GREAT HOUR<br>OF SHARING, THE SENIOR |
| FREDERICK COUNTY BOARD OF COUNTY<br>COMMISSIONERS - 12 EAST CHURCH<br>STREET - FREDERICK, MD 21701  | 52-6000943 | 501(C)(3)                     | 248,672.                 | 0.                                |   |  | BUILDING FUNDS FOR<br>CITIZENS CARE AND<br>REHABILITATION CENTER AND<br>MONTEVUE HOME                    |
| FREDERICK COUNTY AGRICULTURAL<br>SOCIETY, INC. - P.O. BOX 604 -<br>FREDERICK, MD 21705<br>LHA       | 52-0915839 | 501(C)(5)                     | 44,000.                  | 0.                                |   |  | CAPITAL IMPROVEMENTS TO<br>THE DOMESTIC ARTS BLDG.   |

Schedule I (Form 990)

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

52-1488711 Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FREDERICK COUNTY HEALTH CARE COALITION - 350 MONTEVUE LANE - FREDERICK, MD 21702                | 27-0492113 | 501(C)(3)                     | 69,417.                  | 0.                                |   |  | HEALTH CARE COORDINATION, MEDICATIONS AND DIAGNOSTIC/LABORATORY TEST                    |
| FREDERICK COUNTY LANDMARKS 1110 ROSEMONT AVENUE FREDERICK, MD 21701                             | 23-7241926 | 501(C)(3)                     | 9,049.                   | 0.                                |   |  | FINANCIAL SUPPORT, HISTORIC PRESERVATION, PRESERVATION OF FREDERICK COUNTY RESIDENCES   |
| FREDERICK COUNTY PUBLIC LIBRARIES 110 EAST PATRICK STREET FREDERICK, MD 21701                   | 52-2173683 | 501(C)(3)                     | 12,621.                  | 0.                                |   |  | MAINTAIN AND EXPAND HOLDINGS OF MD ROOM, HISTORIC RESEARCH, MATERIALS FOR C. BURR       |
| FREDERICK COUNTY PUBLIC SCHOOLS 191 SOUTH EAST STREET FREDERICK, MD 21702                       | 52-6000941 | 501(C)(3)                     | 15,488.                  | 0.                                |   |  | ACQUISITION OF BOOKS, MUSIC EQUIPMENT AND MATERIALS, GIFTS FOR EDUCATION GRANTS, ANNUAL |
| FREDERICK MEMORIAL HEALTHCARE SYSTEM - 400 WEST 7TH STREET - FREDERICK, MD 21701                | 52-0591612 | 501(C)(3)                     | 6,724.                   | 0.                                |   |  | UNRESTRICTED  |
| FREDERICK MEMORIAL HOSPITAL, INC. 400 WEST 7TH STREET FREDERICK, MD 21701                       | 52-0591612 | 501(C)(3)                     | 47,853.                  | 0.                                |   |  | UNRESTRICTED, A NEW CENTURY OF CARING CAMPAIGN, GOOD SAMARITAN COMMITMENT               |
| FREDERICK UNION RESCUE MISSION, INC. - 419 WEST SOUTH STREET - FREDERICK, MD 21705              | 52-0813371 | 501(C)(3)                     | 21,624.                  | 0.                                |   |  | UNRESTRICTED  |
| GALE HOUSES, INC. 608 EAST PATRICK STREET FREDERICK, MD 21701                                   | 52-1061150 | 501(C)(3)                     | 11,159.                  | 0.                                |   |  | UNRESTRICTED  |
| GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL - 4301 CONNECTICUT AVENUE, NW - WASHINGTON, DC 20008 | 54-0732966 | 501(C)(3)                     | 15,926.                  | 0.                                |   |  | CAMP SUBSIDY FOR FREDERICK YOUTH CAMP   |

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Schedule I (Form 990)



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

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GLADE UNITED CHURCH OF CHRIST<br>21 FULTON AVENUE<br>WALKERSVILLE, MD 21793                      | 52-0679615 | 501(C)(3)                     | 6,816.                   | 0.                                |   |  | UNRESTRICTED  |
| HEARTLY HOUSE, INC.<br>P.O. BOX 857<br>FREDERICK, MD 21705                                       | 52-1186250 | 501(C)(3)                     | 27,548.                  | 0.                                |   |  | TRANSITIONAL HOUSING,<br>FINANCIAL SUPPORT FOR<br>CHILDREN SERVICES                       |
| HISTORICAL SOCIETY OF FREDERICK<br>COUNTY, INC. - 24 EAST CHURCH<br>STREET - FREDERICK, MD 21701 | 52-6050333 | 501(C)(3)                     | 19,156.                  | 0.                                |   |  | HISTORIC RESEARCH,<br>MAINTENANCE AND<br>RESTORATION                                      |
| HOMES FOR OUR TROOPS, INC.<br>6 MAIN STREET<br>TAUNTON, MA 02780                                 | 54-2143612 | 501(C)(3)                     | 5,838.                   | 0.                                |   |  | SGT. ADAM KISIELEWSKI<br>PROJECT  |
| HOMWOOD AT CRUMLAND FARMS<br>7407 WILLOW ROAD<br>FREDERICK, MD 21702                             | 52-1931794 | 501(C)(3)                     | 23,869.                  | 0.                                |   |  | UNRESTRICTED, SERVICES TO<br>PERSONS WITH ALZHEIMER'S<br>DISEASES AND RELATED<br>DISORDER |
| HOOD COLLEGE<br>401 ROSEMONT AVENUE<br>FREDERICK, MD 21701                                       | 52-0591608 | 501(C)(3)                     | 22,513.                  | 0.                                |   |  | UNRESTRICTED, SUMMER<br>CHAMBER MUSIC FESTIVAL,<br>ANNUAL FUND                            |
| HOPE ALIVE, INC.<br>P.O. BOX 140<br>SABILLASVILLE, MD 21780                                      | 68-0515611 | 501(C)(3)                     | 8,524.                   | 0.                                |   |  | UNRESTRICTED, AUSERMAN<br>INITIATIVE FUNDRAISER,<br>FOR THE FAMILY SHELTER<br>PROGRAM     |
| HOSPICE OF FREDERICK COUNTY, INC.<br>P.O. BOX 1799<br>FREDERICK, MD 21705                        | 52-1164513 | 501(C)(3)                     | 20,078.                  | 0.                                |   |  | UNRESTRICTED, KLINE<br>HOSPICE HOUSE, CAMP<br>JAMIE, OPERATION SUPPORT                    |
| JEANNE BUSSARD CENTER<br>555 SOUTH MARKET STREET<br>FREDERICK, MD 21701<br>LHA                   | 52-0808406 | 501(C)(3)                     | 8,023.                   | 0.                                |   |  | UNRESTRICTED, OPERATION<br>SUPPORT  |

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF FREDERICK**

Schedule I (Form 990)

**COUNTY MARYLAND, INC.**

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LEGAL AID BUREAU, INC<br>500 LEXINGTON STREET<br>BALTIMORE, MD 21202                                | 52-0591621 | 501(C)(3)                     | 8,900.                   | 0.                                |   |  | PARALEGAL ASSISTANCE, TO PROVIDE SUBSIDY FOR PRO SE LEGAL CLINIC                            |
| MARYLAND 4-H FOUNDATION, INC.<br>8020 GREENMEAD DRIVE<br>COLLEGE PARK, MD 20740                     | 52-6056016 | 501(C)(3)                     | 27,778.                  | 0.                                |   |  | 4H CLUB OF MONTGOMERY COUNTY, SITE FEE AND BUSES FOR SUMMER CAREERS INSTITUTE               |
| MARYLAND FFA FOUNDATION, INC.<br>P.O. BOX 3241<br>SILVER SPRING, MD 20918                           | 52-1354382 | 501(C)(3)                     | 26,528.                  | 0.                                |   |  | UNRESTRICTED  |
| MARYLAND SHERIFFS' YOUTH RANCH, INC. - P.O. BOX 42 - BUCKEYSTOWN, MD 21717                          | 52-1055741 | 501(C)(3)                     | 5,374.                   | 0.                                |   |  | UNRESTRICTED, ACTIVITIES, PROGRAMS AND CAPITAL NEEDS  |
| MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, INC. - 263 WEST PATRICK STREET - FREDERICK, MD 21701 | 52-0968521 | 501(C)(3)                     | 31,460.                  | 0.                                |   |  | UNRESTRICTED, PSYCHOTHERAPY SERVICES  |
| MISSION OF MERCY<br>22 SOUTH MARKET STREET<br>FREDERICK, MD 21701                                   | 86-0704883 | 501(C)(3)                     | 16,805.                  | 0.                                |   |  | GENERAL SUPPORT, REPAIR COST FOR MOBILE MEDICAL VANS, GOLF TOURNAMENT SPONSORSHIP, PRENATAL |
| MONTGOMERY UNITED METHODIST CHURCH<br>28325 KEMPTOWN ROAD<br>DAMASCUS, MD 20872                     | 27-7420311 | 501(C)(3)                     | 19,600.                  | 0.                                |   |  | UNRESTRICTED  |
| NATIONAL LUTHERAN HOME FOR THE AGED - 9701 VIERS DRIVE - ROCKVILLE, MD 20850                        | 53-0196624 | 501(C)(3)                     | 13,231.                  | 0.                                |   |  | UNRESTRICTED  |
| NEUROFIBROMATOSIS MID-ATLANTIC, INC. - 8855 ANNAPOLIS ROAD, SUITE 110 - LANHAM, MD 20706            | 22-2580179 | 501(C)(3)                     | 19,000.                  | 0.                                |   |  | CAMP NEW FRIENDS  |

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF FREDERICK**

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Schedule I (Form 990) **COUNTY MARYLAND, INC.**  
 Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NEW HOPE METHODIST CHURCH<br>7 SOUTH MARYLAND AVENUE<br>BRUNSWICK, MD 21716                           | 52-0683373 | 501(C)(3)                     | 27,000.                  | 0.                                |   |  | BUILDING FUNDS   |
| OXFORD COMMUNITY CENTER<br>P.O. BOX 308<br>OXFORD, MD 21654   | 52-1186193 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | CAPITAL CAMPAIGN   |
| PARKWAY ELEMENTARY SCHOOL<br>300 CARROLL PARKWAY<br>FREDERICK, MD 21701                               | 52-6000941 | 501(C)(3)                     | 5,560.                   | 0.                                |   |  | AFTER SCHOOL MENTORING PROGRAM   |
| PARTNERS IN CARE, INC.<br>6 SOUTH RITCHIE HIGHWAY<br>PASADENA, MD 21122                               | 52-1911806 | 501(C)(3)                     | 5,432.                   | 0.                                |   |  | REIMBURSEMENT FOR VOLUNTEER'S FUEL, FOR FREDERICK COUNTY, MD PROGRAMS                        |
| HOUSING AUTHORITY OF THE CITY OF FREDERICK - PROJECT ALIVE - 209 MADISON STREET - FREDERICK, MD 21701 | 52-6001395 | 501(C)(3)                     | 17,050.                  | 0.                                |   |  | SUMMERSAVE CAMPERSHIPS SUBSIDY, PURCHASE OF PORTABLE SOUND SYSTEM, CHILDCARE, TRANSPORTATION |
| REBUILDING TOGETHER OF FREDERICK COUNTY MD, INC. - P.O. BOX 1822 - FREDERICK, MD 21702                | 52-1892763 | 501(C)(3)                     | 75,579.                  | 0.                                |   |  | UNRESTRICTED   |
| RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS - 27 DEGRANGE STREET - FREDERICK, MD 21701              | 52-1449375 | 501(C)(3)                     | 56,964.                  | 0.                                |   |  | UNRESTRICTED, DENTAL CARE, HOMELESS CENTER, EVICTION PREVENTION FOR WOMEN AND THEIR FAMILIES |
| ROTARY CLUB OF CARROLL CREEK<br>P.O. BOX 39<br>FREDERICK, MD 21705                                    | 52-1829548 | 501(C)(4)                     | 19,561.                  | 0.                                |   |  | HONDURAS PROJECT   |
| SAINT JOHN'S CATHOLIC PREP<br>889 BUTTERFLY LANE<br>FREDERICK, MD 21703                               | 52-0954961 | 501(C)(3)                     | 22,802.                  | 0.                                |   |  | FINANCIAL AID AND SCHOLARSHIPS, BUILDING PROJECT EXPENSES AND CAPITAL CAMPAIGN               |

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Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SALVATION ARMY<br>223 WEST 5TH STREET, P.O. BOX 1003<br>FREDERICK, MD 21702                                       | 52-0591457 | 501(C)(3)                     | 5,555.                   | 0.                                |   |  | UNRESTRICTED, EMERGENCY FOOD AND SHELTER PROGRAM                                       |
| SETON CENTER, INC.<br>16840 SOUTH SETON AVENUE<br>EMMITTSBURG, MD 21727   | 52-1182284 | 501(C)(3)                     | 15,750.                  | 0.                                |   |  | EMERGENCY HOUSING NEEDS, JUMP START YOUR JOB PROGRAM                                   |
| ST JOHN'S CEMETERY, INC.<br>112 EAST 2ND STREET<br>FREDERICK, MD 21701  | 52-1746331 | 501(C)(13)                    | 6,769.                   | 0.                                |   |  | PRESERVATION AND MAINTENANCE   |
| TEACH AUTISTIC CHILDREN TODAY, INC. - 5519 WOOLLYN ROAD -<br>FREDERICK, MD 21703                                  | 26-0568826 | 501(C)(3)                     | 10,074.                  | 0.                                |   |  | THERAPY FOR CHILDREN   |
| THE BANNER SCHOOL<br>1730 NORTH MARKET STREET<br>FREDERICK, MD 21701  | 52-1254968 | 501(C)(3)                     | 101,466.                 | 0.                                |   |  | NEW BUILDING ACQUISITION, FINANCIAL ASSISTANCE TO STUDENTS                             |
| UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION, INC. - 2119 MAIN ADMINISTRATION BUILDING - COLLEGE PARK, MD 20742 | 52-2197313 | 501(C)(3)                     | 25,778.                  | 0.                                |   |  | COLLEGE OF AGRICULTURE   |
| UNITED WAY OF FREDERICK COUNTY, INC. - P.O. BOX 307 - FREDERICK, MD 21705   | 52-0607973 | 501(C)(3)                     | 10,682.                  | 0.                                |   |  | UNRESTRICTED, PURCHASE OF LAPTOP FOR COMMUNITY PRESENTATION                            |
| UNIVERSITY OF MARYLAND BALTIMORE FOUNDATION, INC. - 620 WEST LEXINGTON STREET - BALTIMORE, MD 21201               | 31-1678679 | 501(C)(3)                     | 57,017.                  | 0.                                |   |  | SCHOOL OF NURSING FOR THE DOROTHY POLLOCK AND PATRICIA ROBINSON SMITH SCHOLARSHIP FUND |
| URBANA JR. HAWKS BASEBALL ASSOCIATION - 9721 ROYAL CREST CIRCLE - FREDERICK, MD 21704                             | 52-2082440 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | ENGINEERING SERVICES FOR WORK IN THE URBANA FIELDS                                     |

LHA

Schedule I (Form 990)

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

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Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part 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  |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WALKERSVILLE UNITED METHODIST CHURCH - 22 MAIN STREET - WALKERSVILLE, MD 21793                            | 52-6043801 | 501(C)(3)                     | 6,752.                   | 0.                                |   |  | UNRESTRICTED  |
| YELLOW RIBBON FUND<br>4905 DEL RAY AVENUE<br>BETHESDA, MD 20814   | 36-4567583 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | UNRESTRICTED  |
| YMCA OF FREDERICK COUNTY, INC.<br>1000 NORTH MARKET STREET<br>FREDERICK, MD 21701                         | 52-0607953 | 501(C)(3)                     | 26,005.                  | 0.                                |   |  | UNRESTRICTED, ON-SITE<br>CHILDCARE FOR SEMINAR<br>PARTICIPANTS, CAMP<br>SUBSIDY     |
| FREDERICK COUNTY CHAMBER OF<br>COMMERCE - 8420-B GAS HOUSE PIKE -<br>FREDERICK, MD 21701                  | 52-0318880 | 501(C)(6)                     | 47,161.                  | 0.                                |   |  | OPERATING EXPENSES,<br>INTERNSHIPS  |
| FREDERICK COUNTY 4-H CAMP AND<br>ACTIVITIES CENTER - 10521 OLD<br>FREDERICK ROAD - FREDERICK, MD<br>21701 | 52-1117160 | 501(C)(3)                     | 25,599.                  | 0.                                |   |  | YOUTH, REPAIR AND<br>REINSTALLATION ROOFTOPS<br>OF 4-H BUILDING                     |
| SERVICE COORDINATION, INC.<br>5303 SPECTRUM DRIVE, SUITE 1<br>FREDERICK, MD 21703                         | 52-1651219 | 501(C)(3)                     | 9,295.                   | 0.                                |   |  | RIFTON CHAIR AND<br>ACCESSORIES, PATIENT LIFT<br>CHAIR, WHEELCHAIR TYPE<br>STROLLER |
| FRIENDS FOR NEIGHBORHOOD PROGRESS,<br>INC. - 100 SOUTH MARKET STREET -<br>FREDERICK, MD 21701             | 52-1036628 | 501(C)(3)                     | 6,164.                   | 0.                                |   |  | PRESCRIPTION MEDICATIONS  |
| MONTGOMERY COUNTY PUBLIC SCHOOLS<br>8501 HUNGERFORD DRIVE, #149<br>ROCKVILLE, MD 20850                    | 52-1804509 | 501(C)(3)                     | 51,557.                  | 0.                                |   |  | SCHOLARSHIPS  |
| EMMITTSBURG OSTEOPATHIC PRIMARY<br>CARE CENTER, INC. - P.O. BOX 1219<br>- EMMITTSBURG, MD 21727           | 52-2179848 | 501(C)(3)                     | 5,769.                   | 0.                                |   |  | ASSESS PEAK FLOW METERS   |

LHA

Schedule I (Form 990)



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

52-1488711

Page 2

Schedule I (Form 990) (2010)

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

| (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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 298                      | 414,597.                 | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

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

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

PART II, LINE 1, COLUMN (H):

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

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONAL HOUSING PROGRAM FOR

**Part IV** Supplemental Information

PARENT MOTHERS WITH CHILDREN, AFTER-SCHOOL ACTIVITIES FEES AND RELATED  
EXPENSES FOR HOMELESS CHILDREN, UNRESTRICTED GIFTS

NAME OF ORGANIZATION OR GOVERNMENT: ALL SAINTS EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: 2011 CAPITAL CAMPAIGN AND 2011  
GENERAL FUND, MAINTENANCE AND RESTORATION, UNRESTRICTED GIFT

NAME OF ORGANIZATION OR GOVERNMENT: ARC OF FREDERICK COUNTY, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST BAPTIST CHURCH OF SILVER SPRING MARYLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL FUND, BAPTIST CONVENTION,  
INTERNATIONAL MISSIONS, ONE GREAT HOUR OF SHARING, THE SENIOR CONNECTION,  
DISASTER RELIEF, BAPTIST HOME FOR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC LIBRARIES

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

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: ACQUISITION OF BOOKS, MUSIC  
EQUIPMENT AND MATERIALS, GIFTS FOR EDUCATION GRANTS, ANNUAL DISBURSEMENT

NAME OF ORGANIZATION OR GOVERNMENT: MISSION OF MERCY



**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSING AUTHORITY OF THE CITY OF FREDERICK - PROJECT ALIVE

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

NAME OF ORGANIZATION OR GOVERNMENT:

RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS

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

NAME OF ORGANIZATION OR GOVERNMENT: WEINBERG CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: REPAIR AND RENOVATION OF WURLITZER  
PIANO, HIGH SCHOOL JAZZ, CHAMBER EVENT, FREE TICKETS TO SICK CHILDREN AND  
THEIR FAMILIES

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered**  
**"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,**  
**or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

# 2010

### Open To Public Inspection

Employer identification number  
52-1488711

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Excess Benefit Transactions</b> (section 501(c)(3) and section 501(c)(4) organizations only). |
|---------------|--|

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

[illegible]

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

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

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Loans to and/or From Interested Persons.</b> |
|----------------|---|

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

[illegible]

| Category | Amount | Unit |
|----------|--------|------|
| 1. Total | 100.00 | \$   |

|                 |  |
|-----------------|--|
| <b>Part III</b> | <b>Grants or Assistance Benefiting Interested Persons.</b> |
|-----------------|--|

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

[illegible]

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

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.

52-1488711

Schedule L (Form 990 or 990-EZ) 2010

Page 2

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: CLYDE CRUM

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER TRUSTEE

(C) AMOUNT OF GRANT \$ 1,026.

(C) TYPE OF ASSISTANCE: SCHOLARSHIP TO FAMILY MEMBER

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

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

Employer identification number  
**52-1488711**

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 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 .....                                  | X                             | 12  | 233,971.   | HIGH-LOW AVERAGE   |
| 10 Securities - Closely held stock .....                              |                               |   |  |  |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |   |  |  |
| 12 Securities - Miscellaneous .....                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>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 organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

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

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |
| 33  |     |    |

b If "Yes," describe the arrangement in Part II.

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) (2010)

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule M (Form 990) (2010) COUNTY MARYLAND, INC.

52-1488711

Page 2

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

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 A, LINE 2: CATHERINE FAIRLEY AND CORNELIUS R.

FAY, III- BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE AND TREASURER

REVIEW THE FORM 990, THEN FORWARD IT TO THE BOARD OF TRUSTEES FOR ITS

REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, TRUSTEES, AND KEY

EMPLOYEES MUST COMPLETE A QUESTIONNAIRE OUTLINING THEIR INTERESTS AND

RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. THE

GOVERNANCE COMMITTEE AND STAFF REVIEW THE INFORMATION CONTAINED THEREIN AND

ARE WATCHFUL AT BOARD MEETINGS FOR VOTES THAT MAY CONSTITUTE A CONFLICT

MAKING SURE THAT THE INTERESTED PARTY ABSTAINS FROM VOTING. THE ABSTENTION

IS NOTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCE COMMITTEE

ESTABLISHES SALARY RANGES BASED ON OTHER NONPROFIT AND FOUNDATION SALARY

INFORMATION. PERFORMANCE REVIEWS THEN DETERMINE WHERE ON THE SALARY RANGE

THE POSITION WILL FALL.

FORM 990, PART VI, SECTION C, LINE 19: COPIES ARE AVAILABLE ON THE

ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST. ALL DONORS FOUNDING FUNDS

RECEIVE A COPY OF THE ARTICLES OF INCORPORATION AND BYLAWS AT THE TIME THE

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11

Name of the organization THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.Employer identification number  
52-1488711

FUND AGREEMENT IS SIGNED.

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

|  |             |
|--|-------------|
| NET UNREALIZED GAINS ON INVESTMENTS:             | 7,045,793.  |
| CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS   | 382,612.    |
| CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE | 14,735.     |
| FUNDS HELD FOR OTHERS                            | -1,575,595. |
| TOTAL TO FORM 990, PART XI, LINE 5               | 5,867,545.  |

PART XI, LINE 2C

THE PROCESS REGARDING THE PREPARATION OF THE AUDITED FINANCIAL  
STATEMENTS IS UNCHANGED FROM THE PRIOR YEAR.

**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.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047  
**2010**  
Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**52-1488711**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| THE COMMUNITY FOUNDATION HOLDING COMPANY<br>INC. - 52-2028247, 312 EAST CHURCH STREET,<br>FREDERICK, MD 21701 | PROVIDE FINANCIAL SUPPORT<br>TO THE COMMUNITY<br>FOUNDATION OF FREDERICK | MARYLAND  | 501(C)(3)                     | LINE 11A, I   |                                     |  | X  |
| THE AUSERMAN FAMILY TRUST - 52-7165889<br>7420 HAYWARD ROAD<br>FREDERICK, MD 21702                            | PROVIDE SUPPORT TO THE<br>COMMUNITY FOUNDATION OF<br>FREDERICK COUNTY MD | MARYLAND  | 501(C)(3)                     | LINE 11A, I   |                                     |  | X  |
|   |  |   |                               |   |                                     |  |    |
|   |  |   |                               |   |                                     |  |    |
|   |  |   |                               |   |                                     |  |    |
|   |  |   |                               |   |                                     |  |    |
|   |  |   |                               |   |                                     |  |    |
|   |  |   |                               |   |                                     |  |    |
|   |  |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2010



52-1488711 Page 2

**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.)

[illegible]

**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.)

[illegible]

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

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

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

**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?

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>a</b> Receipt of (i) interest (ii) royalties or (iv) rent from a controlled entity                 |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> Gift, grant, or capital contribution to other organization(s)                                |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> Gift, grant, or capital contribution from other organization(s)                              | <input checked="" type="checkbox"/> |                                     |
| <b>d</b> Loans or loan guarantees to or for other organization(s)                                     |                                     | <input checked="" type="checkbox"/> |
| <b>e</b> Loans or loan guarantees by other organization(s)  |                                     | <input checked="" type="checkbox"/> |
| <b>f</b> Sale of assets to other organization(s)  |                                     | <input checked="" type="checkbox"/> |
| <b>g</b> Purchase of assets from other organization(s)  |                                     | <input checked="" type="checkbox"/> |
| <b>h</b> Exchange of assets   |                                     | <input checked="" type="checkbox"/> |
| <b>i</b> Lease of facilities, equipment, or other assets to other organization(s)                     |                                     | <input checked="" type="checkbox"/> |
| <b>j</b> Lease of facilities, equipment, or other assets from other organization(s)                   |                                     | <input checked="" type="checkbox"/> |
| <b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) |                                     | <input checked="" type="checkbox"/> |
| <b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)  |                                     | <input checked="" type="checkbox"/> |
| <b>m</b> Sharing of facilities, equipment, mailing lists, or other assets                             |                                     | <input checked="" type="checkbox"/> |
| <b>n</b> Sharing of paid employees  |                                     | <input checked="" type="checkbox"/> |
| <b>o</b> Reimbursement paid to other organization for expenses  |                                     | <input checked="" type="checkbox"/> |
| <b>p</b> Reimbursement paid by other organization for expenses  |                                     | <input checked="" type="checkbox"/> |
| <b>q</b> Other transfer of cash or property to other organization(s)                                  |                                     | <input checked="" type="checkbox"/> |
| <b>r</b> Other transfer of cash or property from other organization(s)                                |                                     | <input checked="" type="checkbox"/> |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of other organization | (b)<br>Transaction<br>type (a-r) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|----------------------------------|------------------------|---|
| (1) THE AUSERMAN FAMILY TRUST     | C                                | 47,494.CASH            |   |
| (2)                               |                                  |                        |   |
| (3)                               |                                  |                        |   |
| (4)                               |                                  |                        |   |
| (5)                               |                                  |                        |   |
| (6)                               |                                  |                        |   |

**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.

[illegible]

**Part VII** Supplemental Information

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