

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

2011**Open to Public Inspection****A** For the **2011** calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012****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)

312 EAST CHURCH STREET

Room/suite

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 \$**38,070,827.****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 & 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 <input type="checkbox"/> 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 2011 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	109
	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 6,939,272.	Current Year 22,726,928.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,507,585.	2,498,862.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,164.	98,287.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,550,021.	25,324,077.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,793,709.	2,603,636.
Expenses	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)	589,134.	600,297.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 184,786.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	665,267.	689,144.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,048,110.	3,893,077.
19	Revenue less expenses. Subtract line 18 from line 12	5,501,911.	21,431,000.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 62,775,654.	End of Year 81,967,149.
	21	Total liabilities (Part X, line 26)	6,965,630.	6,888,453.
	22	Net assets or fund balances. Subtract line 21 from line 20	55,810,024.	75,078,696.

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 <input type="checkbox"/> if self-employed	PTIN P00245169
	Firm's name ▶ ELLIN & TUCKER, CHARTERED	Firm's EIN ▶ 52-0959934			
	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

THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC.

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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 IS DEDICATED TO CONNECTING PEOPLE WHO CARE
WITH CAUSES THAT MATTER TO ENRICH THE QUALITY OF LIFE IN FREDERICK
COUNTY NOW AND FOR FUTURE GENERATIONS.

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 554,756. including grants of \$ 369,390.) (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 \$ 285,596. including grants of \$ 183,127.) (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 \$ 2,144,603. including grants of \$ 2,051,119.) (Revenue \$)
THE COMMUNITY FOUNDATION PROVIDES RESTRICTED GRANTS TO QUALIFIED
NONPROFITS, GENERALLY IDENTIFIED AS 501(C)(3) ORGANIZATIONS THAT ARE
CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY, OR FAITH-BASED IN
PURPOSE. GRANTS ARE DISBURSED ANNUALLY TO NONPROFIT ORGANIZATION(S) AS
SPECIFIED BY THE DONOR'S FUND AGREEMENT, PROVIDING THE ORGANIZATION
MEETS THE 501(C)(3) REQUIREMENT AND IS IN GOOD STANDING. THESE GRANTS
SUPPORT THE ARTS, ENVIRONMENT, HISTORIC PRESERVATION, EDUCATION, ANIMAL
WELFARE, YOUTH PROGRAMS, CIVIC CAUSES, ELDER CARE, FAITH-BASED
PROGRAMS, AND COMMUNITY PROGRAMS.

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

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

4e Total program service expenses ► 2,984,955.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	33	
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	10	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		X
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)?		X
b	If "Yes," enter the name of the foreign country: 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
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?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
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? 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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a	24		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	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?	2		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?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

		Yes	No	
10a Did the organization have local chapters, branches, or affiliates?	10a		X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X		
13 Did the organization have a written whistleblower policy?	13	X		
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X		
b Other officers or key employees of the organization	15b	X		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

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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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN M. DAVIS TREASURER/PAST CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(2) META NASH CHAIRMAN OF THE BOARD	1.00	X		X				0.	0.	0.
(3) JANET MCCURDY FIRST VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(4) CATHARINE FAIRLEY TRUSTEE	1.00	X						0.	0.	0.
(5) HUMBERTO BENITEZ SECRETARY	2.00	X		X				0.	0.	0.
(6) JOHN QUINN TRUSTEE	1.00	X						0.	0.	0.
(7) JOHN R. RATNAVALE TRUSTEE	1.00	X						0.	0.	0.
(8) KARLYS KLINE TRUSTEE	1.00	X						0.	0.	0.
(9) ROBERT BROADRUP TRUSTEE	1.00	X						0.	0.	0.
(10) BRENDA MAIN TRUSTEE	1.00	X						0.	0.	0.
(11) JOY ONLEY TRUSTEE	1.00	X						0.	0.	0.
(12) LISA COBLENTZ TRUSTEE	1.00	X						0.	0.	0.
(13) DAVID HOFFMAN TRUSTEE	1.00	X						0.	0.	0.
(14) J. RAY RAMSBURG, III TRUSTEE	1.00	X						0.	0.	0.
(15) SHIRLEY SHORES TRUSTEE	1.00	X						0.	0.	0.
(16) DENNIS E. BLACK TRUSTEE	2.00	X						0.	0.	0.
(17) CYNTHIA S. PALMER TRUSTEE	2.00	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES R. SHOEMAKER SECOND VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(19) JOANNE R. MCCOY TRUSTEE	1.00	X						0.	0.	0.
(20) WILLIAM BLAKESLEE TRUSTEE	1.00	X						0.	0.	0.
(21) CORNELIUS R. FAY, III TRUSTEE	1.00	X						0.	0.	0.
(22) DEBRA S. BORDEN TRUSTEE	1.00	X						0.	0.	0.
(23) MARK A. MAYER TRUSTEE	1.00	X						0.	0.	0.
(24) DALE T. SUMMERS VICE TREASURER	1.00	X		X				0.	0.	0.
(25) ELIZABETH Y. DAY PRESIDENT	50.00			X				106,413.	0.	29,280.
(26) GAIL M. FITZGERALD CHIEF FINANCIAL OFFICER	50.00			X				80,177.	0.	23,564.
1b Sub-total								186,590.	0.	52,844.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								186,590.	0.	52,844.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
M&T INVESTMENT GROUP P.O. BOX 1377, BUFFALO, NY 14203	INVESTMENT MANAGER	154,144.

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

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COUNTY MARYLAND, INC.**

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	3,355.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	22723573.				
	g Noncash contributions included in lines 1a-1f: \$		223,694.				
	h Total. Add lines 1a-1f			22726928.			
	Program Service Revenue			Business Code			
2 a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,242,095.			1242095.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			1,256,767.			1256767.
	8 a Gross income from fundraising events (not including \$ 3,355. of contributions reported on line 1c). See Part IV, line 18	a		118,020.			
	b Less: direct expenses	b		19,733.			
	c Net income or (loss) from fundraising events			98,287.			98,287.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				25324077.	0.	0.	2597149.

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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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,234,246.	2,234,246.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	369,390.	369,390.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	223,163.	41,914.	117,603.	63,646.
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	303,128.	174,197.	85,729.	43,202.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,101.	4,302.	1,800.	999.
9 Other employee benefits	30,343.	15,955.	9,533.	4,855.
10 Payroll taxes	36,562.	15,216.	13,483.	7,863.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	7,667.		7,667.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	347,890.		347,890.	
g Other	7,352.	725.	6,627.	
12 Advertising and promotion	29,883.	7,217.		22,666.
13 Office expenses	36,447.	11,989.	13,311.	11,147.
14 Information technology	37,463.	25,301.	9,577.	2,585.
15 Royalties				
16 Occupancy	54,470.	19,610.	28,046.	6,814.
17 Travel	1,122.	430.	466.	226.
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	62,290.	22,424.	33,637.	6,229.
23 Insurance	8,787.	3,164.	3,427.	2,196.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENTS	47,694.	21,791.	17,212.	8,691.
b ANNUAL REPORT	16,878.	7,595.	8,355.	928.
c DUES & SUBSCRIPTIONS	12,017.	5,399.	5,344.	1,274.
d NEWSLETTER	11,022.		9,920.	1,102.
e All other expenses	8,162.	4,090.	3,709.	363.
25 Total functional expenses. Add lines 1 through 24e	3,893,077.	2,984,955.	723,336.	184,786.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	274,117.	1	756,900.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	152,971.	3	183,110.	
	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	15,355.	9	24,044.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	354,998.			
	b Less: accumulated depreciation	296,757.	116,650.	10c	58,241.
	11 Investments - publicly traded securities	59,903,422.	11	59,632,143.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,313,139.	15	21,312,711.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	62,775,654.	16	81,967,149.		
Liabilities	17 Accounts payable and accrued expenses	131,068.	17	171,016.	
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,834,562.	25	6,717,437.	
	26 Total liabilities. Add lines 17 through 25	6,965,630.	26	6,888,453.	
Net Assets or Fund Balances	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	40,557,391.	27	58,860,862.	
	28 Temporarily restricted net assets	5,854,248.	28	6,515,982.	
	29 Permanently restricted net assets	9,398,385.	29	9,701,852.	
	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 Total net assets or fund balances	55,810,024.	33	75,078,696.	
34 Total liabilities and net assets/fund balances	62,775,654.	34	81,967,149.		

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THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,324,077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,893,077.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,431,000.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,810,024.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,162,328.
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	75,078,696.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	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: <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?		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.		

Form 990 (2011)

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule A (Form 990 or 990-EZ) 2011

COUNTY MARYLAND, INC.

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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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5974573.	7190336.	7564058.	6939272.	22726928.	50395167.
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	5974573.	7190336.	7564058.	6939272.	22726928.	50395167.
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)						3909941.
6 Public support. Subtract line 5 from line 4.						46485226.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5974573.	7190336.	7564058.	6939272.	22726928.	50395167.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2905128.	1341034.	960,644.	1316439.	1242095.	7765340.
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						58160507.
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 2011 (line 6, column (f) divided by line 11, column (f))	14	79.93 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	61.10 %
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for 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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2011. 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 - 2010. 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 D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011**Open to Public
Inspection****Name 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	138	418
2 Aggregate contributions to (during year)	1,303,980.	2,287,210.
3 Aggregate grants from (during year)	752,737.	1,601,953.
4 Aggregate value at end of year	8,265,490.	50,260,211.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<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 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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 exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ 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	10,621,709.	5,339,207.	2,106,947.	2,347,964.	
b Contributions	335,943.	4,363,661.	3,076,541.	37,362.	
c Net investment earnings, gains, and losses	26,005.	940,844.	178,964.	-205,736.	
d Grants or scholarships	46,836.	22,003.	23,245.	72,643.	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10,936,821.	10,621,709.	5,339,207.	2,106,947.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☒ 88.71 %c Temporarily restricted endowment ☒ 11.29 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		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 property	(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.	194,992.	22,534.
d Equipment		137,472.	101,765.	35,707.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				58,241.

Schedule D (Form 990) 2011

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

Schedule D (Form 990) 2011

52-1488711 Page **3**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: 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: 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) PRESENT VALUE OF REMAINDER INTERESTS	1,463,182.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	112,839.
(3) DUE FROM CFHC	34,690.
(4) CONTRIBUTIONS RECEIVABLE	19,702,000.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	21,312,711.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value	
1. (1) Federal income taxes		
(2) LIABILITIES UNDER SPLIT-INTEREST		
(3) AGREEMENTS	1,190,044.	
(4) FUNDS HELD FOR OTHERS (FAS 136)	5,527,393.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	6,717,437.	

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).

132053
01-23-12

Schedule D (Form 990) 2011

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

Schedule D (Form 990) 2011

52-1488711 Page **4**

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	25,324,077.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,893,077.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	21,431,000.
4	Net unrealized gains (losses) on investments	4	-2,170,095.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	7,767.
9	Total adjustments (net). Add lines 4 through 8	9	-2,162,328.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	19,268,672.

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	23,013,284.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,170,095.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-24,314.
e	Add lines 2a through 2d	2e	-2,194,409.
3	Subtract line 2e from line 1	3	25,207,693.
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	116,384.
c	Add lines 4a and 4b	4c	116,384.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,324,077.

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

1	Total expenses and losses per audited financial statements	1	3,748,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	45,350.
e	Add lines 2a through 2d	2e	45,350.
3	Subtract line 2e from line 1	3	3,703,114.
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	189,963.
c	Add lines 4a and 4b	4c	189,963.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,893,077.

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,

Schedule D (Form 990) 2011

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	-83,007.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	17,195.
FUNDS HELD FOR OTHERS	73,579.
TOTAL TO SCHEDULE D, PART XI, LINE 8	7,767.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CSV	17,195.
RELATED ORGANIZATION INCOME	21,765.
CHANGE IN PV OF FUTURE INTEREST	-83,007.
FUNDRAISING EVENTS	19,733.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-24,314.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHERS	116,384.
-----------------------	----------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES	25,617.
FUNDRAISING EVENTS	19,733.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	45,350.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

FUNDS HELD FOR OTHERS 189,963.

Blank lines for supplemental information.

**SCHEDULE F
(Form 990)**Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011**Open to Public
Inspection**

Name of the organization

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

Employer identification number

52-1488711**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	ENDOWMENT INVESTMENTS OFF SHORE		680,627.
3 a Sub-total	0	0			680,627.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			680,627.

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

Schedule F (Form 990) 2011

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

52-1488711

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who 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 of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ☐

3 Enter total number of other organizations or entities ☐

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2011

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.

2011

Open To Public Inspection

Employer identification number
52-1488711

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.

- 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

- | (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 | | | |
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| 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) 2011

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 GOLF TOURNAMENT (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	28,454.	27,900.	65,021.	121,375.
	2 Less: Charitable contributions	3,355.			3,355.
	3 Gross income (line 1 minus line 2)	25,099.	27,900.	65,021.	118,020.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	8,501.			8,501.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,698.		8,534.	11,232.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(19,733)
	11 Net income summary. Combine line 3, column (d), and line 10				98,287.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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: _____

Schedule G (Form 990 or 990-EZ) 2011 **COUNTY MARYLAND, INC.**

11	Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		

Name _____

Address

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

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

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

Name _____

Address

16 Gaming manager information:

Name _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law 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

2011

**Open to Public
Inspection**

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

**Employer identification number
52-1488711**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **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. 1801 RESEARCH BLVD #400 ROCKVILLE, MD 20850	52-1532556	501(C)(3)	30,195.	0.			UNRESTRICTED
ADVOCATES FOR HOMELESS FAMILIES, INC. - 216 ABRECHT PLACE - FREDERICK, MD 21701	52-1591139	501(C)(3)	12,416.	0.			UNRESTRICTED
ALL SAINTS EPISCOPAL CHURCH 108 WEST CHURCH STREET FREDERICK, MD 21701	52-0610441	501(C)(3)	124,971.	0.			CAPITAL IMPROVEMENTS
ARC OF FREDERICK COUNTY, INC. 620-A RESEARCH DRIVE FREDERICK, MD 21703	52-6055211	501(C)(3)	64,838.	0.			UNRESTRICTED, HEARING AIDS
BOYS & GIRLS CLUB OF FREDERICK COUNTY, INC. - 413 BURCK STREET - FREDERICK, MD 21701	26-3428855	501(C)(3)	11,688.	0.			OUT OF SCHOOL TIME PROGRAM AND UNRESTRICTED
CALVARY UNITED METHODIST CHURCH 133 WEST 2ND STREET FREDERICK, MD 21701	52-0685068	501(C)(3)	7,581.	0.			ASBESTOS ABATEMENT IN THE EDUCATION BUILDING, UNRESTRICTED

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 65.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 2.**

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

Schedule I (Form 990) (2011)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

52-1488711

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
CHURCH OF THE TRANSFIGURATION 6909 MARYLAND AVENUE, P.O. BOX 87 BRADDOCK HEIGHTS, MD 21714	52-1549171	501(C)(3)	214,573.	0.			UNRESTRICTED
DELAPLAINE VISUAL ARTS EDUCATION CENTER - 40 SOUTH CARROLL STREET - FREDERICK, MD 21701	52-1481592	501(C)(3)	22,816.	0.			PURCHASE & INSTALL ELECTRONIC DOOR OPENERS, KIDS ART CLASSES, UNRESTRICTED
EVANGELICAL LUTHERAN CHURCH 35 EAST CHURCH STREET FREDERICK, MD 21701	52-0627772	501(C)(3)	18,143.	0.			UNRESTRICTED
FREDERICK COUNTY AGRICULTURAL SOCIETY, INC. - P.O. BOX 604 - FREDERICK, MD 21705	52-0915839	501(C)(5)	29,000.	0.			CAPITAL IMPROVEMENTS TO THE DOMESTIC ARTS BLDG.
FREDERICK COUNTY HEALTH CARE COALITION - 350 MONTEVUE LANE - FREDERICK, MD 21702	27-0492113	501(C)(3)	33,316.	0.			TO FUND IN-OFFICE PROCEDURES/TREATMENTS AND/OR ANCILLARY SERVICES SUCH AS RADIOLOGY,
FREDERICK COUNTY LANDMARKS 1110 ROSEMONT AVENUE FREDERICK, MD 21701	23-7241926	501(C)(3)	7,239.	0.			FINANCIAL SUPPORT FOR OPERATING COSTS, ON-GOING MAINTENANCE AND CAPITAL IMPROVEMENTS OF
FREDERICK COUNTY PUBLIC LIBRARIES 110 EAST PATRICK STREET FREDERICK, MD 21701	52-2173683	501(C)(3)	12,880.	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)	14,049.	0.			THEATER PRODUCTION, READING FLUENCY PROGRAM, HANDS-ON LEARNING EXPERIENCES, TRIPS,
FREDERICK MEMORIAL HEALTHCARE SYSTEM - 400 WEST 7TH STREET - FREDERICK, MD 21701	52-0591612	501(C)(3)	49,046.	0.			UNRESTRICTED, NEW CENTURY OF CARING CAMPAIGN, GOOD SAMARITAN PROGRAM

Schedule I (Form 990)

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

52-1488711

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
FREDERICK UNION RESCUE MISSION, INC. - 419 WEST SOUTH STREET - FREDERICK, MD 21705	52-0813371	501(C)(3)	21,143.	0.			PURCHASE OF 196 CHAIRS & 26 TABLES FOR THE DINING AND MULTIPURPOSE ROOM, SUBSTANCE ABUSE RECOVERY
GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL - 4301 CONNECTICUT AVENUE, NW - WASHINGTON, DC 20008	54-0732966	501(C)(3)	9,467.	0.			PROVIDE FUNDING FOR THE GRANTS FOR GIRLS FUND TO SUPPORT ACTIVITIES FOR GIRL SCOUTS RESIDING IN
GLADE UNITED CHURCH OF CHRIST 21 FULTON AVENUE WALKERSVILLE, MD 21793	52-0679615	501(C)(3)	7,908.	0.			UNRESTRICTED
HEARTLY HOUSE, INC. P.O. BOX 857 FREDERICK, MD 21705	52-1186250	501(C)(3)	32,716.	0.			COUNSELING SERVICES, SCHOLARSHIPS TO PERSONS SERVED BY HEARTLY HOUSE, FINANCIAL SUPPORT FOR
HISTORICAL SOCIETY OF FREDERICK COUNTY, INC. - 24 EAST CHURCH STREET - FREDERICK, MD 21701	52-6050333	501(C)(3)	25,964.	0.			HISTORIC RESEARCH, MAINTENANCE AND RESTORATION
HOMEWOOD AT CRUMLAND FARMS 7407 WILLOW ROAD FREDERICK, MD 21702	52-1931794	501(C)(3)	30,279.	0.			UNRESTRICTED, SERVICES TO PERSONS WITH ALZHEIMER'S DISEASES AND RELATED DISORDER
HOOD COLLEGE 401 ROSEMONT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	27,137.	0.			SUMMER CONCERT, NEW TENNIS COURTS, SCHOLARSHIPS TO STUDENTS WHO RESIDE IN THE STATE
HOPE ALIVE, INC. P.O. BOX 140 SABILLASVILLE, MD 21780	68-0515611	501(C)(3)	24,285.	0.			BED NIGHTS TO 14 INDIVIDUALS FOR 1,178 NIGHTS , OPERATIONS AND UNRESTRICTED
HOSPICE OF FREDERICK COUNTY, INC. P.O. BOX 1799 FREDERICK, MD 21705	52-1164513	501(C)(3)	33,761.	0.			UNRESTRICTED, KLINE HOSPICE HOUSE, CAMP JAMIE, OPERATION SUPPORT

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
JEANNE BUSSARD CENTER 555 SOUTH MARKET STREET FREDERICK, MD 21701	52-0808406	501(C)(3)	14,199.	0.			UNRESTRICTED
LEGAL AID BUREAU, INC 500 LEXINGTON STREET BALTIMORE, MD 21202	52-0591621	501(C)(3)	11,250.	0.			LEGAL AND PARALEGAL SERVICES AND UNRESTRICTED
MARYLAND 4-H FOUNDATION, INC. 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	40,195.	0.			4-H CLUB OF MONTGOMERY COUNTY AND FREDERICK COUNTY 4-H BEEF, SHEEP AND SWINE CLUB
MARYLAND FFA FOUNDATION, INC. P.O. BOX 3241 SILVER SPRING, MD 20918	52-1354382	501(C)(3)	30,702.	0.			UNRESTRICTED
MARYLAND SHERIFFS' YOUTH RANCH, INC. - P.O. BOX 42 - BUCKEYSTOWN, MD 21717	52-1055741	501(C)(3)	6,152.	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)	21,809.	0.			UNRESTRICTED, PSYCHOTHERAPY SERVICES
MISSION OF MERCY 22 SOUTH MARKET STREET FREDERICK, MD 21701	86-0704883	501(C)(3)	13,820.	0.			PRENATAL PROGRAM, CHRONIC CARE PROGRAM, PRESCRIPTIONS, DENTAL SERVICES AND UNRESTRICTED
NATIONAL LUTHERAN HOME FOR THE AGED - 9701 VIERS DRIVE - ROCKVILLE, MD 20850	53-0196624	501(C)(3)	15,343.	0.			UNRESTRICTED
PARKWAY ELEMENTARY SCHOOL 300 CARROLL PARKWAY FREDERICK, MD 21701	52-6000941	501(C)(3)	5,525.	0.			AFTER SCHOOL MENTORING PROGRAM

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
HOUSING AUTHORITY OF THE CITY OF FREDERICK - PROJECT ALIVE - 209 MADISON STREET - FREDERICK, MD 21701	52-6001395	501(C)(3)	15,250.	0.			PROJECT ALIVE'S WOMEN ON THE MOVE PROGRAM , MENTORING IN PUBLIC HOUSING, AND AFTER-SCHOOL
RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS - 27 DEGRANGE STREET - FREDERICK, MD 21701	52-1449375	501(C)(3)	57,663.	0.			SUBSIDIZE EMERGENCY DENTAL CARE TO 29 CLIENTS, CHILDREN CHRISTMAS CAMPAIGN,
SAINT JOHN'S CATHOLIC PREP 889 BUTTERFLY LANE FREDERICK, MD 21703	52-0954961	501(C)(3)	8,637.	0.			FINANCIAL AID AND SCHOLARSHIPS
SETON CENTER, INC. 16840 SOUTH SETON AVENUE EMMITSBURG, MD 21727	52-1182284	501(C)(3)	5,597.	0.			DENTAL SERVICES FOR CLIENTS
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION, INC. - 2119 MAIN ADMINISTRATION BUILDING - COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	30,195.	0.			COLLEGE OF AGRICULTURE
UNITED WAY OF FREDERICK COUNTY, INC. - P.O. BOX 307 - FREDERICK, MD 21705	52-0607973	501(C)(3)	8,440.	0.			UNRESTRICTED
WALKERSVILLE UNITED METHODIST CHURCH - 22 MAIN STREET - WALKERSVILLE, MD 21793	52-6043801	501(C)(3)	7,098.	0.			UNRESTRICTED
YELLOW RIBBON FUND 4905 DEL RAY AVENUE BETHESDA, MD 20814	36-4567583	501(C)(3)	15,000.	0.			UNRESTRICTED
YMCA OF FREDERICK COUNTY, INC. 1000 NORTH MARKET STREET FREDERICK, MD 21701	52-0607953	501(C)(3)	31,641.	0.			HEADSTART INITIAL START UP COSTS AND DIRECT PROGRAM SUPPORT INCLUDING TRANSPORTATION,

Schedule I (Form 990)

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

52-1488711

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
FREDERICK COUNTY CHAMBER OF COMMERCE - 8420-B GAS HOUSE PIKE - FREDERICK, MD 21701	52-0318880	501(C)(6)	16,396.	0.			FREDERICK COUNTY BUSINESS ROUNDTABLE FOR EDUCATION & SUMMER INTERNSHIP
FRIENDS FOR NEIGHBORHOOD PROGRESS, INC. - 100 SOUTH MARKET STREET - FREDERICK, MD 21701	52-1036628	501(C)(3)	21,580.	0.			PRESCRIPTION MEDICATIONS, PROVIDE MEALS AND FOOD, PRIMARY HEALTH CARE CLINIC FOR THE FREDERICK
MONTGOMERY COUNTY PUBLIC SCHOOLS 8501 HUNGERFORD DRIVE, #149 ROCKVILLE, MD 20850	52-1804509	501(C)(3)	60,391.	0.			SCHOLARSHIPS
FREDERICK COUNTY DEPARTMENT OF AGING - 1440 TANEY AVENUE - FREDERICK, MD 21702	52-6000943	501(C)(3)	7,980.	0.			PURCHASE OF STAIRLIFT SYSTEM
DOWNTOWN FREDERICK PARTNERSHIP 19 EAST CHURCH STREET FREDERICK, MD 21701	52-1682341	501(C)(3)	8,834.	0.			FLOWERS OVER FREDERICK PROJECT
FRIENDS OF BAKER PARK P.O. BOX 4146 FREDERICK, MD 21705	52-1759639	501(C)(3)	12,540.	0.			CONSTRUCTION OF 4 PAVILLIONS WITH TABLES
CARROLL MANOR FIRE COMPANY P.O. BOX 7 ADAMSTOWN, MD 21710	52-1293774	501(C)(3)	5,402.	0.			UNRESTRICTED
CHRIS LANTZ MEMORIAL FUND 77 WEST PENNINGTON STREET OAKLAND, MD 21550	45-2623505	501(C)(3)	10,000.	0.			UNRESTRICTED
FREDERICK ALLIANCE FOR YOUTH 1150 ORCHARD TERRACE FREDERICK, MD 21703	26-2230200	501(C)(3)	7,396.	0.			FAMILY COACHING PROGRAM, SUBSIDIZE "YOUNG REMBRANDTS" PROGRAM PROFESSIONAL QUALITY

Schedule I (Form 990)

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

52-1488711

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
FREDERICK ARTS COUNCIL 15 WEST PATRICK STREET FREDERICK, MD 21701	52-1126146	501(C)(3)	8,609.	0.			PILLARS OF FREDERICK PROJECT & UNRESTRICTED
GLADE VALLEY COMMUNITY SERVICES, INC. - 9224 DEVILBISS BRIDGE ROAD - WALKERSVILLE, MD 21793	20-1946411	501(C)(3)	5,807.	0.			HOLIDAY TOY SHOPPE AND WALKERSVILLE FOOD BANK
GOODWILL INDUSTRIES OF THE MONOCACY VALLEY, INC. - 400 EAST CHURCH STREET - FREDERICK, MD 21701	23-7047548	501(C)(3)	8,008.	0.			TRAINING PROGRAMS, CAPITAL IMPROVEMENTS AND UNRESTRICTED
GRACE UNITED CHURCH OF CHRIST 25 EAST 2ND STREET FREDERICK, MD 21701	52-0607994	501(C)(3)	8,210.	0.			PROGRAMS, CAPITAL NEEDS AND UNRESTRICTED
CATOCTIN AQUEDUCT RESTORATION FUND, INC. - 2711 LANDER ROAD - JEFFERSON, MD 21755	20-4401141	501(C)(3)	15,777.	0.			WAYSIDE SIGNAGE PROJECT
CITIZENS CARE & REHABILITATION CENTER AND MONTEVUE ASSISTED LIVING - 1900 ROSEMONT AVENUE - FREDERICK, MD 21702	52-6000943	501(C)(3)	34,477.	0.			DONOR RECOGNITION PLAQUES, ADMINISTRATIVE, PLANNING, HISTORICAL RESEARCH, WRITING,
MCDANIEL COLLEGE 2 COLLEGE HILL WESTMINSTER, MD 21157	52-0591694	501(C)(3)	5,919.	0.			SCHOLARSHIPS AND UNRESTRICTED
NATIONAL BRAIN TUMOR SOCIETY, INC. 124 WATERTOWN STREET WATERTOWN, MA 02472	04-3068130	501(C)(3)	15,000.	0.			UNRESTRICTED
NATIONAL PARK SERVICE 1850 DUAL HIGHWAY HAGERSTOWN, MD 21740	30-0401642	501(C)(3)	6,056.	0.			SIGNAGE INSTALLATION ALONG C&O CANAL IN FREDERICK COUNTY

Schedule I (Form 990)

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

52-1488711

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
OPERATION SECOND CHANCE INC. 22708 BIRCHCREST LANE CLARKSBURG, MD 20871	20-2624345	501(C)(3)	8,000.	0.			UNRESTRICTED
SECOND CHANCES GARAGE 528 NORTH MARKET STREET FREDERICK, MD 21701	27-1336325	501(C)(3)	11,100.	0.			PURCHASE A TIRE MACHINE AND A WHEEL BALANCER AND LOW-COST VEHICLE PROGRAM
SPECIAL OPERATIONS FUND 901 NORTH STUART STREET ARLINGTON, VA 22203	52-1765222	501(C)(3)	10,000.	0.			UNRESTRICTED
ST. JOSEPH'S CATHOLIC CHURCH 47 DEPAUL STREET EMMITSBURG, MD 21727	52-1126701	501(C)(3)	5,370.	0.			WOUNDED SOLDIERS FAMILY
THE GREAT FREDERICK FAIR, INC. P.O. BOX 604 FREDERICK, MD 21705	52-0915839	501(C)(5)	6,400.	0.			FREDERICK COUNTY'S LARGEST AGRICULTURAL CLASSROOM" PROGRAM AND BUILDING 13 IMPROVEMENTS
WASHINGTON ANIMAL RESCUE LEAGUE 71 OGLETHORPE STREET WASHINGTON, DC 20011	53-0162440	501(C)(3)	9,862.	0.			FOR THE "LITTLE BITTY REHABILITAION FUND"
NATIONAL CAPITAL AREA COUNCIL BOY SCOUTS OF AMERICA - 9190 ROCKVILLE PIKE - BETHESDA, MD 20814	53-0204610	501(C)(3)	6,500.	0.			PURCHASED TRACTOR

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

52-1488711

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	209	369,390.	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: 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. MIDTERM AND/OR FINAL GRANT REPORTS FROM EACH ORGANIZATION

ENSURE ACCOUNTABILITY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

DELAPLAINE VISUAL ARTS EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE & INSTALL ELECTRONIC DOOR
OPENERS, KIDS ART CLASSES, UNRESTRICTED
SCHOLARSHIPS FOR ELEMENTARY AGE CHILDREN TAKING ART INSTRUCTION

NAME OF ORGANIZATION OR GOVERNMENT:

FREDERICK COUNTY HEALTH CARE COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND IN-OFFICE
PROCEDURES/TREATMENTS AND/OR ANCILLARY SERVICES SUCH AS RADIOLOGY,
PATHOLOGY, AND ANESTHESIOLOGY ASSOCIATED WITH DIAGNOSTIC TESTING,
PRESCRIPTION ASSISTANCE, AND EYE CARE/GLASSES FOR FREDERICK COUNTY
RESIDENTS.CARE COORDINATION SERVICES, FREDERICK COUNTY HEALTH ACCESS
PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY LANDMARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL SUPPORT FOR OPERATING
COSTS, ON-GOING MAINTENANCE AND CAPITAL IMPROVEMENTS OF
SCHIFFERSTADT;ACTIVITIES AND OPERATIONS OF FREDERICK COUNTY LANDMARKS
FOUNDATION, INC.;SUPPORT THE PRESERVATION, ONGOING MAINTENANCE AND
OPERATION OF THE BEATTY CRAMER HOUSE; TO PRESERVE FREDERICK COUNTY
DWELLINGS OF HISTORICAL, CULTURAL, AND ARCHITECTURAL SIGNIFICANCE.

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

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THEATER PRODUCTION, READING FLUENCY PROGRAM, HANDS-ON LEARNING EXPERIENCES, TRIPS, STUDENT MENTORING PROGRAM, ROBOTICS, FFA PROGRMS, MOBILE LABS, AND PURCHASE 5 OLDS ALTO SAXOPHONES AND 24 CORE 10 3/4 VIOLINS.

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK UNION RESCUE MISSION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE OF 196 CHAIRS & 26 TABLES FOR THE DINING AND MULTIPURPOSE ROOM, SUBSTANCE ABUSE RECOVERY WORKBOOKS, REACH-IN, THREE-DOOR REFRIGERATOR, KITS FOR DRUG TESTS, FOR FOOD ITEMS & UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FUNDING FOR THE GRANTS FOR GIRLS FUND TO SUPPORT ACTIVITIES FOR GIRL SCOUTS RESIDING IN FREDERICK COUNTY, MARYLAND THAT WOULD HAVE A DIRECT BENEFIT TO GIRLS.

NAME OF ORGANIZATION OR GOVERNMENT: HEARTLY HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNSELING SERVICES, SCHOLARSHIPS TO PERSONS SERVED BY HEARTLY HOUSE, FINANCIAL SUPPORT FOR CHILDREN'S SERVICES, CHILD ABUSE PREVENTION PROGRAMS, EMERGENCY SHELTER, COMMUNITY EDUCATIONS AND COUNSELING FOR CHILDREN UNDER AGE 18. TRANSITIONAL HOUSING PROGRAM FAMILIES. NEW TELEPHONE EQUIPMENT AND TELEPHONES AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: HOOD COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: SUMMER CONCERT, NEW TENNIS COURTS, SCHOLARSHIPS TO STUDENTS WHO RESIDE IN THE STATE OF MARYLAND, PRESIDENTIAL BOX AT THE NEW ATHLETIC CENTER AND UNRESTRICTED

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSING AUTHORITY OF THE CITY OF FREDERICK - PROJECT ALIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROJECT ALIVE'S WOMEN ON THE MOVE
PROGRAM , MENTORING IN PUBLIC HOUSING, AND AFTER-SCHOOL PROGRAM EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT:

RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUBSIDIZE EMERGENCY DENTAL CARE TO
29 CLIENTS, CHILDREN CHRISTMAS CAMPAIGN, HOUSING AND RENT ASSISTANCE,
UTILITY INTERRUPTION PREVENTION PROGRAM, EVICTION PREVENTION FOR WOMEN
AND THIER FAMILIES, SECURITY DEPOSITS TO HOUSEHOLDS WHO ARE
TRANSITIONING TO PERMANENT HOUSING IN FREDERICK COUNTY, MARYLAND, COLD
WEATHER SHELTER, AND UNRESTRICTED

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

(H) PURPOSE OF GRANT OR ASSISTANCE: HEADSTART INITIAL START UP COSTS AND
DIRECT PROGRAM SUPPORT INCLUDING TRANSPORTATION, FACILITIES, STAFFING,
RECRUITMENT, CHILD NUTRITION AND/OR DISABILITIES SERVICES, CAMPERSHIPS
AND SCHOLARSHIPS, AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

FRIENDS FOR NEIGHBORHOOD PROGRESS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESCRIPTION MEDICATIONS ,PROVIDE
MEALS AND FOOD, PRIMARY HEALTH CARE CLINIC FOR THE FREDERICK COMMUNITY
ACTION AGENCY FOR HOMELESS, INDIGENT OR LOW-INCOME ADULTS AND CHILDREN,
FOOD BANK AND SOUP KITCHEN AND UNRESTRICTED

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK ALLIANCE FOR YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY COACHING PROGRAM, SUBSIDIZE
"YOUNG REMBRANDTS" PROGRAM

PROFESSIONAL QUALITY PIANO LESSONS FOR AT RISK YOUTH & UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

CITIZENS CARE & REHABILITATION CENTER AND MONTEVUE ASSISTED LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR RECOGNITION PLAQUES,
ADMINISTRATIVE, PLANNING, HISTORICAL RESEARCH, WRITING, DESIGNING AND
PRINTING MONTEVUE HOME HISTORY BOOK

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

2011**Open to Public
Inspection**

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

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

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	22	223,694.	HIGH-LOW AVERAGE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (.....				
26 Other ► (.....				
27 Other ► (.....				
28 Other ► (.....				

29 Number of Forms 8283 received by the 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) (2011)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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

2011

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.	Employer identification number 52-1488711
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOREVER, FOR FREDERICK COUNTY.

FORM 990, PART VI, SECTION A, LINE 2: CATHARINE FAIRLEY AND CORNELIUS R.

FAY, III- BUSINESS RELATIONSHIP

DALE T. SUMMERS AND JANET MCCURDY - 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 SETS A

SALARY RANGE FOR EACH POSITION. THE RANGE IS BASED ON INFORMATION OBTAINED

BY COMMITTEE MEMBERS FROM THE COUNCIL ON FOUNDATIONS SALARY SURVEY, LOCAL

AND REGIONAL SURVEYS AND DISCUSSIONS OF COMMITTEE MEMBERS WHO ARE BUSINESS

MEMBERS AND HUMAN RESOURCE PERSONNEL FROM OTHER BUSINESSES.

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

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

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

132211
01-23-12

Name of the organization	THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.	Employer identification number 52-1488711
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ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST. ALL DONORS FOUNDING FUNDS
RECEIVE A COPY OF THE ARTICLES OF INCORPORATION AND BYLAWS AT THE TIME THE
FUND AGREEMENT IS SIGNED.

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

NET UNREALIZED LOSSES ON INVESTMENTS:	-2,170,095.
CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS	-83,007.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	17,195.
FUNDS HELD FOR OTHERS	73,579.
TOTAL TO FORM 990, PART XI, LINE 5	-2,162,328.

PART XI, LINE 2C

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

Related Organizations and Unrelated Partnerships

▶ 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

2011
Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.	Employer identification number	52-1488711
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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

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

Schedule R (Form 990) 2011

52-1488711 Page 3

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

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

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
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Sale of assets to related organization(s)	1f	X
g Purchase of assets from related organization(s)	1g	X
h Exchange of assets with related organization(s)	1h	X
i Lease of facilities, equipment, or other assets to related organization(s)	1i	X
j Lease of facilities, equipment, or other assets from related organization(s)	1j	X
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	X
n Sharing of paid employees with related organization(s)	1n	X
o Reimbursement paid to related organization(s) for expenses	1o	X
p Reimbursement paid by related organization(s) for expenses	1p	X
q Other transfer of cash or property to related organization(s)	1q	X
r Other transfer of cash or property from related organization(s)	1r	X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE AUSERMAN FAMILY TRUST	C	9,100.	CASH
THE COMMUNITY FOUNDATION HOLDING COMPANY	C	137,997.	CASH
(2) INC.	P	26,962.	CASH
THE COMMUNITY FOUNDATION HOLDING COMPANY			
(3) INC.			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

52-1488711

Page 4

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]

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME OF RELATED ORGANIZATION:**

THE COMMUNITY FOUNDATION HOLDING COMPANY INC.

PRIMARY ACTIVITY: PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION OF
FREDERICK COUNTY MD

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No. 1545-1002

Attachment
Sequence No. **69**

▶ See separate instructions.

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

Identifying number (see instructions)
52-1488711

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

Shareholder tax year: calendar year or other tax year beginning
JUL 1, 2011 and ending **JUN 30, 2012**

City or town, state, and ZIP code or country
FREDERICK, MD 21701

Check type of shareholder filing the return: ☐ Individual ☒ Corporation ☐ Partnership ☐ S Corporation ☐ Nongrantor Trust ☐ Estate

Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)
CRESTLINE OFFSHORE RECOVERY FUND II, LP

Employer identification number (if any)

Address (Enter number, street, city or town, and country.)
**201 MAIN STREET, SUITE 1900
FORT WORTH, TEXAS, CAYMAN ISLANDS 76102**

Tax year of company or fund: calendar year or other tax year beginning
JAN 1, 2011 and ending **DEC 31, 2011**

Part I Elections (See instructions.)

- A** ☐ **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 1a through 2c of Part II.*
- B** ☐ **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 10f of Part IV.*
- C** ☐ **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 10e of Part IV.*
- D** ☐ **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 3a through 4c of Part II to calculate the tax that may be deferred.*
Note: If any portion of line 1a or line 2a of Part II is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- E** ☐ **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC, or, if I qualify, my share of the PFIC's post-1986 earnings and profits deemed distributed, on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 10f of Part IV.*
- F** ☐ **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part III.*
- G** ☐ **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1291-9(j)(2)(v), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d).
- H** ☐ **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1291-9(j)(2)(iv), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d).

Part II Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 1a through 2c. If you are making Election D, also complete lines 3a through 4c. (See instructions.)

1 a Enter your pro rata share of the ordinary earnings of the QEF	1a		
b Enter the portion of line 1a that is included in income under section 951 or that may be excluded under section 1293(g)	1b		
c Subtract line 1b from line 1a. Enter this amount on your tax return as ordinary income		1c	
2 a Enter your pro rata share of the total net capital gain of the QEF	2a		
b Enter the portion of line 2a that is included in income under section 951 or that may be excluded under section 1293(g)	2b		
c Subtract line 2b from line 2a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)		2c	
3 a Add lines 1c and 2c		3a	
b Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)	3b		
c Enter the portion of line 3a not already included in line 3b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	3c		
d Add lines 3b and 3c		3d	
e Subtract line 3d from line 3a, and enter the difference (if zero or less, enter amount in brackets) Important: If line 3e is greater than zero, and no portion of line 1a or 2a is includible in income under section 951, you may make Election D with respect to the amount on line 3e.		3e	
4 a Enter the total tax for the tax year (See instructions.)	4a		
b Enter the total tax for the tax year determined without regard to the amount entered on line 3e	4b		
c Subtract line 4b from line 4a. This is the deferred tax, the time for payment of which is extended by making Election D		4c	

Part III Gain or (Loss) From Mark-to-Market Election (See instructions.)

5 a Enter the fair market value of your PFIC stock at the end of the tax year	5a	
b Enter your adjusted basis in the stock at the end of the tax year	5b	
c Subtract line 5b from line 5a. If a gain, do not complete lines 6 and 7. Include this amount as ordinary income on your tax return. If a loss, go to line 6	5c	
6 Enter any unreversed inclusions (as defined in section 1296(d))	6	
7 Enter the loss from line 5c, but only to the extent of unreversed inclusions on line 6. Include this amount as an ordinary loss on your tax return	7	
8 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:		
a Enter the fair market value of the stock on the date of sale or disposition	8a	
b Enter the adjusted basis of the stock on the date of sale or disposition	8b	
c Subtract line 8b from line 8a. If a gain, do not complete line 9. Include this amount as ordinary income on your tax return. If a loss, go to line 9	8c	
9 a Enter any unreversed inclusions (as defined in section 1296(d))	9a	
b Enter the loss from line 8c, but only to the extent of unreversed inclusions on line 9a. Include this amount as an ordinary loss on your tax return. If the loss on line 8c exceeds unreversed inclusions on line 9a, complete line 9c	9b	
c Enter the amount by which the loss on line 8c exceeds unreversed inclusions on line 9a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	9c	

Note. See instructions in case of multiple dispositions.

Part IV Distributions From and Dispositions of Stock of a Section 1291 Fund (See instructions.)Complete a *separate* Part IV for each excess distribution (see instructions).

10 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	10a	
b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	10b	
c Divide line 10b by 3. (See instructions if the number of preceding tax years is less than 3.)	10c	
d Multiply line 10c by 125% (1.25)	10d	
e Subtract line 10d from line 10a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part IV. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return	10e	
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 11. If a loss, show it in brackets and do not complete line 11	10f	
11 a Attach a statement for each distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b Enter the total of the amounts determined in line 11a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC tax years). Enter these amounts on your income tax return as other income	11b	
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)	11c	
d Foreign tax credit. (See instructions.)	11d	
e Subtract line 11d from line 11c. Enter this amount on your income tax return as "additional tax." (See instructions.)	11e	
f Determine interest on each net increase in tax determined on line 11e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)	11f	

Part V Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Complete a separate column for each outstanding election. Complete lines 9 and 10 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
1 Tax year of outstanding election						
2 Undistributed earnings to which the election relates						
3 Deferred tax						
4 Interest accrued on deferred tax (line 3) as of the filing date						
5 Event terminating election						
6 Earnings distributed or deemed distributed during the tax year						
7 Deferred tax due with this return						
8 Accrued interest due with this return						
9 Deferred tax outstanding after partial termination of election ...						
10 Interest accrued after partial termination of election						

Form 8621 (Rev. 12-2011)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 52-1488711
	Number, street, and room or suite no. If a P.O. box, see instructions. 312 EAST CHURCH STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICK, MD 21701	

Enter the Return code for the return that this application is for (file a separate application for each return) **0** **1**

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

GAIL FITZGERALD

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

Telephone No. ☒ **301-695-7660**

FAX No. ☐

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

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2013**.

5 For calendar year , or other tax year beginning **JUL 1, 2011** , and ending **JUN 30, 2012** .

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

☐ Change in accounting period

7 State in detail why you need the extension

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

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title **CPA**

Date

Form **8868** (Rev. 1-2012)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning **JUL 1**, 2011, and ending **JUN 30**, 20**12**

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

OMB No. 1545-1878

2011

Name of exempt organization

THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC.

Employer identification number

52-1488711

Name and title of officer

ELIZABETH Y DAY
PRESIDENT

Part I	Type of Return and Return Information (Whole Dollars Only)
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Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here <input checked="checked" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>25324077</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II	Declaration and Signature Authorization of Officer
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Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ELLIN & TUCKER, CHARTERED to enter my PIN 01834
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► Date ►

Part III	Certification and Authentication
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ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52154901834
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____ Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So