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.

Open to Public Inspection

Form 990 (2012)

<u>A I</u>	For the	$=$ 2012 calendar year, or tax year beginning $$ JUL $1,$ 2012 $$ and ϵ	ending J	<u>UN 30, 2013</u>	-				
В	Check if	C Name of organization		D Employer identif	ication number				
ε	applicab	THE COMMUNITY FOUNDATION OF FREDERICK							
	Addre chang	e COUNTY MARYLAND, INC.		,					
	Name chang	Doing Business As		52~1	488711				
	∏initiai return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
. <u> </u>	Termi ated	312 EAST CHURCH STREET			<u>695-7660</u>				
	Amen return	City, town, or post office, state, and ZIP code		G Gross receipts \$	31,798,202.				
	Application	LEREDERICK, ND 41/01		H(a) Is this a group r	eturn				
	pendi	F Name and address of principal officer:ELIZABETH Y. DAY		for affiliates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all affiliates in	cluded? Yes No				
1.7	Гах-ех	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	r 🔲 527	If "No," attach a	list. (see instructions)				
		e: > WWW.FREDERICKCOUNTYGIVES.ORG		H(c) Group exemption	n number 🕨				
K	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: 1986 i	M State of legal domicile: MD				
Pa	art I	Summary .							
ø	1	Briefly describe the organization's mission or most significant activities: ${f A}$ ${f CAT}$	CALYST	TO CREATE	POSITIVE &				
anc.		LASTING IMPACT, BY BUILDING & FOSTERING F	RELATI	ONSHIPS - F	OR GOOD,				
Ë	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net a	ssets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	25				
ه ت	4	Number of independent voting members of the governing body (Part VI, line 1b) $$		4	25				
eş.	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	10				
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	112				
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	-2,171.				
<u>o</u>				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		22,726,928.	3,392,290.				
enn	9	Program service revenue (Part VIII, line 2g)		0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<u>2,498,862.</u>					
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	<u>98,287.</u>					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>25,324,077.</u>	8,612,805.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>2,603,636.</u>	2,875,696.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.					
es es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		600,297.	623,474.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) $ ightharpoonup $	<u> 25.</u>						
ĺШ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>689,144.</u>	663,324.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>3,893,077.</u>					
	19	Revenue less expenses. Subtract line 18 from line 12		<u>21,431,000.</u>	4,450,311.				
200			Beg	ginning of Current Year	End of Year				
age:	20	Total assets (Part X, line 16)		<u>81,967,149.</u>	88,381,738.				
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		<u>6,888,453.</u>					
		Net assets or fund balances. Subtract line 21 from line 20		<u>75,078,696.</u>	81,257,611.				
	art II	Signature Block			•				
		lties of perjury, I declare that I have examined this return, including accompanying schedules			ny knowledge and belief, it is				
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	<u> </u>				
		Similar Misiality		<u>0</u> /1-5/<	2014-				
Sig	n ,	Signature of officer		Date /	•				
Her	е	ELIZĂBETH Y. DAY, PŘESIDENT							
<u>. </u>		Type or print name and title		oto lov [- DTIN				
		Print/Type preparer's name Preparer's signature	, 1	Oates Check [if self-emplo	PTIN				
Paid		SUSAN KELLER SUSAN KELLER							
	arer	Firm's name ELLIN & TUCKER, CHARTERED		Firm's EIN	52-0959934				
use	Only	Firm's address 100 S CHARLES ST SUITE 1300		D	110 507 5505				
	-1	BALTIMORE, MD 21201		Phone no. 4	110-727-5735 X Yes No				
Man	/the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

232002 12-10-12

Form 990 (2012) COUNTY MARYLAND, INC.
Part IV Checklist of Required Schedules

52-1488711

			Yes	No
1	o the state of the			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 ·	X	ļ .
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		3.1	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	*	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		٠,	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		1 .	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		•	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		1	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		•	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.		86	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			-
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f				
,	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	 ,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- 1		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			•
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		1	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	·	<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		1	
	1c and 8a? If "Yes," complete Schedule G, Part II	- 18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	-	<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2012)

Form 990 (2012) COUNTY MARYLAND, INC.
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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	4 × 1	-	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	,		
-	Schedule J	23		Х
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
·	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		·	
	Schedule K. If "No", go to line 25	24a		X
· Ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	** •	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a		-	-	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	-		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			-
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27	X	-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		178	
	instructions for applicable filing thresholds, conditions, and exceptions):			
·	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34	X	
35a		35a	X	
b				
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37	· .	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		_
	Note. All Form 990 filers are required to complete Schedule O	38	X	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	;	333	1
ŀ				
c	Control of the contro			:
	(gambling) winnings to prize winners?	1c	X	
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		N.,	
	filed for the calendar year ending with or within the year covered by this return 2a10			3.
b		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		i Virg Carata	33.0
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		,	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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	o the property of the property of the control of th	.5a	<u> </u>	X
b	· · · · · · · · · · · · · · · · · · ·	5b		X
С		5c		
6a	g, J, J			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			·
7	were not tax deductible?	6b), 15 15 ₀	
7 a	Organizations that may receive deductible contributions under section 170(c).		100 4	32
a b	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? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4.0	1 2 3	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			je se se se Programa
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8		X
9	Sponsoring organizations maintaining donor advised funds.			. %.
а	Did the organization make any taxable distributions under section 4966?	9a		_X_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		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 Gross income from other sources (Do not net amounts due or paid to other sources against			
þ) (0) (1) (4) (4) (4)		
102	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-	1968987 () 	3 (357)
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	F128 ± 5%	. 1. 481
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		943	
	Is the organization licensed to issue qualified health plans in more than one state?	13a	10 00	
	Note. See the instructions for additional information the organization must report on Schedule O.	,5u	-19.3	
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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	
			000	(0040)

COUNTY MARYLAND, INC.

<u>52-1488711</u>

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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.
Sec	ction A. Governing Body and Management				
:			,	Yes	.No
ta	Enter the number of voting members of the governing body at the end of the tax year	25	. *		
	If there are material differences in voting rights among members of the governing body, or if the governing		. 9	\$6.5	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
· b		25	43		. : ''
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any				· .
2	read a discretion to the control of	, on et	2	v	
_	,			X	
-3	Did the organization delegate control over management duties customarily performed by or under the direct s				
	of officers, directors, or trustees, or key employees to a management company or other person?		3		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		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.		<u> </u>
. 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	∍or ု	4 . 1		
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholded	ers, 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 fo			, K;	
a	The governing body?	- 1	8a	х	
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	I	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co		-		
Jec	tion b. Fonctes (this Section & requests information about policies not required by the internal nevertibe Co	oue.j		· ·	
	Diddle and the base food should be store by a store of the store of th	ſ		Yes	No_
	Did the organization have local chapters, branches, or affiliates?		10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, a				
•	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a		iling the form?	11a	Х	
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 conflict	s?[12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descriptions are compliance with the policy?	ribe		.	
	in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
	Did the organization have a written document retention and destruction policy?	, F	14	Х	
	Did the process for determining compensation of the following persons include a review and approval by indep			Andro	61.8
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		12617		装装
	The organization's CEO, Executive Director, or top management official		15a	x	21.71
			15b	X	
מ	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		JUN	4 3.	Not 11
10					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a.	30		v
	taxable entity during the year?		16a	i je voj.	<u>X</u>
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its parti	cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1117401		11 14-
	exempt status with respect to such arrangements?		16b	ــــــــــــــــــــــــــــــــــــــ	
	tion C. Disclosure			,s.	
	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) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	Section 1			
•	X Own website X Another's website X Upon request Other (explain in Schedu	ule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of in		l finan	cial	
	statements available to the public during the tax year.				
	State the name, physical address, and telephone number of the person who possesses the books and records	s of the organizat	ion: 🕨		
	GAIL FITZGERALD - 301-695-7660				
	312 EAST CHURCH STREET, FREDERICK, MD 21701				

Form 990 (2012) 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.

Name and Title	k this box if neither the organization no (A)	(B)	organization comp				-ipel	ioat	(D)	(E)	(F)	
Compensation Comp					Position						Estimated	
Week	Name and Tide	_		not d	heck	тоге	nore than o		•		amount	
(stary			offic	cer an	ss pe id a d	irecto	x/trus	n an stee)	•		other	
Nours for related organizations Page 1 Page 2 Page 3 Pag			tor								compensa	
1) BRENDA MAIN RUSTEE	•		dire.				-		organization		from th	e
1) BRENDA MAIN RUSTEE		related	lee oi	ıstee			aga		(W-2/1099-MISC)		organizat	tior
1) BRENDA MAIN RUSTEE		organizations	trus	na tr		oyee	Ē.,				and relat	ted
1) BRENDA MAIN		below	vidua	th line	;et	Ē	a se	le l	•		organizat	on
1.00 REINDA MAIN		•	ΙĐΙ	Inst	∄	Key	훈등	ᅙ				
20 CATHARINE FAIRLEY	NDA MAIŃ	1.00							•			
X			X						0.	0.		
X	HARINE FAIRLEY	1.00									1.1.2	
3 CORNELIUS R. FAY, III			X						0.	0.		
RUSTEE	JET THE R PAY TIT	1.00									a · .	
4			$ \mathbf{x} $. 0.	0.	· .	
COND VICE CHAIRMAN	PHTA C DALMED	1.00										
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REASURER		1 00			-22		 		<u></u>			
Solution State S		1.00	┰		v					. 0		
RUSTEE		1 00	-		Δ				U .	V •		
The state The	ID HOFFMAN	1.00							^	^	. :	
RUSTEE	<u>, </u>		X	H					0.	U .		
Note	RA S. BORDEN	1.00										
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9) J. RAY RAMSBURG, III RUSTEE 10) JAMES R. SHOEMAKER 1100 RIST VICE CHAIRMAN 11) JANET MCCURDY HAIRMAN 12) JOANNE R. MCCOY RUSTEE 13) JOHN QUINN RUSTEE 100 RUSTEE RUST	BERTO BENITEZ	1.00								_		
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10) JAMES R. SHOEMAKER 110) JAMES R. SHOEMAKER 111) JANET MCCURDY 11.00 12) JOANNE R. MCCOY 12) JOANNE R. MCCOY 13) JOHN QUINN 13) JOHN QUINN 14) JOHN R. RATNAVALE 15) JOY ONLEY 16) LISA COBLENTZ RUSTEE 17) MARK A. MAYER 1.00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	RAY RAMSBURG, III	1.00								·		
IRST VICE CHAIRMAN	•		X		Ċ				0.	0.	·	
11) JANET MCCURDY HAIRMAN X X O. O. 12) JOANNE R. MCCOY RUSTEE X O. O. 13) JOHN QUINN RUSTEE X O. O. 14) JOHN R. RATNAVALE RUSTEE X O. O. 15) JOY ONLEY RUSTEE X O. O. 16) LISA COBLENTZ RUSTEE X O. O. 1.00 X O. 0. 0.	S R. SHOEMAKER	1.00										
11) JANET MCCURDY HAIRMAN X X 0. 0. 12) JOANNE R. MCCOY RUSTEE X 0. 0. 13) JOHN QUINN RUSTEE X 0. 0. 14) JOHN R. RATNAVALE RUSTEE X 0. 0. 15) JOY ONLEY RUSTEE X 0. 0. 1.00 RUSTEE X 0. 0.	CE CHAIRMAN		х		X			,	0.	0.		
ALIRMAN		1.00				-			· ·			
12) JOANNE R. MCCOY	• .		x		х				0.	0.		
X		1.00						•			· -	
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X	LOUTAIN	1 00										
14) JOHN R. RATNAVALE RUSTEE X 1.00 X 0. 0. 15) JOY ONLEY RUSTEE X 0. 0. 0. 16) LISA COBLENTZ RUSTEE X 0. 0. 0. 0.	. QOINN	# 0	v						0	l n.		
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15) JOY ONLEY RUSTEE X 0. 0. 16) LISA COBLENTZ RUSTEE X 0. 0. 17) MARK A. MAYER 1.00 X	K. KATNAVALE	1.00	┰						Λ.			
RUSTEE X 0. 0.		1 00	Δ			,			U •	<u> </u>		
16) LISA COBLENTZ RUSTEE X 0. 17) MARK A. MAYER 1.00 X	ONLEA	~ T=00			١.				•			
RUSTEE X 0. 0. 17) MARK A. MAYER 1.00		4 60	X		.				U •	U •		
17) MARK A. MAYER 1.00	A COBLENTZ	T-00										
		- ·	X	L					0.	0.		
	A. MAYER	1.00					•			,		
			X						0.	0.	Form 990	

232007 12-10-12

Page 8

Part VII Section A. Officers, Directors, Trus	stees. Kev Em	olar	vees	. an	d H	iahe	est C	Compensated Employe		O / II Tage C
(A) ·	(B)		, , , , ,		C)	19	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(D)		/E)
Name and title	Average			Pos	sition	n		Reportable	(E) Reportable	(F) Estimated
	hours per					than is bo		compensation	compensation	amount of
	week					or/tru		from	from related	other
•	(list any	횽			-	Ì		the	organizations	compensation
	hours for	를				pa		organization	(W-2/1099-MISC	
	related	stee	nster		ĺ	BUSS		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	nstitutional trustee	ĺ	Key employee	Highest compensated employee				and related
	below .	P S	- <u>ğ</u>	Officer	E	hest	Former	•		organizations
	<u> </u>	볼	_≌	8	<u>ş</u>	물통	Ē			
(18) META NASH 1.00										
PAST CHAIRMAN	<u> </u>	X		Х				0.	() 0.
(19) ROBERT BROADRUP	1.00							••		
TRUSTEE		X						0.	€	0.
(20) SHIRLEY SHORES	1.00									
TRUSTEE		X	·			L.		0.	<u>. C</u>)
(21) WILLIAM BLAKESLEE	1.00				i					
TRUSTEE		X						0.	Ó	0.
(22) HARRY GEORGE, III	1.00									
TRUSTEE		X			ĺ			0.		0.
(23) KEVIN HESSLER	1.00							7 7/1.01		
TRUSTEE		X						0.		0.
(24) SHABRI MOORE	1.00									•
TRUSTEE		X	•	- 1				0.	0	0.
(25) TED LUCK	1.00									
TRUSTEE		x						0.	0	0.
(26) ELIZABETH Y. DAY	50.00									•
PRESIDENT			ļ	x				115,472.	n	. 12,393.
1b Sub-total			_		!	—		115,472.		12,393.
c `Total from continuation sheets to Part VII							Ī	89,997.		11,388.
d Total (add lines 1b and 1c)							ı	205,469.	**	23,781.
2 Total number of individuals (including but no	ot limited to th	ose l	listed	d ab	ove) wh	n red			· 25/1011
compensation from the organization				•		,		oorrow more tricer with	,000 or reportable	1
									71800	Yes No
3 Did the organization list any former officer,	director, or tru	stee	. kev	em/	olai	vee.	or hi	ighest compensated er	mnlovee on	
line 1a? If "Yes," complete Schedule J for su									riployee on	. 3 Х
4 For any individual listed on line 1a, is the sui		 2 COI	mne	neat	ion	and	othe	er compensation from t	he organization	3 A
and related organizations greater than \$150									ne organization	
5 Did any person listed on line 1a receive or a									dual for considera	4 X
rendered to the organization? If "Yes," comp										
Section B. Independent Contractors	nete ochedale	u IO	r sui	<i>-11 D</i>	6130	<i>J</i> II				. 5 X
Complete this table for your five highest con	nnenested ind		-don	+ 00	ntro		ra th	at racely and many than (t 100 000 of	
the organization. Report compensation for the	he calendar ve	chei	ndin	a wi	iiiii e iii	actor	is u i	the executantion's tax :	p 100,000 or compe	isation from
(A)	ne calcildar ye	al C	ilum	g wi	uro	N VVII	71101		ear.	
Name and business a	address	NO:	ינודא					(B) Description of se	envices	(C) Compensation
-		TAO.	IAE				-	Docomption of the	51 11000	Compensation
	·						+		···	
							+-			
									•	
			•				+			
							-		·····	·
										2.7
Total number of independent contractors (including but not limited to those listed above) who received more than										
2 Total number of independent contractors (in	ciuaing but no	ıt ilm	ited	to ti	nose	e list	ed a	bove) who received me	ore than	
\$100,000 of compensation from the organiza					U	_				
SEE PART VII, SECTION	A CONT	TN	UA'	$\Gamma \mathbf{I}($	on	S	HE.	ETS	and the second second	Form 990 (2012)

orm 990 COUNTY N	MARYLAND		TIC	•	1 1-		0	52-148	0/11
Part VII Section A. Officers, Directors, T (A) Name and title	(B) Average		F	, and (C) ositionall tha	n		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	director	lonal trustee	Officer Back Kev employee	sáted employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) GAIL M. FITZGERALD	50.00				T			,	
HIEF FINANCIAL OFFICER	<u> </u>		_:	<u>x </u>		-	89,997.	0.	11,388
								:	
	:								-
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<u> </u>									-
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			- [١.	•		

Form 990 (2012) COUNTY MARYLAND, INC.
Part VIII | Statement of Revenue

`L		Check if Schedule O cont	tains a response	to any question	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
흔	b	Membership dues	1b				[14] [11] [14] 14	
ΘĔ.	i	: Fundraising events						
進え	•	Related organizations	····					
9,≅	1	Government grants (contribut						
Sign	I	All other contributions, gifts, gran						
iệ Hị								
문항	<u> </u>	similar amounts not included abo		3,392,290.	1 1. 1 1. 1 1. 1 1. 1 1. 1 1. 1 1. 1 1			
50		Noncash contributions included in lines		287,524.				
O 6	h.	Total. Add lines 1a-1f			3 392 290.	The state of the second section of the second section of the section of the second section of the sec		
		•		Business Code			Professional	12 TO A 19 49 49 49 12 12 12 12 12 12 12 12 12 12 12 12 12
Se	2 a	·						
Program Service Revenue	b							•
S 5	c							
हिं ने	d	l					`	•
<u>6</u>	е							
<u>.</u>	f	All other program service reve	enue					
	q	Total. Add lines 2a-2f						1990/07/09 9/5/9/5
	3	Investment income (including						
	_	other similar amounts)			1,650,061.		-	1,650,061.
}	4	Income from investment of tax						
[5	Royalties						
	J	rioyanics	(i) Real	(ii) Personal		F104601-32848486	-3437 PS RC355.4.0	
		Creas ranta	(i) Near	(ii) i ersonar				
.		Gross rents	-					
.		Less: rental expenses						
		Rental income or (loss)		l				
		• •			Charles and the research section in	La introduction and the state of the state o	Special experience of Aurora	la de la compania del compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania de la compania del compania
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	26,755,851.					
	b	Less: cost or other basis						
İ		and sales expenses	23,185,397.					
	C	Gain or (loss)	3,570,454.					
	d	Net gain or (loss))	3,570,454.			3,570,454.
as	8 a	Gross income from fundraising	g events (not					
ğ		including \$	of	•				
§		contributions reported on line	1c), See					
Other Revenu		Part IV, line 18	•					
Ę.	h	Less: direct expenses						
δ		Net income or (loss) from fund			2.12			
.		Gross income from gaming ac	. =					
٠.	24	Part IV, line 19						
		Less: direct expenses						
.	. D			1	 Con Netter (2000), territorial (2001) for a contract of the contr			The state of the s
	C	Net income or (loss) from gam	=		n in 1996 of the gradient was the gra			
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ļ	C	Net income or (loss) from sale		>	and was a second			http://www.committee.com
ļ		Miscellaneous Revenu	e	Business Code	rebuskiátí vá			
ł	11 a	·	· .		***		ļ	,
ŀ	b							
ļ	C					·		
.]	d	All other revenue						
.	e	Total, Add lines 11a-11d						
	12	Total revenue. See instructions.			8,612,805.	0.	. 0.	5 220 515.
23200								Form 990 (2012)

| Part IX | Statement of Functional Expenses

	art IX Statement of Functional Expens				
Sec	tion 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. All ot	her organizations must c	omplete column (A).	
<u> </u>	Check if Schedule O contains a respon	nse to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,314,108.	2,314,108.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	561,588.	561,588.		
3	Grants and other assistance to governments,				
٠.	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,				
1	trustees, and key employees	227,291.	42,963.	118,562.	65,766.
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	314,397.	183,801.	86,882.	43,714.
8	Pension plan accruals and contributions (include	<u> </u>		/	
	section 401(k) and 403(b) employer contributions)	8,800.	4,687.	2,637.	1,476.
9	Other employee benefits	34,490.			
10	Payroll taxes	38,496.	16,648.		
11	Fees for services (non-employees):				
ı, a		•			
a b					
C		8,000.		8,000.	
d				<u> </u>	1
e	- 6 4 3 44 3 44 3 44 4 4 5 6 4 5 6 4 5 6 4 5 6 6 6 6 6 6				
f	Investment management fees	347,560.		347,560.	
	A	347,3001		32,,3331	
g	column (A) amount, list line 11g expenses on Sch 0.)	235.	71.	140.	24.
12	Advertising and promotion	12,276.		3,069.	
13	Office expenses	45,899.	13,765.	17,109.	
14	Information technology	47,793.	32,406.		
15	Royalties	11,7750	<u> </u>		
16	Occupancy	53,969.	19,749.	27,343.	6,877.
	Travel	1,463.	1,259.	22.	
17 18	Payments of travel or entertainment expenses		2,2031		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,606.	1,330.	276.	
20	Interest	2,0001			
21	Payments to affiliates		1.74.		
22	Depreciation, depletion, and amortization	40,922.	14,732.	22,098.	4,092.
23	Insurance	9,963.	3,934.	3,297.	2,732.
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 0.)				
	THE TENATOR OF	44,013.	22,155.	15,653.	6,205.
a		15,515.	5,586.	8,377.	
. b	AADIIIA T DDDODG	14,587.	6,565.	6,563.	
۲ د		13,260.	5,822.	5,927.	
d	All other expenses	6,263.	1,850.	3,804.	
	Total functional expenses. Add lines 1 through 24e	4,162,494.	3,271,576.	712,993.	
<u>25</u> 26	Joint costs. Complete this line only if the organization	<u> </u>	<u> </u>		
∠0	reported in column (B) joint costs from a combined				
•	educational campaign and fundraising solicitation.	1			
	Check here if following SOP 98-2 (ASC 958-720)				
-	1) in ioliowing 301, 38-5 (V2C 329-150)		1	<u> </u>	

Form 990 (2012)

Part X | Balance Sheet

COUNTY MARYLAND, INC.

		Check if Schedule O contains a response to any question in this Part X			
		Check is Schedule O contains a response to any question in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	756,900.	1	242,563.
i,	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	183,110.	3	181,726
-	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		1	
	5	trustees, key employees, and highest compensated employees. Complete	[기학: 회장 사람은 하다		
		Part II of Schedule L	The same of the sa	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		0.2%	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	grand state of the control of the co	6	
3	7.	Notes and loans receivable, net		7	
		Inventories for sale or use_		8	
:	8	Prepaid expenses and deferred charges	24,044.	9	20,365
	9			n dilike t	
	10a	basis. Complete Part VI of Schedule D 10a 381, 564.			
		Less: accumulated depreciation 10b 334,213.	58,241.	10c	47,351
			59,632,143.	11	78,192,860
	11	Investments - publicly traded securities	JJ, 032, 143.	12	10,232,000
	12	Investments - other securities. See Part IV, line 11		13	
	13	Investments - program-related. See Part IV, line 11	<u></u>	14	
	14	Intangible assets	21,312,711.	15	9,696,873
	15	Other assets. See Part IV, line 11	81,967,149.	16	88,381,738
	16	Total assets. Add lines 1 through 15 (must equal line 34)	171,016.	17	184,967
	17	Accounts payable and accrued expenses	1/1,010.	18	104/501
	18	Grants payable		19	
	19	Deferred revenue		20	-
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	21	Loans and other payables to current and former officers, directors, trustees,			
	22	key employees, highest compensated employees, and disqualified persons.			
				22	Elizable Bile 6 (1) mai subisseur un
		Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	24	Other liabilities (including federal income tax, payables to related third		23	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			6,7 <u>17,4</u> 37.	25	6,939,160
	-00	Schedule D Total fiabilities. Add lines 17 through 25	6,888,453.		7,124,127
-	26	Organizations that follow SFAS 117 (ASC 958), check here ► 🗓 and	0,000,400.		
		complete lines 27 through 29, and lines 33 and 34.			
	0.2	Unrestricted net assets	58,860,862.	27	63,556,311
	27	Temporarily restricted net assets	6,515,982.		7,968,976
	28	Permanently restricted net assets	9,701,852.		9,732,324
	29	Organizations that do not follow SFAS 117 (ASC 958), check here		- 398	
		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	300 (00) 11 12 4 10 10 10 10 10 10 10 10 10 10 10 10 10	30	ger and a state of
		Paid-in or capital surplus, or land, building, or equipment fund		31	
	31	Retained earnings, endowment, accumulated income, or other funds		32	
	32	Total net assets or fund balances	75,078,696.		81,257,611
	33	Total liabilities and net assets/fund balances	81,967,149.		88,381,738
	34	Total liabilities allu fiet assets/fullu balalices	<u> </u>	<u> </u>	Form 990 (2012

Pa	rt 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 ·		512,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2	4.	162, ₄	<u> 194.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u> 150 / 3</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75 (078,0	<u> 596.</u>
5	Net unrealized gains (losses) on investments	5	1,(<u>517,5</u>	<u>543.</u>
6	Donated services and use of facilities	6	.3		
7	Investment expenses	7			
8	Prior period adjustments	8	·		
9	Other changes in net assets or fund balances (explain in Schedule O)	9 ~		<u> L11-,(</u>	<u>)61.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	.			
	column (B))	10	81,	25,7-,6	<u>511.</u>
Pa	rt XII Financial Statements and Reporting		a a		_
*	Check if Schedule O contains a response to any question in this Part XII			<u></u>	
				Yes	No
1.	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2	2a ∣	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:		v.		
	Separate basis Consolidated basis Both consolidated and separate basis		1 4		
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis		1.6		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		. 18		
	review, or compilation of its financial statements and selection of an independent accountant?			2c X	1. 8
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit	in in		
	Act and OMB Circular A-133?			3a	<u> </u>
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	- I.		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	
		•	·Fo	rm 990	(2012)

232012

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2015 NO. 1545-004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number

Part I Reason for Public Charify Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1			COUNTY	MARYLAND, I	NC.					5	2-1488711	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A church, convention exciton 170(b)(1)(A)(ii), (Attach Schedule E) A haspital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A congruization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A congruization that normally receives (1) Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(A)(A)(v). (Complete Part III.) A community trust described in section 170(b)(A)(A)(V). (Complete Part III.) A community trust described in section 170(b)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)(A)	Part I								structions.			
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(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col. (i) organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iii)		(III) A 35% Duantida tha 1	controlled entity of a	person described in (i)	or (ii) abovi	e?				•••••	[11g(iii)	
organization (described on lines 1-9 above or IRC section (see instructions)) The section of the section of the section of the see instructions or IRC section (see instructions) The section of the s	П	Provide the i	rollowing information	about the supported or	ganization	(s).						
organization (described on lines 1-9 above or IRC section (see instructions)) The section of t				 	h		T		4 77 1-		* .	
above or IRC sections (see instructions) Cost in the above or IRC section (see instructions) Governing document? Governing document. Governing do			(ii) EIN					s tne on in col.	(vii) Amount of moneta	ary		
(see instructions)) Yes No Yes No Yes No	orgar	iization			in col (i) listed in your comparisation in col [UI gitll/d		(i) organiz	ed in the	GO1.			
							1 **	· · ·				
					res	NO	Yes	NO	Yes	NO		—
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232021 12-04-12

Form 990 or 990-EZ.

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LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 COUNTY MARYLAND, 52-1488711 Page 2 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants:")	7190336.	7564058.	6939272.	22726928.	3392290.	47812884.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		·				
	or expended on its behalf					·	
3	The value of services or facilities						
	furnished by a governmental unit to						
-	the organization without charge						
4	Total. Add lines 1 through 3	7190336.	7564058.	6939272.	22726928.	3392290.	47812884.
.5	The portion of total contributions				Missinsi hiridahan me kemenjakan bilandar		
	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)						21395579.
6	Public support. Subtract line 5 from line 4.						26417305.
	ction B. Total Support	1				,	
	endar year (or fiscal year beginning in) 🕨		(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	7190336.	7564058.	<u>6939272.</u>	22726928.	3392290.	47812884.
8	Gross income from interest,			•			
	dividends, payments received on					e.	
	securities loans, rents, royalties						
	and income from similar sources	1341034.	960,644.	<u> 1316439.</u>	1242095.	1650061.	6510273.
9	Net income from unrelated business						
	activities, whether or not the	ļ					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	ĺ					
	assets (Explain in Part IV.)		20.70.00.00.00.00.00.00.00				
	Total support. Add lines 7 through 10					To see wheel contact to	<u>54323157.</u>
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for						. —
Sar	organization, check this box and stop ction C. Computation of Publ	ic Support Pou	contago		<u></u>		<u></u>
					I		10.60
14 45	Public support percentage for 2012 (I	ine 6, column (t) di	vided by line 11, c	olumn (f))	***************************************	14	48.63 %
	Public support percentage from 2011					15	<u>79.93 %</u>
Iba	33 1/3% support test - 2012. If the content have The organization qualifies						
h	stop here. The organization qualifies						
Ŋ	33 1/3% support test - 2011. If the cand stop here. The organization quality						
175							
r r cl	10% -facts-and-circumstances test and if the organization meets the "fac						
	meets the "facts-and-circumstances"	teet. The organized	ion qualifies es a	io uux aiiu stop n sublicht aussastee	ere. Explain in Par Lorganization	LIV HOW THE ORGAN	iization
h	10% -facts-and-circumstances test						
J	more, and if the organization meets th						
	organization meets the "facts-and-circ						,
18	Private foundation. If the organization						
		. GIG HOL CHECK & L	ACA OIT III IE 10, 10a	, 100, 17a, 01 17b			or 990-EZ) 2012
	· · · · · · · · · · · · · · · · · · ·				Sche	aare w (c.o.u. aan	. O. 220-12 2) 20 1 2

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	ciow, picase comp	nete r ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009 ·	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	1	• •	, ,			
membership fees received. (Do not	ĺ					
include any "unusual grants.")	,					
2 Gross receipts from admissions,						
merchandise sold or services per-					·	
formed, or facilities furnished in any activity that is related to the					• •	
organization's tax-exempt purpose			·			
3 Gross receipts from activities that						
are not an unrelated trade or bus-						•
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5			,			
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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.)	ļ					
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, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Publi		_	-	****	1	
15 Public support percentage for 2012 (li			***		15	%
16 Public support percentage from 2011			4		16	%
Section D. Computation of Inves					T 1	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the					i contract of the contract of	
more than 33 1/3%, check this box ar	-					
b 33 1/3% support tests - 2011. If the	-					
line 18 is not more than 33 1/3%, che		•				
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	>

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.

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF FREDERICK

Employer identification number 52-1488711

COUNTY MARYLAND, INC. 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 Total number at end of year 141 538 Aggregate contributions to (during year) 20,522,023. 1,064,609. Aggregate grants from (during year) 510,336. 3 2,552,093. Aggregate value at end of year 9,763,904. 72,311,657. 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 c Number of conservation easements on a certified historic structure included in (a) 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, 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 XIII, 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

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		MARYLAND,	INC.		-	52-	<u> 148871</u>	1 P	age 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures,	or Other	Similar As	sets(contil	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following tha	at are a sigr	nificant use of	its collectio	n item	ıs
•	(check all that apply):		-	_	_				
а	Public exhibition	d	Loan or exc	hange progr	ams				
b	Scholarly research	e	r						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizati	ion's evemr	ot nurnose in	Part XIII		
5	During the year, did the organization solicit o	r receive donations o	of art historical trea	eurae or oth	er similar a	septe	, care zami	•	
Ŭ	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arran								3 140
	reported an amount on Form 990, Par	rt X. line 21.	ste ii tile Organizatio	ii answered	165 1011	#III 550, Fait	IV, III IC 3, UI		
12	Is the organization an agent, trustee, custodi		liany for contribution	se or other as	ecte not in	cluded	•		
ıa			•				□ v _a ,		No
L	on Form 990, Part X?	and complete the fal	llandae telalar				Yes		⊔ MO
D	ii 1es, explain the attailgement in Fatt Alli	and complete the fo	ilowing table:				A		
_	Paginning balance						Amoun	Ę	
C	Beginning balance	••••••				1c			
d	Additions during the year		***************************************			1d	•		
e	Distributions during the year		• • • • • • • • • • • • • • • • • • • •		•••••	1e	······································	-	
f	Ending balance					1f	T		7
	Did the organization include an amount on Fo						Yes	`	No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided in	Part XIII				<u>.</u>
Fai	t V Endowment Funds. Complete if	i i					- 1		
		(a) Current year	(b) Prior year			Three years ba	1	years	back
1a	• • • • • • • • • • • • • • • • • • • •	10,936,821.	10,621,709.	• • • • • • • • • • • • • • • • • • • •	9,207.	2,106,9	47. 2	<u>,347</u> ,	964.
b	Contributions	25,916.	335,943.	4,36	3,661.	3,076,5	41.	<u>37</u> ,	362.
C	Net investment earnings, gains, and losses	552,903.	26,005.	94	0,844.	178,9	54.	<u>-205</u> ,	<u>736.</u>
d	Grants or scholarships	77,616.	46,836.	2	2,003.	23,2	45.	72,	643.
е	Other expenditures for facilities								
	and programs						,.		
f	Administrative expenses								
g	End of year balance	11,438,024.	10,936,821.		1,709.	5,339,20	07. 2	<u>,106</u> ,	947.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:			•		
	Board designated or quasi-endowment		_%						
b	Permanent endowment > 85.09	%							
C	Temporarily restricted endowment ▶ 14	<u>4.91 </u> %	•						
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held ar	nd administe	red for the	organization	_		
	by:							Yes	No
	(i) unrelated organizations	************************	,,				3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm							٠.	
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Acci	umulated	(d) Boo	k valu	—— е
		basis (investm	,			ciation	\ /		
1a	Land								
	Buildings								
	Leasehold improvements		21	9,020.	21	7,632.		1 3	88.
	Equipment			2,544.		6,581.		5,9	
	Other	1		_,		,		<u>_ , ,</u>	
	Add lines 1a through 1e. (Column (d) must ed		Y column (R) line 1	0(c))	 -		1	7. 3	51.

(a) Description of security or category encluding name of escurity (1) Financial derivatives (2) Closely-heid equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	52-1488711 Page 3	12	AND, INC.	(Form 990) 2012 COUNTY MARY Investments - Other Securities. See	Scheo
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (D) (E) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	valuation: Cost or end-of-year market value			ption of security or category (including name of security)	(a) [
(2) Closely-hold equity interests (A) Cher (A) (B) (C) (C) (D) (C) (D) (C) (D) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					
(A) (B) (C) (C) (C) (E) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					(2) CI
(E) (C) (D) (E) (F) (G) (G) (H) (G) (G) (H) (G) (G) (G) (H) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(C) (D) (D) (E) (F) (G) (G) (G) (P) (I) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D					<u>(A)</u>
(b) (c) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				•	
(E) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G					
(F) (G) (H) (D) (Dotal. (Col. (b)) must equal Form 990, Part X, col. (B) line 12.) ▶ Total. (Col. (b)) must equal Form 990, Part X, col. (B) line 12.) ▶					
(G) (P) (D) (Detail (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 mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of year mark (c) Method of valuation: Cost or end of			•.		
(c)	·	·	•		
(1) (1) (1) (2) (2) (3) (4) (4) (5) (6) (6) (7) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10)	<u> </u>				
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 main (c) Part X, line 13. (b) Book value (c) Method of valuation: Cost or end of year main (c) Part X, line 15. (d) Cost Cost Cost Cost Cost Cost Cost Cost	•				
Investments - Program Related. See Form 990, Part X, line 13.		100000000000000000000000000000000000000	·	h) must agual Form 000 Part V and (D) line 40)	
(a) Description of investment type (b) Book value (c) Method of valuation: Cost or end of-year main (i) (i) (i) (i) (ii) (iii) (iii		40	F 000 B 1V	Investments - Program Poletad o	Part
(1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	reluctions Cost or and of year modest value			(a) Description of investment type	1 (4) (
(2) (3) (4) (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 (b) Book (c) PRESENT VALUE OF REMAINDER INTERESTS 1, 5, 5 (2) CASH SURRENDER VALUE OF LIFE INSURANCE 1 (3) DUE FROM CFHC (4) CONTRIBUTIONS RECEIVABLE 7, 9 (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	aluation. Cost of end-of-year market value	(c) Welflod of	(D) DOOK VAILE	(a) assurption of invocations type	(1)
(3) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (11) (10) (11) (10) (11) (11					
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Part IX Other Assets. See Form 990, Part X, line 15. (a) Description (b) Box (1) PRESENT VALUE OF REMAINDER INTERESTS 1,5 (2) CASH SURRENDER VALUE OF LIFE INSURANCE 1 (3) DUE FROM CFHC (CONTRIBUTIONS RECEIVABLE 7,9 (5) (G) (7) (S) (S) (9) (10) (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 9,6 Part X Other Liabilities. See Form 990, Part X, tine 25. (b) Book value (b) Book value (1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST 1,315,041. (4) FUNDS HELD FOR OTHERS (FAS 136) 5,624,119. (6) (7) (8) (9)		***************************************		o) must equal Form 990, Part X, col. (B) line 13.)	Total. (
(1) PRESENT VALUE OF REMAINDER INTERESTS (2) CASH SURRENDER VALUE OF LIFE INSURANCE (3) DUE FROM CFHC (4) CONTRIBUTIONS RECEIVABLE (5) (6) (7) (8) (9) (10) [otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			5.	Other Assets. See Form 990, Part X, line 1	Part
(2) CASH SURRENDER VALUE OF LIFE INSURANCE (3) DUE FROM CFHC (4) CONTRIBUTIONS RECEIVABLE (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (11) (11	(b) Book value		escription	(a) D	
(2) CASH SURRENDER VALUE OF LIFE INSURANCE (3) DUE FROM CFHC (4) CONTRIBUTIONS RECEIVABLE (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (11) (11	1,539,735.		INTERESTS	ESENT VALUE OF REMAINDER	(1)
(3) DUE FROM CFHC (4) CONTRIBUTIONS RECEIVABLE (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). ▶ 9,6 Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITIES UNDER SPLIT—INTEREST (3) AGREEMENTS (4) FUNDS HELD FOR OTHERS (FAS 136) (5) (6) (7) (8) (9)	129,229.	Œ			
(4) CONTRIBUTIONS RECEIVABLE 7, 9 (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15). ▶ 9, 6 Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST (3) AGREEMENTS 1, 315, 041. (4) FUNDS HELD FOR OTHERS (FAS 136) 5, 624, 119. (5) (6) (7) (8) (9)	46,615.				(3)
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST (3) AGREEMENTS (4) FUNDS HELD FOR OTHERS (FAS 136) (5) (6) (7) (8) (9)	7,981,294.			NTRIBUTIONS RECEIVABLE	(4)
(7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST (3) AGREEMENTS 1,315,041. (4) FUNDS HELD FOR OTHERS (FAS 136) 5,624,119. (5) (6) (7) (8) (9)					(5)
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(9) (10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST (3) AGREEMENTS 1, 315, 041. (4) FUNDS HELD FOR OTHERS (FAS 136) 5, 624, 119. (5) (6) (7) (8) (9)				-	(7)
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Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability (b) Book value					
(a) Description of liability (b) Book value (1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST (3) AGREEMENTS 1,315,041. (4) FUNDS HELD FOR OTHERS (FAS 136) 5,624,119. (5) (6) (7) (8) (9)	9,696,873.		[5.]	nn (b) must equal Form 990, Part X, col. (B) line	
(1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST (3) AGREEMENTS (4) FUNDS HELD FOR OTHERS (FAS 136) (5) (6) (7) (8) (9)			e 25.		Part .
(2) LIABILITIES UNDER SPLIT-INTEREST (3) AGREEMENTS		(b) Book value			
(3) AGREEMENTS					
(4) FUNDS HELD FOR OTHERS (FAS 136) 5,624,119. (5) (6) (7) (8) (9)			TEREST		
(5) (6) (7) (8) (9)					***************************************
(6) (7) (8) (9)		<u>5,624,119.</u>	136)	NDS HELD FOR OTHERS (FAS	
(7) (8) (9)		· · · · · · · · · · · · · · · · · · ·			
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(9)			-		
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(11)		C 000 155		an (b) must a surf E 200 E	
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 6,939,160.		<u> 6,939,160.</u>			
FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII	statements that reports the organization's been provided in Part XIII	organization's financia	or the toothote to th	140) roothote. In Part XIII, provide the text	, FIIN

$\overline{}$	t XI Reconciliation of Revenue per Audited Financial Stateme			52-	1488711 Page 4
	· · · · · · · · · · · · · · · · · · ·	nts vv	itii Revenue per H	1	
1	· · · · · · · · · · · · · · · · · · ·			1	9,807,786.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1	4 648 540	1 - 3 %	
	Net unrealized gains on investments		1,617,543.		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants				
d		2d	218,555.		
е	Add lines 2a through 2d			2e	1,836,098.
3	Subtract line 2e from line 1		**********	3	7,971,688.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			100	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	•		
b	Other (Describe in Part XIII.)		641,117.	1500	
С	Add lines 4a and 4b		•	4c	641,117.
- 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•••••••••••	5	8,612,805.
	t XII Reconciliation of Expenses per Audited Financial Stateme	ents W	/ith Expenses per		irn
1	Total expenses and losses per audited financial statements			1	3,630,025.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				0,000,0200
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	1 1			,
d		2c	11,922.		
	Other (Describe in Part XIII.)			13.5°	11 000
	Add lines 2a through 2d			2e	11,922.
3	Subtract line 2e from line 1			3	3,618,103.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	544,391.		
C	Add lines 4a and 4b			4c	544,391.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			. 5	4,162,494.
Part XIII Supplemental Information					
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	a and 4; Part IV, lines 1	b and	2b; Part V, line 4; Part
X, line	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	orovide	any additional informati	ion.	
PAF	T V, LINE 4: THE FOUNDATION HAS A TRUSTEE-	APPE	ROVED ENDOWM	ENT	
SPE	NDING POLICY THAT TARGETS EITHER NET INCOM	IF! OF	የ 5% ሰሞ ፐጥሮ	END.	OMMENT
-		<u> 01</u>	<u> </u>	<u></u>	OMITHIA
RTIN	D'S FAIR MARKET VALUE AS OF JUNE 30 OF THE	י ססי	ייייד שדפרא	T. V	דזג מחש מגי
	D D TILLE TELECTION VIDOR ND OF COME SO OF THE	FILL	ALOOD LIDCH	T1 T	HAR FUR AUU
FIIN	DS.				
	<i>D</i> 0 •	•			
ם גֿם	T V IING 2. THE COMMINION HOLLOWS THE DE	OTTE	TONG OH 700	^ TT3 T	
LVV	T X, LINE 2: THE FOUNDATION FOLLOWS THE PR	OVIS	SIONS OF ACC	OON.	TING
B()	IINGEDMATAIMY TAI TAIGONE BANES TOTOBO				
r UK	UNCERTAINTY IN INCOME TAXES UNDER THE INC	OME	TAXES TOPIC	OF	THE
~~-	THECOMEON MAIN CONTINUE				
COD	IFICATION. THE CODIFICATION REQUIRES THE E	VALU	· ·		
				Sched	dule D (Form 990) 2012

PART XII, LINE <u>2D - OTHER ADJUSTMENTS:</u>

RELATED ORGANIZATION EXPENSES 11,922.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

544,391. FUNDS HELD FOR OTHERS

SCHEDULE F (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK

Employer identification number

CO	UNTY MARYLAND), INC.			52-148871	1
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple		
	to Form 990, Par		·			
1				ds to substantiate the amount of its gr		
	the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes L No
2,	For grantmakers. Desc United States.	cribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	ide the
3		he following Part	: I. line 3 table ca	an be duplicated if additional space is a	needed.)	
	(a) Region	(b) Number of offices in the 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
				·		
	TRAL AMERICA AND CARIBBEAN -	0	0	ENDOWMENT INVESTMENTS OFF SHORE	,	359.865.
Inc	CARIBBEAN -		V	SHORE		339,865.
			,			
				,		
			_	,		
3 a	Sub-total	0	0			359,865.
b	Total from continuation sheets to Part I	0	0_			0,
С	Totals (add lines 3a					
	and 3b)	0	0 .			359,865,

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

Page 2

52-1488711

COUNTY MARYLAND, INC.

Schedule F (Form 990) 2012

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. 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	(n) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
							-	
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 191
				,				
Enter total number of the IRS, or for which the	recipient organization: he grantee or counsel	s listed above that are r has provided a section	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	foreign country,	recognized as tax-ex	empt by		
3 Enter total number of other organizations or entities	other organizations or	entities				A		

Schedule F (Form 990) 2012

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THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

52-1488711

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV,
							deprination, or to the
	-						
		·					
	المراجعة والمساحة					Schedu	Schedule F (Form 990) 2012

Sched	ule F (Form 990) 2012 COUNTY MARYLAND, INC.	52-1488711 Page 4
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)	X 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 X 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 X 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)	X 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 X 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 X No

232074

THE COMMUNITY FOUNDATION OF FREDERICK Schedule F (Form 990) 2012 COUNTY MARYLAND, INC. 52-1488711 Page 5 Supplemental Information Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE (Form 990)

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

Open to Public OMB No. 1545-0047

2 |

52-1488711

Inspection

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

Employer identification number X Yes 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 ▶ Attach to Form 990. FREDERICK THE COMMUNITY FOUNDATION OF criteria used to award the grants or assistance? COUNTY MARYLAND, INC. General Information on Grants and Assistance Name of the organization Department of the Treasury internal Revenue Service

Part

	startice?						
ent.	cedures for mon	toring the use of grant	funds in the United	d States.		77.000	-
Fart III 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	Governments an	d Organizations in the	• United States. C	complete if the orga	nization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Part II can	De duplicated if additi	ional space is need	jed.			
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 STE 400							
ROCKVILLE, MD 20850	52-1532556	501(C)(3)	28,350.	0			UNKESTRICTED
							PARTIAL SALARIES FOR 2
ADVOCATES FOR HOMELESS FAMILIES,							TRANSITIONAL HOUSING CARE
INC 216 ABRECHT PLACE -						-	MANAGERS, TRANSPORTATION
FREDERICK, MD 21701	52-1591139	501(C)(3)	26 152.	0.			& CHILDCARE, UNRESTRICTED
ALL SAINTS EPISCOPAL CHURCH							
108 WEST CHURCH STREET							
PREDERICK, MD 21701	52-0610441	501(c)(3)	31,287,	0		-	UNRESTRICTED
ANIMAL WELFARE LEAGUE OF FREDERICK							
COUNTY, INC 1202 E. PATRICK							UNRESTRICTED AND
ST., STE 13A - FREDERICK, MD 21701	52-2313863	501(C)(3)	13,170.	0			SPAY/NEUTER CLINICS
ARC OF FREDERICK COUNTY INC.							
620-A RESEARCH DRIVE							DAY SERVICES FUNDING AND
FREDERICK, MD 21703	52-6055211	501(C)(3)	69,342,	0			UNRESTRICTED
-					•		
BRAINY CAMPS - CHILDREN'S NATIONAL							
MEDICAL CENTER - 111 MICHIGAN AVE.							7 SCHOLARSHIPS FOR CAMP
NW - WASHINGTON, DC 20010	27-1547370	501(c)(3)	5,600.	0			NEW FRIENDS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	e line 1 table				73.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

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Schedule (Form 990) COUNTY MARYLAND, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	ARYLAND, J	COUNTY MARYLAND, INC.	lanizations in the U	nited States (Sche	dule I (Form 990), Par		52-1488711 Page 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	
BRUNSWICK PUBLIC LIBRARY 915 NORTH MAPLE AVE BRUNSWICK, MD 21716	52-6067767	501(C)(3)	5,000,	0			ONRESTRICTED	
CALVARY UNITED METHODIST CHURCH 131 WEST SECOND STREET FREDERICK, MD 21701	52-0685068	501(a)(3)	10,427.	0			CHURCH BUS AND UNRESTRICTED	
CARROLL MANOR FIRE COMPANY P.O. BOX 7 ADAMSTOWN, MD 21710	52-1293774	501(c)(3)	5,037.	0.			UNRESTRICTED	
CHURCH OF THE TRANSFIGURATION 6909 MARYLAND AVE. P.O. BOX 87 BRADDOCK HEIGHTS MD 21714	52-1549171	501(C)(3)	204 241.			,	INREGINED	
	52-6000943	, , 501(¢)(3)	.13,510,	0			PRINTING AND EDITING OF "MONTEVUES HEROIC WORKS" BOOK, DESIGN AND INSTALLATION OF PLACUES	
CITY OF FREDERICK 101 NORTH COURT STREET FREDERICK MD 21701	52~6000789	501(0)(3)	41 674	0			A TE	
DELAPLAINE VISUAL ARTS EDUCATION CENTER - 40 SOUTH CARROLL STREET - FREDERICK MD 21701	52-1481592	501(0)(3)	•	°°			ART CLASSES FOR THE ARC OF FREDERICK COUNTY, HEARTLY HOUSE CHILDREN, ARTSTART A HEADSTART	
TREDE	52-1682341	501(¢)(3)	18,984.	0				
EVANGELICAL LUTHERAN CHURCH 35 EAST CHURCH STREET FREDERICK, MD 21701	52-0627772	501(c)(3)	23,055,	0.0			UNRESTRICTED Schedule I (Form 990)	

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Schedule I (Form 990) COUNTY MARYLAND, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990),	ITY MARYLAND, INC.	INC.	THE DEAT OR	iited States (Sche		5 Part II.)	52-1488711 Page 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	
FREDERICK COMMUNITY COLLEGE FOUNDATION, INC 7932 OPPOSSUMTOWN PIKE - FREDERICK, MD								
	52-1231768	501(0)(3)	16,627,	0		,	SCHOLARSHIPS	
FREDERICK COUNTY CHAMBER OF COMMERCE - 8420 GAS HOUSE PIKE STE B - FREDERICK, MD 21701	52-0318880	501(C)(6)	41,938.	. 0			FREDERICK COUNTY BUSINESS ROUNDTABLE FOR EDUCATION & SUMMER INTERNSHIP	
FREDERICK COUNTY DEPT OF SOCIAL SERVICES - FOSTER CARE/INDEPENDENT LIVING - 100 EAST ALL SAINTS STREET - FREDERICK, MD 21701	52-6002033	501(C)(3)	2 000	*0		·	FOSTER CARE AND ADOPTION DIVISION	
FREDERICK COUNTY HEALTH CARE COALITION - 350 MONTEVUE LANE - FREDERICK, MD 21702	27-0492113	501(C)(3)	26,638.	0			HEALTH CARE COORDINATION	
FREDERICK COUNTY LANDMARKS 1110 ROSEMONT AVENUE FREDERICK, MD 21701	23-7241926	501(C)(3)	6,887	0			HISTORIC PRESERVATION	
FREDERICK COUNTY PUBLIC LIBRARIES 110 E PATRICK ST FREDERICK, MD 21701	52-2173683	501(C)(3)	13,303,	0			FAMILY READING GE# 218	
FREDERICK COUNTY PUBLIC SCHOOLS 191 SOUTH EAST STREET FREDERICK, MD 21701	52-6000941	501(C)(3)	17,711,	0			3 5	
FREDERICK MEMORIAL HEALTHCARE SYSTEM - 400 WEST SEVENTH STREET - FREDERICK, MD 21701	52-0591612	501(C)(3)	45,516,	0				
FREDERICK UNION RESCUE MISSION, INC, - 419 WEST SOUTH STREET - FREDERICK, MD 21705	52-0813371	501(C)(3)	40 798	0			TESTING KITS, CHANGED LIFE RECOVERY PROGRAM PARTIAL CASE MANAGER	
							Schedule I (Form 990)	

Schedule (Form 990) COUNTY MARYLAND, INC.	RYLAND, I		F KELLEKICK	oited States (Sohe	F FREDERLCK Ornanizations in the Inited States (Schadule I (Form 900), Doct 11)	-	52-1488711 Page 1
(a) Name and address of organization or government	(p) EIN		(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
FRIENDS FOR NEIGHBORHOOD PROGRESS 100 S MARKET ST, FREDERICK, MD 21701	52-1036628	501(C)(3)	9,381,				PRIMARY HEALTH CARE
FRIENDS OF BAKER PARK P.O. BOX 4146 FREDERICK, MD 21705	52-1759639	501(C)(3)	11,603.	0.			CULLER LAKE WATER MITIGATION PLAN
FRIENDS OF CARROLL CREEK URBAN PARK, INC 1509 HOMESTEAD AVE - FREDERICK, MD 21702	46-1297552	501(C)(3)	24,999,	0			MATERIALS AND FABRICATION OF PLANT STANDS FOR CARROLL CREEK PROJECTS
GALE RECOVERY, INC. 608 EAST PATRICK STREET FREDERICK, MD 21701	52~1061150	501(¢)(3)	10,379,	0			COUNSELING/CASE MANAGEMENT. SERVICES
GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL - 4301 CONNECTICUT AVENUE, NW STE M-2 - WASHINGTON, DC 20008	54-0732966	501(C)(3)	8,827,	0			GRANTS FOR GIRLS FUND IN FREDERICK COUNTY MD AND UNRESTRICTED
GLADE UNITED CHURCH OF CHRIST 21 FULTON AVENUE, P.O. BOX 236 WALKERSVILLE, MD 21793	52-0679615	501(C)(3)	7,370,	0	·		UNRESTRIÇTED
GLADE VALLEY COMMUNITY SERVICES, INC 9224 DEVILBISS BRIDGE ROAD - WALKERSVILLE, MD 21793	20-1946411	501(C)(3)	5,554.	. 0			HOLIDAY TREE SHOP AND UNRESTRICTED
GOODWILL INDUSTRIES OF THE MONOCACY VALLEY, INC 400 E CHURCH ST FREDERICK, ND 21701	23-7047548	501(C)(3)	8,008.	0			PROGRAMS THAT TRAIN AND EDUCATE PERSONS WITH DISABILITIES
GRACE EPISCOPAL CHURCH 14 EAST A ST BRUNSWICK, MD 21716	52-1351411	501(c)(3)	320,856.	0	-		UNRESTRICTED Schedule I (Form 990)

Schedule I (Form 990) COUNTY MARYLAND, INC.

Schedule I (Form 990) GOUNTY MARYLAND, INC.

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

52-1488711

Fart II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Un	nited States (SCDE	edule I (⊦orm 990), ⊬an	11.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE UNITED CHURCH OF CHRIST 25 E 2ND STREET PPENPETCY MN 21701	69.0607004	16/10/10	. u		1		
FREDERICK, MD 41/01	546/000-70	201(C)(3)	, 650,	0			UNRESTRICTED
HEARTLY HOUSE, INC.							DANGER ASSESSMENT TOOL FOR DOMESTIC VIOLENCE,
F.O. BOX 85/ FREDERICK, MD 21705	52-1186250	501(C)(3)	32,716.	0			THERAPEUTIC PLAY SUPPLIES, BUILDING
CAL SOCIETY	,		·				PERFORMANCE FEE - CHILDREN'S MUSIC EVENT,
COUNTY, INC 24 EAST CHURCH STREET - FREDERICK, MD 21.701	52-6050333	501(C)(3)	26.403.	0			ART CONTEST AWARDS, THE ACOUISITION OF HISTORICAL
HOMEWOOD AT CRUMLAND FARMS 7407 WILLOW ROAD REFDERICK MD 21702	7641261-65	501(0)(3)	9 C O E	c			SERVICES TO PERSONS WITH ALZHEIMER'S DISEASE AND
GE ATT A	52-089	KO 1 (7) (3)	4	, c			Tampa campa
FALSOCALLY CITY AND	0007000-90	1212121	4,00,44	10			
HOPE ALIVE, INC. P.O. BOX 140 SARILLASVILLE MD 21780	68-0515611	501(C)(3)	28 28 247		-		FAMILY SHELTER AND TRANSITIONAL FAMILY SHELTER PROGRAMS, AND INNERFRED
SDERI 2170	52-1164513	501(0)(3)	21,782,	.0			CAMP JAMIE RENTAL FEE AND
HOUSING AUTHORITY OF THE CITY OF FREDERICK - 209 MADISON ST - FREDERICK MD 21701	52_6001395	501(C)(3)	1,9999,	*0			STAFFING FOR YOUNG MEN'S LEADERSHIP PROGRAM, PROJECT ALIVE EDUCATION PROGRAM, WOMEN AND RISE
HOU MARY	52-1708782	501(¢)(3)	. 250	0			UNRESTRICTED
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Schedule (Form 990) COUNTY MARYLAND, INC.	NITY FOUN	OF	FREDERICK			വ	52-1488711 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	overnments and Organ	izations in the Ur	nited States (Sche	edule I (Form 990), Par		
(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
LEGAL AID BUREAU, INC. 500 E LEXINGTON ST BALTIMORE, MD 21.202	52-0591621	501(¢)(3)	11,700.	0			PARALEGAL FOR PRO SE
	52-1306075	501(C)(3)		0			ONRESTRICTED
MARYLAND 4-H FOUNDATION, INC. 8020 GREENMEAD DRIVE COLLEGE PARK, MD 20740	52-6056016	501(C)(3)	28 350	0			4-H CLUB OF MONTGOMERY COUNTY
MARYLAND FFA FOUNDATION, INC. P.O. BOX 3241 SILVER SPRING, MD 20918	52-1354382	501(C)(3)	29,199,	0			UNRESTRICTED
MARYLAND SHERIFF'S YOUTH RANCH, INC P.O. BOX 42 - BUCKEYSTOWN, MD 21717	52-1055741	501(C)(3)	5.770.	0		,	UNRESTRICTED
MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, INC 226 SOUTH JEFFERSON ST FREDERICK MD 21701	<u> </u>	501(C)(3)	30,359,	0			COURT APPOINTED SPECIAL ADVOCATES, HEALTHY FAMILIES PROGRAM, PARENT COACH STAPFING FOR
MENTAL HEALTH MANAGEMENT AGENCY 22 SOUTH MARKET ST, SULTE 8, MIDLAND PARK, MD 21701		501(C)(3)		0			INTENSIVE INDIVIDUAL REPROGRAMMING
MERLIN'S KIDS, INC. P.O. BOX 21 MIDLAND PARK, NJ 07432	26-3493804	501(C)(3)	7,500,	0		٠.	PROVIDE SERVICE DOGS TO CHILDREN IN NEED
isi 0	86-0704883	501(C)(3)	22,518,	0	-	-	PRESCRIPTION ASSISTANCE, 185 DENTAL VISITS, PRENATAL CARE, MEDICAL CARE FOR CHRONICALLY ILL
							Schedule I (Form 990)

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Schedule I (Form 990) COUNTY MARYLAND, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	RYLAND, I	COUNTY MARYLAND, INC. Brants and Other Assistance to Governments and Organ	janizations in the Un	ited States (Sche	dule 1 (Form 990), Par		52-1488711 Page 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
MONTGOMERY COUNTY PUBLIC SCHOOL 8501 HUNGERFORD DRIVE, #149 ROCKVILLE, MD 20850	52-1804509	501(¢)(3)	56,689	0			PROVIDE COLLEGE SCHOLARSHIPS FOR NEEDY STUDENTS WITH TALENT AT POOLESVILLE HS
MONTGOMERY UNITED METHODIST CHURCH 28325 KEMPTOWN ROAD DAMASCUS, MD 20872	23-7420311	501(c)(3)	36,700.	0			UNRESTRICTED
NATIONAL LUTHERAN HOME FOR THE AGED - 9701 VIERS DRIVE - ROCKVILLE, MD 20850	53-0196624	501(C)(3)	14,305.	0		-	UNRESTRICTED
NEUROFIBROMATOSIS MID-ATLANTIC, INC 3600 CLIPPER MILL ROAD, SUITE 240 - BALTIMORE, MD 21211	22-2580179	501(C)(3)	8,500,	0			10 SCHOLARSHIPS FOR CHILDREN AND UNRESTRICTED
NEW ORLEANS PROVINCE OF SOCIETY OF JESUS - 710 BARONNE STREET, SUITE B - NEW ORLEANS, LA 70113	72-0478566	501(C)(3)	5,000.	0			UNRESTRICTED
PARKWAY ELEMENTARY SCHOOL 300 CARROLL PARKWAY FREDERICK, MD 21701	52-6000941	501(C)(3)	5,750,	0			AFTER SCHOOL MENTORING PROGRAM
PARTNERS IN CARE, INC. 6 S. RITCHIE HIGHWAY PASADENA, MD 21122	52-1911806	501(c)(3)	7,462.				TRANSPORTAION PROGRAM
QUINN CHAPEL A.M.E. CHURCH 106 EAST 3RD ST FREDERICK, MD 21701	52-1434622	501(c)(3)	17,247.	0			
RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS - 27 DEGRANGE STREET - FREDERICK, MD 21701	52-1449375	501(C)(3)	43,432,	0	THE STATE OF THE S		SECURITY DEPOSITS, DIRECT DENTAL CARE, COLD WEATHER SHELTER, UTILITY INTERRUPTION PREVENTION Schedule I (Form 990)
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Schedule I (Form 990) COUNTY MARYLAND, INC. Part II Continuation of Grants and Other Assistance to Governments:	RYLAND, J		OF FREDERICA	nited States (Sche	OF FREDERICK and Organizations in the United States (Schedule I (Form 990), Part II.)		52-1488711 Page 1
(a) Name and address of organization or government	(b) EIN		(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
SECOND CHANCES GARAGE, INC. 528 N MARKET ST FREDERICK, MD 21701	27-1336325	501(C)(3)	14 658,	°o			SERVICE BAY AUTOMOTIVE LIFT, LOW-COST VEHICLE PROGRAM, AND REDUCED COST REPAIR PROGRAM
SEMPER FI FUND 825 COLLEGE BLVD, STE 102, PMB 609 OCEANSIDE, CA 92057	26-0086305	501(c)(3)	10,000,	0			UNRESTRICTED
SETON CENTER INC. 16840 S. SETON AVE. EMMITSBURG, MD 21727	52-1182284	501(c)(3)	10,000	0	-		DENTAL AND MEDICAL EXPENSES FOR NEEDY
SPECIAL OPERATIONS FUND 901 N STUART ST, STE 200 ARLINGTON, VA 22203	52-1765222	<u>501(C)(3)</u>	5,000	0			UNRESTRICTED
ST. JOSEPH'S CATHOLIC CHURCH P.O. BOX 376 EMMITSBURG, MD 21727	52-1126701	501(C)(3)	.000, 5	*0		·	FAMILY ASSISTANCE
ST. JOSEPH'S MINISTRIES, INC. 331 SOUTH SETON AVE EMMITSBURG, MD 21727	52-1835288	501(C)(3)	35,000	0			NURSING HOME PLAQUES
UNITED WAY OF FREDERICK COUNTY, INC P.O. BOX 307 - FREDERICK, MD 21705	52-0607973	501(c)(3)	5,812,	.0			UNRESTRICTED
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION, INC 2119 MAIN ADMINISTRATION BLDG - COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	28,350,	0			COLLEGE OF AGRICULTURE
WALKERSVILLE UNITED METHODIST CHURCH - 22 MAIN STREET - WALKERSVILLE, MD 21793	52-6043801	501(C)(3)	7,346,	0			UNRESTRICTED
							Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Governments and	Assistance to Go		izations in the Ur	ited States (Sche	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
WAY STATION P.O. BOX 3826 FREDERICK, MD 21705	52-1162749	501(C)(3)	45,000,	0			TO PROVIDE NURSING AND PHYSICIAN HOURS IN A NEW, PILOT MEDICAL HOME PROGRAM FOR FREDERICK
WOUNDED WARRIOR PROJECT, INC. 4899 BELFORT ROAD, SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C)(3)	11,000,	0			UNRESTRICTED
YMCA OF DELAWARE - CAMP TOCKWOGH 24370 STILL POND NECK RD WORTON, MD 21678	51-0065748	501(C)(3)	28,500			-	CAMP TOAKWOGH CABIN PROJECT AND CIT SCHOLARSHIP
YOUNG MEN'S CHRISTIAN ASSOCIATION, INC 1000 N MARKET ST - FREDERICK, MD 21701	52-0607953	501(C)(3)	52,762,	0			HEAD START SUMMER PROGRAM, START-UP COSTS AND DIRECT PROGRAM COSTS OF HEADSTART PROGRAM
YELLOW RIBBON FUND 4905 DEL RAY AVENUE BETHESDA, MD 20814	36-4567583	501(C)(3)	20,000	.0	3		UNRESTRICTED
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Schedule | (Form 990) (2012)

52-1488711 (Form 990) (2012) COUNTY MARYLAND, INC.

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. Part III

Page 2

(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	281	r. - 7.	. c		
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information SCHENITLE T DARE T TANE 2. 中田ROITCH 中田市 CRANE ADDITION DROCES	de the information	required in Part I,	nation required in Part I, line 2, Part III, column (b), a	ı (b), and any other additional info	rmation.
GANIZATIONS MUST	SE TH	PROGRAM FO	FOR WHICH THEY	EY ARE	
REQUESTING SUPPORT AND MUST DEMONSTRATE	TRATE HOW	W THE GRAN	THE GRANT WILL NOT ONLY HELP	ONLY HELP	
ACHIEVE THEIR GOALS, BUT HOW THE GRANT	RANT WILL		POSITIVELY IMPACT THE	THE	
COMMUNITY. MIDTERM AND/OR FINAL GRANT		ORTS FROM	REPORTS FROM EACH ORGANIZATION	IZATION	en incomplete en
ATTITE CHINITODO A BATTONE					

COLUMN (H): PART II, LINE 1, NAME OF ORGANIZATION OR GOVERNMENT:

232102 12-18-12

Part IV Supplemental Information

CITIZENS CARE & REHABILITATION CENTER AND MONTEVUE ASSISTED LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: PRINTING AND EDITING OF "MONTEVUES

HEROIC WORKS" BOOK, DESIGN AND INSTALLATION OF PLAQUES, DENTAL

HEALTHCARE, TREATMENT OF RESIDENTS AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

DELAPLAINE VISUAL ARTS EDUCATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: ART CLASSES FOR THE ARC OF FREDERICK

COUNTY, HEARTLY HOUSE CHILDREN, ARTSTART A HEADSTART PROGRAM &

UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: JOHNS HOPKINS UNIV ENGINEERING AND

INNOVATIONS PROGRAM, AGRICULTURE RELATED EDUCATIONAL ACTIVITIES AND

INSTRUCTION, THEATER PRODUCTION, AFTER-SCHOOL RUNNING PROGRAM FOR GIRLS,

SCHOOL ASSEMBLIES, LANGUAGE ARTS AND MATH SUMMER PROGRAM, AND DESTINATION

IMAGINATION

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

(H) PURPOSE OF GRANT OR ASSISTANCE: RECOVERY PROGRAM: DRUG TESTING KITS,

CHANGED LIFE RECOVERY PROGRAM PARTIAL CASE MANAGER SALARY, ICE MAKER AND

BIN, WOMEN'S OUTREACH PROGRAM, VETERANS ASSISTANCE AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: HEARTLY HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DANGER ASSESSMENT TOOL FOR DOMESTIC

VIOLENCE, THERAPEUTIC PLAY SUPPLIES, BUILDING RELATED EXPENSES TO COVER

SECURITY, BOILER REPLACEMENT AND PEST CONTROL, COUNSELING SERVICES,

SCHOLARSHIPS TO PERSONS SERVED BY HEARTLY HOUSE, FINANCIAL SUPPORT FOR

Schedule I (Form 990)

232291 05-01-12 Part IV Supplemental Information

CHILDREN'S SERVICES, CHILD ABUSE PREVENTION PROGRAMS, AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

HISTORICAL SOCIETY OF FREDERICK COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PERFORMANCE FEE - CHILDREN'S MUSIC

EVENT, ART CONTEST AWARDS, THE ACQUISITION OF HISTORICAL MATERIALS,

TRAINING AND ACTIVITIES THAT PROMOTE HISTORIC RESEARCH, MAINTENANCE AND

RESTORATION OF THE ROGER BROOKE TANEY HOUSE, "THE P. NEWMAN LECTURE

SERIES, " ACQUISITION OF AN ITEM FOR MUSEUM COLLECTIONS AND PREVENTATIVE

CONSERVATION ON EXISTING COLLECTIONS AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSING AUTHORITY OF THE CITY OF FREDERICK

(H) PURPOSE OF GRANT OR ASSISTANCE: STAFFING FOR YOUNG MEN'S LEADERSHIP

PROGRAM, PROJECT ALIVE EDUCATION PROGRAM, WOMEN AND RISE EMPLOYEMENT

PROGRAM AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: COURT APPOINTED SPECIAL ADVOCATES,

HEALTHY FAMILIES PROGRAM, PARENT COACH STAFFING FOR SUPERVISED VISITATION

PROGRAM, 211 HOTLINE STAFFING AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: MISSION OF MERCY

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESCRIPTION ASSISTANCE, 185 DENTAL

VISITS, PRENATAL CARE, MEDICAL CARE FOR CHRONICALLY ILL WOMEN, AND

UNRESTRICTED

Schedule I (Form 990)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Transactions With Interested Persons

➤ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open To Public

OMB No. 1545-0047

Open To Public Inspection

THE COMMUNITY FOUNDATION OF FREDERICK

Employer identification number

	COUNTA										152	<u> – 14</u>	<u>:887</u>	<u> </u>		
Part I Excess Bene			•			•		,	~	• • •						
Complete if the o	organization							line 25a or 2	5b, o	r Form 990-EZ, P	art V, I	ine 40	Jb.	· ·		
1 (a) Name of disqualified p	person		ationsh	•		-	lified		(c) D	escription of tran	sactio	n		٠ -	Corre	
			person	and o	rganiza	ation			,					Ye	s	No
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												<u> </u>		+		
2 Enter the amount of tax i	nourred by	the ora	nizotio	n mor		or dias	a volitic	d poroone d	urina	the year under					!	
	=	_			_		-	•	_	•		. 4				
3 Enter the amount of tax,												ψ φ	-		·.	
5 Enter the amount of tax,	a any, on m	ہے۔ مرب	OVE, 161	moure	eu by	une or	yanıza					Ψ				
Part II Loans to and	l/or From	n Inter	ested	Per	sons											
Complete if the c							Part '	V line 38a oi	For	n 990 Part IV lir	ne 261 (or if th	ie oras	nizatio	n	
reported an amo							, ,	v, 1110 00a 01		., 000, 1 a.c 77,	.0 20, 1	J. 11 41	.0 0190		···	
(a) Name of	(b) Relation		(c) Purp		(d) Lo	an to or	ſe) Original	(4) Balance due	(g)	ln	(h) App	roved	(i) W	ritten
interested person	with organizat		of loa	an	from the organization?		cipal amount		,		tefault? commit		ittee?	agree	ment?	
					То	From					Yes	No	Yes	No	Yes	No
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	<u> </u>				ļ											
Total								🕨 🤄	<u> </u>			0.001.06				
Part III Grants or As			•													
Complete if the o		answer	ed "Ye:	s" on	Form 9	990, Pa	art IV, I	line 27.		,						
(a) Name of interested p	erson	(p)	Relatio	nship	betwe	en		(c) Amount of (d) Ty		(d) Type assistan			Purpose of			
		ın	tereste the or	d pers caniza	son an ation	a		assistance		assistan	CE		àssistance			
777777 0777777		1				PP4 T-3 T-4				201101 1 0			DIIG			
SUSAN SUMMERS			CE O							SCHOLARS			DUC			
COLE AHALT	, <u>,</u>		OF							SCHOLARS			DUC			
WILLIAM LANE		SON	OF	SCH	ОЦА	RSH		5,00	o4.	SCHOLARS	HTP	F	DUC	A.T.T	ON	
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SEE PART V FOR CONTINUATIONS

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

Schedule L (Form 990 or 990-EZ) 2012

THE COMMUNITY FOUNDATION OF FREDERICK

52-1488711 Page 2 Schedule L (Form 990 or 990-EZ) 2012 COUNTY MARYLAND, INC. Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (b) Relationship between interested (a) Name of interested person (c) Amount of òrganization s transaction transaction person and the organization revenues? Yes No Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: (A) NAME OF PERSON: SUSAN SUMMERS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: NIECE OF TRUSTEE/TREASURER DALE SUMMERS AMOUNT OF GRANT \$ 7,000 TYPE OF ASSISTANCE: SCHOLARSHIP (E) PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: COLE AHALT (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF SCHOLARSHIP COMMITTEE MEMBER KAREN MILLER (C) AMOUNT OF GRANT \$ 1,000. TYPE OF ASSISTANCE: SCHOLARSHIP PURPOSE OF ASSISTANCE: EDUCATION (A) NAME OF PERSON: WILLIAM LANE (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: SON OF SCHOLARSHIP COMMITTEE MEMBER ALBERT LANE 5,064. AMOUNT OF GRANT \$

46

Schedule L (Form 990 or 990-EZ) 2012

(D)

232132 12-03-12

TYPE OF ASSISTANCE: SCHOLARSHIP

Schedule L (Form 990 or 990-EZ) Part V Supplemental Information

COUNTY MARYLAND, INC.

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

(王)	PURPOSE	OF	ASSISTANCE:	EDUCATION

SCHEDULE L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS: SCHOLARSHIP APPLICANTS ARE RANKED BASED ON VARIOUS CRITERIA BY SCHOLARSHIP SOFTWARE; HIGHEST RANKING APPLICANTS ARE THEN CHOSEN FOR REVIEW BY THE VARIOUS SELECTION COMMITTEES SET UP FOR DIFFERENT SCHOLARSHIPS. EACH SELECTION COMMITTEE REVIEWS THE HIGHEST RANKING APPLICANTS AND CHOOSES THE TOP APPLICANTS; DUE DILIGENCE IS THEN PERFORMED BY THE STAFF OF THE FOUNDATION TO ENSURE THAT EACH OF THE TOP APPLICANTS SELECTED MEETS THE SCHOLARSHIP CRITERIA. RECOMMENDATIONS ARE THEN FORWARDED TO THE SCHOLARSHIP COMMITTEE, A COMMITTEE MADE UP OF BOARD MEMBERS AND VOLUNTEERS, AND IF ANYONE ON THE SCHOLARSHIP COMMITTEE HAS A CONFLICT THEY MUST ABSTAIN FROM THE VOTE. THE SCHOLARSHIP COMMITTEE RECOMMENDATIONS ARE THEN FORWARDED TO THE BOARD, WHERE AGAIN ANYONE WITH A CONFLICT ABSTAINS FROM THE VOTE OR ANY DISCUSSION AROUND THE APPROVAL OF THE APPLICANTS.

MR. SUMMERS DID NOT PARTICIPATE IN THE SCHOLARSHIP SELECTION COMMITTEE PROCESS AND ABSTAINED FROM ANY BOARD OR COMMITTEE VOTES PERTAINING TO THE SCHOLARSHIPS.

MS. MILLER DID NOT PARTICIPATE ON THE SCHOLARSHIP SELECTION COMMITTEE

MR. LANE DID NOT PARTICIPATE ON THE SCHOLARSHIP SELECTION COMMITTEE THAT AWARDED THE SCHOLARSHIP.

THAT AWARDED THE SCHOLARSHIP.

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

Employer identification number

52-1488711

Types of Property (a) (b) (d) (c) Check if Number of Noncash contribution Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods 5 Cars and other vehicles _____ 6 Boats and planes 7 Intellectual property Я Securities - Publicly traded Х 9,168,300. HIGH-LOW AVERAGE 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 6,628,200. (NOTE RECEIVAB) BALANCE 25 26 Other > 27 Other > Other > 28 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 Yes Νo 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? 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X

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Schedule M (Form 990) (2012)

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked;

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

b If "Yes," describe in Part II.

describe in Part II.

THE COMMUNITY FOUNDATION OF FREDERICK

Part II Supplemental Information. Complete this part to provide the information required by Part I, li the organization is reporting in Part I, column (b), the number of contributions, the number of items re Also complete this part for any additional information.	nes 30b, 32b, and 33, and whether ceived, or a combination of both.
SCHEDULE M, LINE 32B: PUBLICLY TRADED SECURITIES ARE SOLD	ВУ
INVESTMENT MANAGERS.	
SCHEDULE M, LINE 33: AS BENEFICIARY OF AN ESTATE THE ORGA	NIZATION
RECEIVED IN THE CURRENT FISCAL YEAR \$8,880,776 IN PUBLICE	Y TRADED
STOCKS AS WELL AS A NOTE RECEIVABLE FOR DEVELOPMENT RIGHT	S IN THE
AMOUNT OF \$6,628,200. THESE CONTRIBUTIONS WERE ACCRUED FO	R IN THE PRIOR
FISCAL YEAR, AND SO ARE NOT REFLECTED IN THE CURRENT YEAR	STATEMENT OF
REVENUE.	
•	·
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232142 12-20-12

Schedule M (Form 990) (2012)

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.

Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF FREDERICK Employer identification number

52-1488711 COUNTY MARYLAND, INC. 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. III - BUSINESS RELATIONSHIP DALE T. SUMMERS AND JANET MCCURDY - BUSINESS RELATIONSHIP CORNELIUS R. FAY, III AND TED LUCK - BUSINESS RELATIONSHIP FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT COMMITTEE, TREASURER, AND EXECUTIVE COMMITTEE REVIEW THE FORM 990, AND 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. 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 RESOURCES COMMITTEE SETS 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.	Employer identification number 52-1488711
FORM 990, PART VI, SECTION C, LINE 19: COPIES ARE AVAILAB	
ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST. ALL DONO	RS FOUNDING FUNDS
RECEIVE A COPY OF THE ARTICLES OF INCORPORATION AND BYLAW	S AT THE TIME THE
FUND AGREEMENT IS SIGNED.	
CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS	191,397.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	16,390.
FUNDS HELD FOR OTHERS	-96,726
TOTAL TO FORM 990, PART XI, LINE 9	111,061
·	
THE PROCESS REGARDING THE PREPARATION OF THE AUDITED FINA	
STATEMENTS IS UNCHANGED FROM THE PRIOR YEAR.	
•	
•	
·	

Department of the Treasury Internal Revenue Service SCHEDULER (Form 990)

Name of the organization

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.

2012 Open to Public Inspection

OMB No. 1545-0047

▼ See separate instructions.

Employer identification number 52-1488711

> INC. COUNTY MARYLAND,

THE COMMUNITY FOUNDATION OF FREDERICK

Part 1 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

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.) Part II

(a)	(q)	(0)	(a)	(e)	£	(G)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direct controlling	Section 512(b)(13) controlled	b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	
		de la companya de la		501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION HOLDING COMPANY	PROVIDE FINANCIAL SUPPORT						
INC 52-2028247, 312 EAST CHURCH STREET,	TO THE COMMUNITY						
FREDERICK, MD 21701	FOUNDATION OF FREDERICK	MARYLAND	501(C)(3)	LINE 11A, I			×
THE AUSHERMAN FAMILY TRUST - 52-7165889	PROVIDE SUPPORT TO THE				-	•	
	COMMUNITY FOUNDATION OF						
FREDERICK, MD 21702	FREDERICK COUNTY MD	MARYLAND	501(C)(3)	LINE 11A, I			×
				·		-	
	-		•				

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

SEE PART VII FOR CONTINUATIONS

232161 12-10-12 LHA

Schedule R (Form 990) 2012

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule R (Form 990) 2012 COUNTY MARYLAND, INC.

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

Page 2

52-1488711

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(I) (K) General or Percentage managing ownership partner? Yes No
								-			
				-			,				
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	as a Corpo	ration or Trust (Co	omplete if the	organization a	nswered "Yes'	to Form 990,	Part IV, line 3	4 because it had	one or mo	e related
(a) Name, address, and EIN of related organization	<u>~</u> .	Prim	(b) Primary activity	(c) Legal domicite (state or foreign country)	(d) Direct controlling entity	(c) corp, S corp, or trust)	-	(f) Share of total income	(g) Share of Pend-of-year cassets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
										* *	
							-				
0000480 +0_40_40				53					Sched	le R (Forn	Schedule R (Form 990) 2012

THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.

52-1488711

Schedule R (Form 990) 2012

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

n 990	Schedule R (Forn		54	232183 12-10-12
				. (9)
				(9)
-		-		(4)
				(9)
				(2)
				(1)
.	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a·s)	(a) Name of other organization
	lationships and transaction thresholds.	his line, including covered re	o must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on wh
	15			
				r Other transfer of cash or property to related organization(s)
	10			q Reimbursement paid by related organization(s) for expenses
	10			p Reimbursement paid to related organization(s) for expenses
×	10			o Sharing of paid employees with related organization(s)
×	1h		n(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
	mt.		ization(s)	m Performance of services or membership or fundraising solicitations by related organization(s)
×			ization(s)	1 Performance of services or membership or fundraising solicitations for related organization(s)
	*			k Lease of facilities, equipment, or other assets from related organization(s)
	-			j Lease of facilities, equipment, or other assets to related organization(s)
	-			i Exchange of assets with related organization(s)
	41	***************************************		h Purchase of assets from related organization(s)
	<u>p1</u>			g Sale of assets to related organization(s)
	#			f Dividends from related organization(s)
	<u>+</u>			e Loans or foan guarantees by related organization(s)
	14			d Loans or loan guarantees to or for related organization(s)
	10			c Gift, grant, or capital contribution from related organization(s)
	1P			b Gift, grant, or capital contribution to related organization(s)
				a Receipt of (I) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
	Parts II-1V?	elated organizations listed ir	with one or more r	1 During the tax year, did the organization engage in any of the following transactions
Yes				Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
		10 10 10 10 10 10 10 10	148 147 158 147 158 147 158 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159 159	or more related organizations listed in Parts II-IV? Omplete this line, including covered relationships and transaction thresh action Amount involved Method of determining (ass) 54

52-1488711

Page 4

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule R (Form 990) 2012 COUNTY MARYLAND, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (d)	(q)	(c)	(0)	(e)	W	(a)	3	9	8	ß
Name, address, and EIN of entity	Primary activity	micile oreign	t incom related,	Are áll 9 partners sec. 501(c)(3) orns.?	Ω, _	Share of end-of-year	Disprapor- tionate allocations?	Disproper-Code V-UBI General or Percentage thorse amount in box 20 managing ownership	General c managing	Percentage ownership
		country)	under section 512-514)	es No	income	assets	Yes No	(Form 1065)	Yes No	
The state of the s										
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And the second of the second o		,								
The state of the s					•					
						i i i		Schedule	R (For	Schedule R (Form 990) 2012

THE COMMUNITY FOUNDATION OF FREDERICK 52-1488711 Page 5 COUNTY MARYLAND, INC. Schedule R (Form 990) 2012 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

8621 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

OMB No. 1545-1002

Department	of the Treasury anue Service Information about Form 8621 and its separate instructions		Attachment Seguence No. 69
Name of sl		Identifying number (see instructions)	
	COMMUNITY FOUNDATION OF FREDERICK		
COUNT	Y MARYLAND, INC.	52-1488711	
	treet, and room or suite no. (If a P.O. box, see instructions.) EAST CHURCH STREET	Shareholder tax year: calendar year or	other tax year beginning ΓUN 30, 2013.
	n, state, and ZIP code or country		•
	ERICK, MD 21701 of shareholder filing the return: Individual X Corporation Partnersl	hip S Corporation Nongranto	r Trust Estate
	assive foreign investment company (PFIC) or qualified electing fund (QEF)	Employer identification number (if any)	, 11001
•	LINE OFFSHORE RECOVERY FUND II, LP	,,,,,,,,,	-
	nter number, street, city or town, and country.)	Reference ID number (see instructions)	
	MAIN STREET, SUITE 1900	01	
FORT	WORTH, TEXAS, CAYMAN ISLANDS 76102	Tax year of PFIC or QEF: calendar year	or other L , 2012 and
		tax year beginning JAN 3 ending DEC 31,	= -
Part I	Summary of Annual Information Part I is reserved for future		
	e following information with respect to all shares of the PFIC held by the shareholder:		
1 Des	cription of each class of shares held by the shareholder:		
	Check if shares jointly owned with spouse.		
O Dote	e shares acquired during the taxable year, if applicable:		
2 Date	e silates acquired duting the taxable year, it applicable.		
3 Nun	nber of shares held at the end of the taxable year;		
(a)	te of shares held at the end of the taxable year (check the appropriate box, if applicable): \$0-50,000 (b) \$50,001-100,000 (c) \$100,001-150,000 If more than \$200,000, list value:	(d) \$150,001-200,000	
5 Typ	e of PFIC and amount of any excess distribution or gain treated as an excess distribution (under section 1291, inclusion under section	
	3, or inclusion or deduction under section 1296;		
(a)	Section 1291 \$	•	
(b)	Section 1293 (Qualified Electing Fund) \$		
(c)	Section 1296 (Mark to Market) \$	•	
S BILL II	Floations (Coo instructions)		
Part II	Elections (See instructions.) Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC a	es a DEE. Complete lines 6a through 7c o	f Part III
В	Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend of the QEF until this election is terminated. Complete lines 8a through 9c of Part III Note: If any portion of line 6a or line 7a of Part III is includible under section 95 1294(c) and 1294(f) and the related regulations for events that terminate this e	the time for payment of tax on the undistribute to calculate the tax that may be deferred to may not make this election. Also,	ited earnings and profits
c \Box	Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-ma 1296(e). Complete Part IV.		the meaning of section
D	Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QE PFIC, Enter gain or loss on line 15f of Part V.	EF, elect to recognize gain on the deemed sal	e of my interest in the
E	Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as amount equal to my share of the post-1986 earnings and profits of the CFC as an exces excess distribution is greater than zero, also complete line 16 of Part V.	a QEF that is a controlled foreign corporations distribution. Enter this amount on line 1	n (CFC), elect to treat an 5e of Part V. If the
F	Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC distribution the gain recognized on the deemed sale of my interest in the PFIC on the last gain on line 15f of Part V.	C or a PFIC to which section 1297(d) applies of day of its last tax year as a PFIC under sec	, elect to treat as an excess tion 1297(a). <i>Enter</i>
G 🗀	Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297 PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). distribution is greater than zero, also complete line 16, Part V.	'(e) PFIC. My holding period in the stock of th	ie Section 1297(e)
н 🗆	Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a forme elect to make a deemed dividend election with respect to the former PFIC. My holding p defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15 complete line 16, Part V.	eriod in the stock of the former PFIC include	s the termination date, as

Pa	Int III Income From a Qualified Electing Fund (QEF). All QEF share Election B, also complete lines 8a through 9c. (See instructions.)	eholders complete lines 6a through 7	c. If you a	are making
	Enter your pro rata share of the ordinary earnings of the QEF	6a		
	Enter the portion of line 6a that is included in income under section 951 or that may be			
ņ	excluded under section 1293(g)	6b		•
C	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income		6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a		
, u	Enter the portion of line 7a that is included in income under section 951 or that may be			
	excluded under section 1293(g)	7b		
e.	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount		1	
	used for your income tax return. (See instructions.)		7c	
8 a	Add lines 6c and 7c		8a	
ъ.	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.)	8b		
c	Enter the portion of line 8a not already included in line 8c that is attributable to shares			
_	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c	A September 1	
·d	Add lines 8b and 8c		8d	
е	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brack	ets)	8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible	e in income under section 951,		
	you may make Election B with respect to the amount on line 8e.			
9 a	Enter the total tax for the tax year (See instructions.)			
·b	Enter the total tax for the tax year determined without regard to the amount entered			
	on line 8e			
. C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is ex	tended by making	ļ.	
	Election B		9c	
Pa	irt IV Gain or (Loss) From Mark-to-Market Election (See ins	structions.)		
	Enter the fair market value of your PFIC stock at the end of the tax year		10a	
			10b	•
¢	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amou			
	on your tax return. If a loss, go to line 11		10c	
	Enter any unreversed inclusions (as defined in section 1296(d))		11	
	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include		,,	
	loss on your tax return		12	
	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the t			
	Enter the fair market value of the stock on the date of sale or disposition		13a	
			13b	
	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as or	dinary income on your	40.	
	tax return. If a loss, go to line 14		13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))	1 the second of a second of the second of th	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Inclu		446	
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, co	·	14b	
C	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. In		أغهها	
	return according to the rules generally applicable for losses provided elsewhere in the Code	and regulations	14c	
	Note. See instructions in case of multiple dispositions.		<u> </u>	

Par			- -		on 1 291 Fund (See	instructio	ons.)
		e <mark>parate</mark> Part V for eac				 	
	nter your total distributions						
	olding period of the stock t					15a	
	iter the total distributions (cluded in income under se	•				are	•
	eceding the current tax ye	* * * * * * * * * * * * * * * * * * * *	-			1 1	
-	vide line 15b by 3. (See in:					1 1	
	ultiply line 15c by 125% (1					1 1	
	ality tille 150 by 125% (abtract line 15d from line 1						
	zero or less and you did n	-				1 1	
	ceived more than one dist						,
	stribution on your income	•	•				
f Er	iter gain or loss from the c						
CO	mplete line 16. If a loss, s	how it in brackets and <mark>d</mark>	o not complete line 16	***************************************		151	
16 a At	tach a statement for each	distribution and disposi	tion. Show your holdin	ng period for each share	e of stock		
or	block of shares held. Allo	cate the excess distribut	tion to each day in you	r holding period. Add a	ıll amounts		
	at are allocated to days in						
	iter the total of the amount						
	fore the foreign corporation					1	
	turn as other income					16b	*******
	ter the aggregate increase					1.	•
-	ther than the current tax y					1 1	····
	reign tax credit. (See instr ibtract line 16d from line 1						· · · · · · · · · · · · · · · · · · ·
	etermine interest on each r						<u> </u>
	iter the aggregate amount			g are rates and moure		16f	
Par				ns and Termina	tion of Section 1	294 Elect	ions
en de la companya de							ermination of the section
	1294 election.						
-		(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax	year of outstanding						
elec	ction						
18 Und	distributed earnings to				.		
whi	ch the election relates						
	erred tax						
	rest accrued on deferred						
tax	line 19) as of the filing date						-
01 Eve	nt terminating election			<u> </u>			
	nings distributed or deemed						
	ributed during the tax year						
	erred tax due with this						
	ırn						
	rued interest due with				-		
	return						
	erred tax outstanding after						
part	ial termination of election	·					
26 I nte	erest accrued after partial						
terr	mination of election				1		1

Rev. December 2012 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

Depa	rtment nai Reve	of the Treasury enue Service Inform	mation about Form 8621 and its separ	ate instructions	is at www.irs.gov/form8621.	Attachment Sequence No. 69
Nan	ne of sl	nareholder			Identifying number (see instructions)	***
			TION OF FREDERICK		FO 1400711	
		Y MARYLAND, INC treet, and room or suite no. (If a P.O			52-1488711	
	•	AST CHURCH STRE			Shareholder tax year: calendar year or JUL 1 , 2012 and ending	r other tax year beginning JUN 30 2013
City	or tow	n, state, and ZIP code or country			, Joseph and Ground	
		of shareholder filing the return:	Individual X Corporation	Partnersh	ip S Corporation Nongran	tor Trust Estate
			(PFIC) or qualified electing fund (QEF)		Employer identification number (if any)	
PE	RMA	L PRIVATE EQUITY	Y OPPORTUNITIES I	V, L.P.		
	-	nter number, street, city or town, ar	nd country.)		Reference ID number (see instructions)	
		OYLSTON STREET N, MA 02199			0 2 Tax year of PFIC or QEF; calendar year	or other
ъС	DIC	N, MA 02199				1. , 2012 and
		·				, 2012
Р	art I	Summary of Annual	Information Part I is reserv	ed for futur		
			to all shares of the PFIC held by the sh			
1	Desi	_				
		☐ Check if shares jointly owned wit	n spouse.			
2	Date	shares acquired during the taxable	e year, if applicable;			•
3		aber of shares held at the end of the				
			<u></u>			
4			xable year (check the appropriate box,			
			\$50,001-100,000 (c) = \$100		(d) \$150,001-200,000	
	(e)	if more than \$200,000, list value: _	•			•
5	Tvor	of PFIC and amount of any excess	distribution or gain treated as an exce	ss distribution w	nder section 1291, inclusion under section	1
Ū		3, or inclusion or deduction under s			nuor coolion 120 i, maidoisi andar coolion	1
	(a)	Section 1291 \$			•	
	(b)		ting Fund) \$	····		
	(c)	Section 1296 (Mark to Mark	et) \$			
	art II	Elections (See instruc	ctions)	· · · · · · · · · · · · · · · · · · ·		
A		· · · · · · · · · · · · · · · · · · ·		treat the PFIC as	a QEF. Complete lines 6a through 7c.	of Part III.
B		Election To Extend Time For Payr of the QEF until this election is term Note: If any portion of line 6a of	ment of Tax. I, a shareholder of a QEF, minated. Complete lines 8a through or line 7a of Part III is includible und	elect to extend t 9c of Part III to er section 951	the time for payment of tax on the undistrit o calculate the tax that may be deferm , you maynot make this election. Also,	outed earnings and profits ed.
С			elated regulations for events that te Stock. I, a shareholder of a PFIC, elect		ection. ket the PFIC stock that is marketable within	n the meaning of section
D		, , ,		tax year as a QEF	, elect to recognize gain on the deemed sa	ale of my interest in the
E		Deemed Dividend Election. I, a sl	hareholder on the first day of a PFIC's t	-	a QEF that is a controlled foreign corporation distribution. Enter this amount on line	• •
_		excess distribution is greater ti	han zero, also complete line 16 of i	Part V.		
F		distribution the gain recognized or gain on line 15f of Part V.	n the deemed sale of my interest in the	PFIC on the last	or a PFIC to which section 1297(d) applie day of its last tax year as a PFIC under sec	ction 1297(a). <i>Enter</i>
G		1.1297-3(a), elect to make a deem PFIC includes the CFC qualification	ned dividend election with respect to the	e Section 1297(e	a section 1297(e) PFIC, within the meaning PFIC. My holding period in the stock of Enter the excess distribution on line 1	the.Section 1297(e)
Н		Deemed Dividend Election With F elect to make a deemed dividend e	Respect to a Former PFIC. I, a shareho election with respect to the former PFIC	. My holding per	PFIC, within the meaning of Regulations s riod in the stock of the former PFIC includ e, Part V. If the excess distribution is g	es the termination date, as

	0004	/D -	40.0040	
-orm	8b21	trev.	12-2012)	

Page 2

்P 	art III Income From a Qualified Electing Fund (QEF). All QEF sha Election B, also complete lines 8a through 9c. (See instructions.)	ereholders complete lines 6a through	7c. If you	ı are making
6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a		
b		,		
	excluded under section 1293(g)	6b		
C			6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF		1.45	
b	<u>-</u>			•
	excluded under section 1293(g)	7b		
C	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amou		1	
	used for your income tax return. (See instructions.)		7c	
8 a	Add lines 6c and 7c		8a	· · · · · · · · · · · · · · · · · · ·
Ь			10000	
	or deemed distributed to you during the tax year of the QEF. (See instructions.)	86		
C	Enter the portion of line 8a not already included in line 8c that is attributable to shares			
	in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	80		
đ	Add lines 8b and 8c		8d	
е		kets)	8e	
	Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includib		1000	
	you may make Election B with respect to the amount on line 8e.	· · · · · · · · · · · · · · · · · · ·	1000	•
9 a	Enter the total tax for the tax year (See instructions.)	9a		
b	Enter the total tax for the tax year determined without regard to the amount entered			
	on line 8e	9b		
C	Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is e	xtended by making		
	Election B		9c	
Pa	art IV Gain or (Loss) From Mark-to-Market Election (See in	structions.)	············	·
10a	Enter the fair market value of your PFIC stock at the end of the tax year		10a	
b	Enter your adjusted basis in the stock at the end of the tax year		10b	
C	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amo	ount as ordinary income		
	on your tax return. If a loss, go to line 11	=	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))		11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Inclu	ide this amount as an ordinary		
	loss on your tax return		12	
13	If you sold or otherwise disposed of any section 1296 stock (see instructions) during the	tax year;		
	Enter the fair market value of the stock on the date of sale or disposition		13a	
b			13b	
C	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as or	rdinary income on your		
	tax return. If a loss, go to line 14		13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))		14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Incl	lude this amount as an ordinary		
	loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, co		14b	
	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a.			
	return according to the rules generally applicable for losses provided elsewhere in the Code		14c	
	Mate. Con instructions in ones of multiple dispositions	•		

Earm	1020	Dov	12-201	a.
-111711	Kb/ L	THEV.	17-7111	71

Part V Distributi	ions From and D	ispositions of S	Stock of a Secti	on 1291 Fund (S	ee instructions	s.)
	separate Part V for ea					
15 a Enter your total distributio						
holding period of the stock	k began in the current ta	x year, see instructions	·	·	15a	*
b Enter the total distribution					i l	
included in income under						
preceding the current tax y						
c Divide line 15b by 3. (See						
d Multiply line 15c by 125%	(1.25)				15d	
e Subtract line 15d from line	e 15a. This amount, if mo	ore than zero, is the exc	ess distribution with re	espect to the applicable	stock.	
If zero or less and you did	not dispose of stock du	ring the tax year, <mark>do no</mark>	t complete the rest of F	Part V. See instructions	if you	•
received more than one di	stribution during the cur	rent tax year. Also, see	instructions for rules f	or reporting a nonexces	ss i	
distribution on your incom					15e	
f Enter gain or loss from the				ınd. If a gain,		••
complete line 16. If a loss,					15f	
16 a Attach a statement for each		•				
or block of shares held. All		ation to each day in you	ur holding period. Add	all amounts	5: 100 in	
that are allocated to days i	-	•				
b Enter the total of the amou						
before the foreign corpora	• • • • • • • • • • • • • • • • • • • •	• ,	*			
return as other income			•••		16b	
c Enter the aggregate increas	ses in tax (before credits) for each tax year in y	our holding period			
(other than the current tax	year and pre-PFIC years). (See instructions.) .			16c	
d Foreign tax credit. (See ins	structions.)	***************************************			16d	
e Subtract line 16d from line					16e	
f Determine interest on each			ng the rates and metho	ds of section 6621.		
Enter the aggregate amour					16f	
	Prior Year Secti					
	separate column for e	ach outstanding elec	ction. Complete lines	s 25 and 26 only if th	ere is a partial tern	nination of the section
1294 election		1 (::)	7000	P. A	6.3	£.43
17 Tay year of autotending	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding						
election 18 Undistributed earnings to						-
· ·						
which the election relates				-		
10 Deferred toy						
19 Deferred tax						
tax (line 19) as of the filing date				· · · · · · · · · · · · · · · · · · ·		
21 Event terminating election						
			·			
22 Earnings distributed or deemed						
distributed during the tax year			·			
23 Deferred tax due with this						
return						
24 Accrued interest due with						
this return						25. i 2022/2020 W 2021 + 4450
25 Deferred tax outstanding after						
partial termination of election						
26 Interest accrued after partial termination of election						,

Form **8868**

(Rev. January 2013)

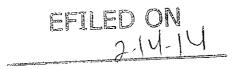
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

- If					<u></u> .	▶ X
	re filing for an Automatic 3-Month Extension, comple	_				لما ⊲ر
	re filing for an Additional (Not Automatic) 3-Month Ex Implete Part II unless you have already been granted a				rm 0060	
						oornoration
	c filing (e-file). You can electronically file Form 8868 if y					
•	o file Form 990-T), or an additional (not automatic) 3-mor					
	file any of the forms listed in Part I or Part II with the exc	•	"		•	
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	in the elec	tronic filing o	f this form,
	irs.gov/efile and click on e-file for Charities & Nonprofits			1 1		
Part I	Automatic 3-Month Extension of Time	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete		. \square
Part I only						🕨 📖
	orporations (including 1120-C filers), partnerships, REM me tax returns.	IICș, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employer	identification	number (EIN) or
print	THE COMMUNITY FOUNDATION OF	F FRE	DERICK			
	COUNTY MARYLAND, INC.		Management		52-148	38711
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity numbe	r (SSN)
filing your	312 EAST CHURCH STREET				•	, ,
return. See instructions.	City, town or post office, state, and ZIP code. For a for FREDERICK, MD 21701	oreign add	ress, see instructions. '			
			to and lighting for and waterway			01
=nter the i	Return code for the return that this application is for (file	e a separa	te application for each return)			<u>U 11 </u>
Application	on	Return	Application			Return
ls For	···	Code	Is For		•	Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A		v	08
) (individual)	03	Form 4720		·	09
Form 990-	-	04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
		06	Form 8870			12
01111 990-	T (trust other than above) GAIL FITZGERALI		Folin 6870			1 12
3 The ba	oks are in the care of > 312 EAST CHURCH		eem epenebi <i>ce</i> M	n 217	0 1	
		TOTU		<u> </u>	<u> </u>	
	one No. ► 301-695-7660		FAX No.	<u>-</u>	···-	. [
	ganization does not have an office or place of business					
	for a Group Return, enter the organization's four digit (1				
oox 🕨 L	. If it is for part of the group, check this box				ers the exten	sion is for.
•	uest an automatic 3-month (6 months for a corporation	•	•			
	${ t FEBRUARY 15, 2014}$, to file the exempt	t organiza	tion return for the organization name	d above.	The extension	П
is fo	r the organization's return for:				-	•
	calendar year or		00 0040			
▶∟	X tax year beginning <u>JUL 1, 2012</u>	, an	d ending <u>JUN</u> 30, 2013		_ ·	
						-
2 If the	e tax year entered in line 1 is for less than 12 months, ci	heck reas	on: Initial return I	Final retur	n	•
. L	Change in accounting period			•		
O				1		
	s application is for Form 990-BL, 990-PF, 990-T, 4720, o	JI 0008, E	inter the terrialive tax, less any	20	de .	0.
	efundable credits. See instructions.			3a	\$	0.
	s application is for Form 990-PF, 990-T, 4720, or 6069,	- · · · · · · · · · · · · · · · · · · ·	•	· .	_	0
	nated tax payments made. Include any prior year overp			3b	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pa	-				
	sing EFTPS (Electronic Federal Tax Payment System).			3c 2870	EO for paymo	0.
	you are going to make an electronic fund withdrawal ware r Privacy Act and Paperwork Reduction Act Notice,		A B TO B FOR STATE OF THE STATE			ant instructions. 368 (Rev. 1-2013)
	. I mady not and I apol work neduction Act Notice,	ace mont	Low i de less had be)N	, 01111 Q	
23841 1-2 1 -13			11.11.13			
1-5 1-10					Talansan	

orm 8868 (Rev. 1-2013)				Page 2	
If you are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check thi	s box	▶ 🗶	
lote. Only complete Part II if you have already been granted a					
If you are filing for an Automatic 3-Month Extension, comp	plete only Pa	art I (on page 1).		<u> </u>	
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origir	nal (no copies need	ed).	
		Enter filer's	identifying number, se		
ype or Name of exempt organization or other filer, see ins			Employer identification	number (EIN) or	
rint THE COMMUNITY FOUNDATION O	F FRED	ERICK	FO 140	0011	
lle by the COUNTY MARYLAND, INC.			52-148		
Number, street, and room or suite no. If a P.O. box	x, see instruc	tions.	Social security number	(SSN)	
sturn, See 312 EAST CHURCH STREET					
City, town or post office, state, and ZIP code. For	a foreign add	lress, see instructions.			
FREDERICK, MD 21701					
and the state of t	(C)	to an elization for each return)		0 1	
inter the Return code for the return that this application is for	(file a separa	te application for each return)	•••••		
11 1-	Datasas	Application		Return	
application	Return	Application Is For		Code	
s For	Code 01	15 FOI			
form 990 or Form 990-EZ	02	Form 1041-A	2. (2. (2. (2. (2. (2. (2. (2. (2. (2. (08	
orm 990-BL orm 4720 (individual)	03	Form 4720		09	
form 990-PF	04	Form 5227		10	
form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
orm 990-T (trust other than above)	06	Form 8870	-	12	
STOP! Do not complete Part II if you were not already gran	ted an autor	natic 3-month extension on a pre	viously filed Form 8868	. <u> </u>	
GAIL FITZGERA					
The books are in the care of > 312 EAST CHUR	CH STR	PPT - PREDERTCK N	m 21701		
THE DESIGNATION OF THE PARTY OF			10 22 102		
Telephone No. ► 301-695-7660	_	FAX No. ►			
Telephone No. ► 301-695-7660 If the organization does not have an office or place of busing the control of th	- ness in the Ui	FAX No. ►nited States, check this box		▶	
Telephone No. ► 301-695-7660 If the organization does not have an office or place of businer If this is for a Group Return, enter the organization's four displacements.	- ness in the Ui igit Group Ex	FAX No. ►nited States, check this box emption Number (GEN)	If this is for the whole gr	roup, check this	
Telephone No. ► 301-695-7660	ness in the Uigit Group Exe	FAX No. nited States, check this box emption Number (GEN) ach a list with the names and EINs or	If this is for the whole gr	roup, check this	
Telephone No. ► 301-695-7660 If the organization does not have an office or place of busing lifthis is for a Group Return, enter the organization's four dialox ► . If it is for part of the group, check this box ► . I request an additional 3-month extension of time until	ness in the Ungit Group Exe	FAX No.	If this is for the whole gr	roup, check this sion is for.	
Telephone No. ► 301-695-7660 If the organization does not have an office or place of busing lift this is for a Group Return, enter the organization's four disconstant of the group, check this box ► I request an additional 3-month extension of time until For calendar year, or other tax year beginning	ness in the Uigit Group Exelor and atta MAY JUL 1	FAX No. inited States, check this box	If this is for the whole grows of all members the extension of JUN 30, 20	roup, check this sion is for.	
Telephone No. ► 301-695-7660 If the organization does not have an office or place of busing the first is for a Group Return, enter the organization's four dispose ► . If it is for part of the group, check this bose ► . I request an additional 3-month extension of time until	ness in the Uigit Group Exelor and atta MAY JUL 1	FAX No. inited States, check this box	If this is for the whole gr	roup, check this sion is for.	
Telephone No. ► 301-695-7660 If the organization does not have an office or place of busing lift this is for a Group Return, enter the organization's four disconstant of the group, check this box ► I request an additional 3-month extension of time until For calendar year, or other tax year beginning	ness in the Uigit Group Exelor and atta MAY JUL 1	FAX No. inited States, check this box	If this is for the whole grows of all members the extension of JUN 30, 20	roup, check this sion is for.	
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