

EXTENDED TO MAY 16, 2016

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.</b><br>Doing business as |   | <b>D</b> Employer identification number<br>52-1488711   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>312 EAST CHURCH STREET</b>   | <b>E</b> Telephone number<br>301-695-7660 |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>FREDERICK, MD 21701</b>                   |   | <b>G</b> Gross receipts \$ <b>42,979,754.</b>   |
|  | <b>F</b> Name and address of principal officer: <b>ELIZABETH Y. DAY</b><br><b>SAME AS C ABOVE</b>                        |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |  |   |   |
| <b>J</b> Website: <b>WWW.FREDERICKCOUNTYGIVES.ORG</b>  |  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other  |  |   | <b>L</b> Year of formation: <b>1986</b>   |
|  |  |   | <b>M</b> State of legal domicile: <b>MD</b>   |

**Part I Summary**

|  |  |
|--|--|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>GENEROUS DONORS CREATE POSITIVE IMPACT IN THE LIVES OF FREDERICK COUNTY CITIZENS THROUGH GRANTS AND</b>        |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>25</b>  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>25</b>  |
|  | <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) <b>5</b> <b>15</b>   |
|  | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>128</b>  |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b><br><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>-1,317.</b> |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>6,143,079.</b> <b>8,565,876.</b>   |
|  | <b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>0.</b>  |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>3,877,371.</b> <b>4,847,584.</b>  |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b> <b>0.</b>   |
|  | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>10,020,450.</b> <b>13,413,460.</b>   |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>3,396,080.</b> <b>4,825,102.</b>   |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>  |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>698,356.</b> <b>867,397.</b>  |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b><br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>330,088.</b>                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>716,930.</b> <b>831,015.</b>   |
|  | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>4,811,366.</b> <b>6,523,514.</b>  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>5,209,084.</b> <b>6,889,946.</b> |  |
| <b>Net Assets or Fund Balances</b>   | <b>20</b> Total assets (Part X, line 16) <b>101,350,311.</b> <b>106,656,844.</b>   |
|  | <b>21</b> Total liabilities (Part X, line 26) <b>8,191,187.</b> <b>8,761,960.</b>  |
|  | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>93,159,124.</b> <b>97,894,884.</b>   |

**Part II Signature Block**

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

|                  |  |                      |
|------------------|--|----------------------|
| <b>Sign Here</b> | Signature of officer <i>Elizabeth Y. Day</i>                               | Date <b>5/6/2016</b> |
|                  | <b>ELIZABETH Y. DAY, PRESIDENT AND CEO</b><br>Type or print name and title |                      |

|  |   |  |                       |   |                          |
|--|---|--|-----------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name<br><b>SUSAN KELLER</b>   | Preparer's signature<br><i>Susan P. Keller</i> | Date<br><b>5/4/16</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00245169</b> |
|  | Firm's name<br><b>ELLIN &amp; TUCKER, CHARTERED</b> | Firm's EIN<br><b>52-0959934</b>                |                       | Phone no. <b>410-727-5735</b>                   |                          |
| Firm's address<br><b>400 EAST PRATT ST. SUITE 200<br/>         BALTIMORE, MD 21202</b> |   |  |                       |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.

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**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:  
THE COMMUNITY FOUNDATION IS DEDICATED TO CONNECTING PEOPLE WHO CARE  
WITH CAUSES THAT MATTER TO ENRICH THE QUALITY OF LIFE IN FREDERICK  
COUNTY NOW AND FOR FUTURE GENERATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 776,220. including grants of \$ 533,760.) (Revenue \$ )  
THE COMMUNITY FOUNDATION IS ONE OF FREDERICK COUNTY'S LARGEST PROVIDERS  
OF SCHOLARSHIPS TO INDIVIDUALS PURSUING POST-SECONDARY EDUCATION, WHICH  
INCLUDES TWO AND FOUR YEAR COLLEGES AND UNIVERSITIES AS WELL AS TRADE  
SCHOOLS. SCHOLARS' AGES ARE 17 AND UP, AS SOME SCHOLARSHIPS ARE  
SPECIFICALLY FOR NON-TRADITIONAL STUDENTS. SCHOLARSHIPS ARE AVAILABLE  
FOR ALMOST ANY AREA OF STUDY, SOME DO NOT CONSIDER FINANCIAL NEED AS  
CRITERIA, AND SOME ARE RENEWABLE FOR ONE OR MORE YEARS. IN ADDITION,  
SEPARATE MUSIC SCHOLARSHIPS FOR YOUTH AGES 6 TO 17 ARE PROVIDED FOR  
CONTINUING EDUCATION IN VOICE AND INSTRUMENTAL INSTRUCTION. ATHLETIC  
SCHOLARSHIPS FOR YOUTH AGES 11 TO 18 (GRADES 6-12) ARE ALSO PROVIDED.

4b (Code: ) (Expenses \$ 4,525,934. including grants of \$ 4,291,342.) (Revenue \$ )  
THE COMMUNITY FOUNDATION PROVIDES DISCRETIONARY AND DESIGNATED GRANTS  
TO QUALIFIED 501(C)(3) ORGANIZATIONS THAT ARE CHARITABLE, EDUCATIONAL,  
SCIENTIFIC, LITERARY OR FAITH-BASED IN PURPOSE. THE DISCRETIONARY  
GRANTS INVOLVE A GRANT APPLICATION PROCESS; NONPROFIT ORGANIZATIONS  
MUST DESCRIBE THE PROGRAM FOR WHICH THEY ARE REQUESTING SUPPORT AND  
MUST DEMONSTRATE HOW THE GRANT WILL NOT ONLY HELP ACHIEVE THEIR GOALS,  
BUT HOW THE GRANT WILL POSITIVELY IMPACT THE COMMUNITY. FINAL REPORTS  
FROM EACH ORGANIZATION ENSURE ACCOUNTABILITY. THE DESIGNATED GRANTS  
ARE DISBURSED ANNUALLY TO NONPROFIT ORGANIZATIONS AS SPECIFIED BY THE  
DONOR'S FUND AGREEMENT, PROVIDING THE ORGANIZATION MEETS THE  
501(C)(3) REQUIREMENT AND IS IN GOOD STANDING. GRANTS SUPPORT HEALTH,  
HUMAN SERVICES, THE ARTS, ENVIRONMENT, HISTORIC PRESERVATION, ANIMAL

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4d Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **5,302,154.**

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**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2   | Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>   |     | X  |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | X   |    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  | X   |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   |     | X  |
| c   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   |     | X  |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | X   |    |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | X   |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | X   |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  |     | X  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>   | X   |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>   |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>  |     | X  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>  |     | X  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>  |     | X  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>  |     | X  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>  |     | X  |
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |

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**Part IV Checklist of Required Schedules** (continued)

|     |   | Yes | No |
|-----|---|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | X   |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | X   |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  |     | X  |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                            |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   |     | X  |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       |     | X  |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II                                 |     | 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 |     | X  |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |     |    |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   |     | X  |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     | X  |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  |     | X  |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | X   |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  |     | X  |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?<br>If "Yes," complete Schedule N, Part I   |     | X  |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  |     | 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  |     | 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  | X   |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | X   |    |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   |     | X  |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   |     | 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   |     | X  |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O  | X   |    |

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

|     |  | Yes | No |
|-----|--|-----|----|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   |     |    |
| 1a  | 26   |     |    |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
| 1b  | 0  |     |    |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   |     |    |
| 1c  |  |     |    |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |     |    |
| 2a  | 15   |     |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                | X   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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)? |     | X  |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| c   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| 5c  |  |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | X  |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| 6b  |  |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).  |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | X  |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| 7b  |  |     |    |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| 7c  |  |     |    |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| 7d  |  |     |    |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| 7e  |  |     |    |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| 7f  |  |     |    |
| 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |     | X  |
| 8   |  |     |    |
| 9   | Sponsoring organizations maintaining donor advised funds.  |     |    |
| a   | Did the sponsoring organization make any taxable distributions under section 4966?   |     | X  |
| 9a  |  |     |    |
| b   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |     | X  |
| 9b  |  |     |    |
| 10  | Section 501(c)(7) organizations. Enter:  |     |    |
| a   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| 11  | Section 501(c)(12) organizations. Enter:   |     |    |
| a   | Gross income from members or shareholders  | 11a |    |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |    |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a |    |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 12b |    |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.   |     |    |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br>Note: See the instructions for additional information the organization must report on Schedule O.  | 13a |    |
| 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  | 13b |    |
| c   | Enter the amount of reserves on hand   | 13c |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a | X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  | 14b |    |

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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 or note to any line in this Part VI

**Section A. Governing Body and Management**

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. |     |    |
| 1a | 25   |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent   |     |    |
| 1b | 25   |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | X   |    |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?   |     | X  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| 6  | Did the organization have members or stockholders?   |     | X  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| a  | The governing body?  | X   |    |
| b  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   |     | X  |

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

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MD**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **GAIL FITZGERALD - 301-695-7660**  
**312 EAST CHURCH STREET, FREDERICK, MD 21701**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) CYNTHIA S. PALMER<br>CHAIRMAN           | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (2) DEBRA S. BORDEN<br>FIRST VICE CHAIRMAN  | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) TOD P SALISBURY<br>SECOND VICE CHAIRMAN | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) DALE T. SUMMERS<br>TREASURER            | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) JOANNE R. MCCOY<br>SECRETARY            | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) JAMES R. SHOEMAKER<br>PAST CHAIRMAN     | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) JOY ONLEY<br>TRUSTEE                    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) LISA COBLENTZ<br>TRUSTEE                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) DAVID HOFFMAN<br>TRUSTEE                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) J. RAY RAMSBURG, III<br>TRUSTEE        | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) SHIRLEY SHORES<br>TRUSTEE              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) MARK A. MAYER<br>TRUSTEE               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) WILLIAM BLAKESLEE<br>TRUSTEE           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) CORNELIUS R. FAY, III<br>TRUSTEE       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) HARRY GEORGE, III<br>TRUSTEE           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) KEVIN HESSLER<br>TRUSTEE               | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (17) SHABRI MOORE<br>TRUSTEE                | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) TED LUCK<br>TRUSTEE                                       | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (19) COLLEEN CHIDESTER<br>TRUSTEE                              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (20) DANIEL K. TREGONING<br>TRUSTEE                            | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (21) BARBARA K. WALKER<br>TRUSTEE                              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (22) STACEY COLLINS<br>TRUSTEE                                 | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (23) AMARIS LITTLE<br>TRUSTEE                                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (24) GARY ROLLINS<br>TRUSTEE                                   | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (25) C. MATT WILEY<br>TRUSTEE                                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (26) JANET MCCURDY<br>TRUSTEE                                  | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |   |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 202,672.   | 0.  | 23,881.   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 202,672.   | 0.  | 23,881.   |

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

|  | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  | 3   | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4   | X  |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person                       | 5   | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   | (A)<br>Total revenue                              | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512-514 |  |
|--|---|---|---|---|--|--|
| Contributions, Gifts, Grants<br>and Other Similar Amounts        | 1 a Federated campaigns   | 1a  |   |   |  |  |
|  | b Membership dues   | 1b  |   |   |  |  |
|  | c Fundraising events  | 1c  |   |   |  |  |
|  | d Related organizations   | 1d  |   |   |  |  |
|  | e Government grants (contributions)   | 1e  |   |   |  |  |
|  | f All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f  | 8,565,876.                                      |   |  |  |
|  | g Noncash contributions included in lines 1a-1f: \$   |   | 3,098,310.                                      |   |  |  |
|  | h Total. Add lines 1a-1f  |   | 8,565,876.                                      |   |  |  |
| Program Service<br>Revenue                                       | Business Code   |   |   |   |  |  |
|  | 2 a   |   |   |   |  |  |
|  | b   |   |   |   |  |  |
|  | c   |   |   |   |  |  |
|  | d   |   |   |   |  |  |
|  | e   |   |   |   |  |  |
|  | f All other program service revenue   |   |   |   |  |  |
| g Total. Add lines 2a-2f   |   |   |   |   |  |  |
| Other Revenue  | 3 Investment income (including dividends, interest, and<br>other similar amounts)   |   | 2,343,139.                                      |   | 2,343,139.   |  |
|  | 4 Income from investment of tax-exempt bond proceeds  |   |   |   |  |  |
|  | 5 Royalties   |   |   |   |  |  |
|  | 6 a Gross rents   | (i) Real  |   |   |  |  |
|  |   | (ii) Personal                                     |   |   |  |  |
|  |   | b Less: rental expenses                           |   |   |  |  |
|  |   | c Rental income or (loss)                         |   |   |  |  |
|  | d Net rental income or (loss)   |   |   |   |  |  |
|  | 7 a Gross amount from sales of<br>assets other than inventory   | (i) Securities                                    | 32,070,739.                                     |   |  |  |
|  |   | (ii) Other  |   |   |  |  |
|  |   | b Less: cost or other basis<br>and sales expenses | 29,566,294.                                     |   |  |  |
|  |   | c Gain or (loss)                                  | 2,504,445.                                      |   |  |  |
|  | d Net gain or (loss)  |   | 2,504,445.                                      |   | 2,504,445.   |  |
|  | 8 a Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 | a   |   |   |  |  |
|  | b Less: direct expenses   | b   |   |   |  |  |
| c Net income or (loss) from fundraising events                   |   |   |   |   |  |  |
| 9 a Gross income from gaming activities. See<br>Part IV, line 19 | a   |   |   |   |  |  |
| b Less: direct expenses  | b   |   |   |   |  |  |
| c Net income or (loss) from gaming activities                    |   |   |   |   |  |  |
| 10 a Gross sales of inventory, less returns<br>and allowances    | a   |   |   |   |  |  |
| b Less: cost of goods sold                                       | b   |   |   |   |  |  |
| c Net income or (loss) from sales of inventory                   |   |   |   |   |  |  |
| Miscellaneous Revenue  |   | Business Code                                     |   |   |  |  |
| 11 a   |   |   |   |   |  |  |
| b  |   |   |   |   |  |  |
| c  |   |   |   |   |  |  |
| d All other revenue  |   |   |   |   |  |  |
| e Total. Add lines 11a-11d                                       |   |   |   |   |  |  |
| 12 Total revenue. See instructions.                              |   | 13,413,460.                                       | 0.  | 0.                                      | 4,847,584.   |  |

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**Part IX** Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 4,291,342.            | 4,291,342.                      |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 533,760.              | 533,760.                        |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| 4 Benefits paid to or for members   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees  | 275,191.              | 51,288.                         | 146,794.                               | 77,109.                     |
| 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  | 478,128.              | 233,524.                        | 89,571.                                | 155,033.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 10,389.               | 5,393.                          | 3,243.                                 | 1,753.                      |
| 9 Other employee benefits   | 50,599.               | 25,960.                         | 12,345.                                | 12,294.                     |
| 10 Payroll taxes  | 53,090.               | 21,636.                         | 15,418.                                | 16,036.                     |
| 11 Fees for services (non-employees):   |                       |                                 |  |                             |
| a Management  |                       |                                 |  |                             |
| b Legal   |                       |                                 |  |                             |
| c Accounting  | 9,954.                | 1,009.                          | 8,945.                                 |                             |
| d Lobbying  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| f Investment management fees  | 473,505.              |                                 | 473,505.                               |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   | 36,883.               | 13,002.                         | 19,893.                                | 3,988.                      |
| 12 Advertising and promotion  | 16,628.               |                                 | 4,157.                                 | 12,471.                     |
| 13 Office expenses  | 44,151.               | 11,388.                         | 14,394.                                | 18,369.                     |
| 14 Information technology   | 55,743.               | 35,237.                         | 14,830.                                | 5,676.                      |
| 15 Royalties  |                       |                                 |  |                             |
| 16 Occupancy  | 59,169.               | 21,652.                         | 30,559.                                | 6,958.                      |
| 17 Travel   | 2,543.                | 304.                            | 860.                                   | 1,379.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings   | 8,561.                | 5,789.                          | 1,749.                                 | 1,023.                      |
| 20 Interest   |                       |                                 |  |                             |
| 21 Payments to affiliates   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization  | 19,108.               | 6,879.                          | 10,318.                                | 1,911.                      |
| 23 Insurance  | 10,905.               | 4,959.                          | 3,138.                                 | 2,808.                      |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| a <b>EVENTS</b>   | 44,745.               | 20,508.                         | 17,628.                                | 6,609.                      |
| b <b>DUES &amp; SUBSCRIPTIONS</b>   | 15,576.               | 6,281.                          | 7,430.                                 | 1,865.                      |
| c <b>ANNUAL REPORT</b>  | 15,142.               | 5,451.                          | 8,177.                                 | 1,514.                      |
| d <b>NEWSLETTER</b>   | 10,081.               | 3,629.                          | 2,420.                                 | 4,032.                      |
| e All other expenses  | 8,321.                | 3,163.                          | 5,898.                                 | -740.                       |
| 25 Total functional expenses. Add lines 1 through 24e   | 6,523,514.            | 5,302,154.                      | 891,272.                               | 330,088.                    |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                     |                       |                                 |  |                             |

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

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**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|                             |   | (A)<br>Beginning of year  |                   | (B)<br>End of year |
|-----------------------------|---|---|-------------------|--------------------|
| Assets                      | 1   | Cash - non-interest-bearing   | 1,617,193.        | 1                  |
|                             | 2   | Savings and temporary cash investments  |                   | 2                  |
|                             | 3   | Pledges and grants receivable, net  | 256,376.          | 3                  |
|                             | 4   | Accounts receivable, net  |                   | 4                  |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   |                   | 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L |                   | 6                  |
|                             | 7   | Notes and loans receivable, net   |                   | 7                  |
|                             | 8   | Inventories for sale or use   |                   | 8                  |
|                             | 9   | Prepaid expenses and deferred charges   | 36,122.           | 9                  |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 525,597.          |                    |
|                             | 10b   | Less: accumulated depreciation  | 369,946.          |                    |
|                             |   |   | 41,824.           | 10c                |
|                             | 11  | Investments - publicly traded securities  | 88,567,332.       | 11                 |
|                             | 12  | Investments - other securities. See Part IV, line 11  |                   | 12                 |
|                             | 13  | Investments - program-related. See Part IV, line 11   |                   | 13                 |
|                             | 14  | Intangible assets   |                   | 14                 |
| 15                          | Other assets. See Part IV, line 11  | 10,831,464.   | 15                |                    |
| 16                          | <b>Total assets. Add lines 1 through 15 (must equal line 34)</b>  | <b>101,350,311.</b>   | <b>16</b>         |                    |
| Liabilities                 | 17  | Accounts payable and accrued expenses   | 650,967.          | 17                 |
|                             | 18  | Grants payable  |                   | 18                 |
|                             | 19  | Deferred revenue  |                   | 19                 |
|                             | 20  | Tax-exempt bond liabilities   |                   | 20                 |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D   |                   | 21                 |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  |                   | 22                 |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties  |                   | 23                 |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties  |                   | 24                 |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   | 7,540,220.        | 25                 |
|                             | 26  | <b>Total liabilities. Add lines 17 through 25</b>   | <b>8,191,187.</b> | <b>26</b>          |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |                   |                    |
|                             | 27  | Unrestricted net assets   | 73,708,542.       | 27                 |
|                             | 28  | Temporarily restricted net assets   | 9,776,636.        | 28                 |
|                             | 29  | Permanently restricted net assets   | 9,673,946.        | 29                 |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |                   |                    |
|                             | 30  | Capital stock or trust principal, or current funds  |                   | 30                 |
|                             | 31  | Paid-in or capital surplus, or land, building, or equipment fund  |                   | 31                 |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds  |                   | 32                 |
| 33                          | <b>Total net assets or fund balances</b>  | <b>93,159,124.</b>  | <b>33</b>         |                    |
| 34                          | <b>Total liabilities and net assets/fund balances</b>   | <b>101,350,311.</b>   | <b>34</b>         |                    |

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 13,413,460. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 6,523,514.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 6,889,946.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 93,159,124. |
| 5  | Net unrealized gains (losses) on investments   | 5  | -2,048,602. |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)   | 9  | -105,584.   |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 97,894,884. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|    |   | Yes | No |
|----|---|-----|----|
| 1  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b  | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| c  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | X   |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | X  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  |     |    |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011  | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|-----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 6939272. | 22726928. | 3392290. | 6143079. | 8565876. | 47767445. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |           |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |           |          |          |          |           |
| 4 Total. Add lines 1 through 3  | 6939272. | 22726928. | 3392290. | 6143079. | 8565876. | 47767445. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |           |          |          |          | 20174494. |
| 6 Public support. Subtract line 5 from line 4   |          |           |          |          |          | 27592951. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011  | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|-----------|----------|----------|----------|-----------|
| 7 Amounts from line 4   | 6939272. | 22726928. | 3392290. | 6143079. | 8565876. | 47767445. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 1316439. | 1242095.  | 1650061. | 2249593. | 2343139. | 8801327.  |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |          |           |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |          |           |          |          |          |           |
| 11 Total support. Add lines 7 through 10  |          |           |          |          |          | 56568772. |
| 12 Gross receipts from related activities, etc. (see instructions)  |          |           |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> |          |           |          |          |          |           |

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

|  |    |         |
|--|----|---------|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))  | 14 | 48.78 % |
| 15 Public support percentage from 2013 Schedule A, Part II, line 14  | 15 | 47.41 % |
| 16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>   |    |         |
| b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>   |    |         |
| 17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |    |         |
| b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |         |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>   |    |         |

Schedule A (Form 990 or 990-EZ) 2014

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) .....  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....  |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   |     |    |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.   |     |    |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.   |     |    |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.  |     |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.   |     |    |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.   |     |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). |     |    |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control?   |     |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.   |     |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.  |     |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.  |     |    |
| c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.   |     |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.   |     |    |
| b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)   |     |    |

**Part IV Supporting Organizations** (continued)

|   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     |    |
| b A family member of a person described in (a) above?   |     |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI  |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|   |    |     |    |
|---|----|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):   |    |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.  |    |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).  |    |     |    |
| 2 Activities Test. Answer (a) and (b) below.  |    | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |     |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |     |    |
| 3 Parent of Supported Organizations. Answer (a) and (b) below.  |    |     |    |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.  | 3a |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.   | 3b |     |    |

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1                               | Net short-term capital gain  | 1              |                             |
| 2                               | Recoveries of prior-year distributions   | 2              |                             |
| 3                               | Other gross income (see instructions)  | 3              |                             |
| 4                               | Add lines 1 through 3  | 4              |                             |
| 5                               | Depreciation and depletion   | 5              |                             |
| 6                               | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                               | Other expenses (see instructions)  | 7              |                             |
| 8                               | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | 8              |                             |

| Section B - Minimum Asset Amount |   | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                | Average monthly value of securities   | 1a             |                             |
| b                                | Average monthly cash balances   | 1b             |                             |
| c                                | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | Discount claimed for blockage or other factors (explain in detail in Part VI):  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d  | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |  |   | Current Year |
|----------------------------------|--|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | 1 |              |
| 2                                | Enter 85% of line 1  | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3 |              |
| 4                                | Enter greater of line 2 or line 3  | 4 |              |
| 5                                | Income tax imposed in prior year   | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |              |

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule A (Form 990 or 990-EZ) 2014 COUNTY MARYLAND, INC.

52-1488711 Page 7

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D - Distributions  | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes  |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| 4 Amounts paid to acquire exempt-use assets  |              |
| 5 Qualified set-aside amounts (prior IRS approval required)  |              |
| 6 Other distributions (describe in Part VI). See instructions.   |              |
| 7 Total annual distributions. Add lines 1 through 6.   |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |              |
| 9 Distributable amount for 2014 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2014 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)  |                             |  |   |
| 3 Excess distributions carryover, if any, to 2014:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d   |                             |  |   |
| e From 2013   |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2014 distributable amount  |                             |  |   |
| i Carryover from 2009 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2014 from Section D, line 7: \$   |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2014 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). |                             |  |   |
| 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).                        |                             |  |   |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c.  |                             |  |   |
| B Breakdown of line 7:  |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d Excess from 2013  |                             |  |   |
| e Excess from 2014  |                             |  |   |

Schedule A (Form 990 or 990-EZ) 2014

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

**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.

OMB No 1545-0047

**2014**

Open to Public Inspection

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

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

|   | (a) Donor advised funds   | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 Total number at end of year   | 147   | 558                          |
| 2 Aggregate value of contributions to (during year)   | 729,298.  | 8,449,081.                   |
| 3 Aggregate value of grants from (during year)  | 788,240.  | 4,181,244.                   |
| 4 Aggregate value at end of year  | 10,236,376.   | 87,321,826.                  |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply):
- Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part 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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

(check all that apply):

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 12,321,616.      | 11,438,024.    | 10,936,821.        | 10,621,709.          | 5,339,207.          |
| b Contributions                                  | 259,067.         | 42,352.        | 25,916.            | 335,943.             | 4,363,661.          |
| c Net investment earnings, gains, and losses     | -4,605.          | 902,659.       | 552,903.           | 26,005.              | 940,844.            |
| d Grants or scholarships                         | 98,579.          | 61,419.        | 77,616.            | 46,836.              | 22,003.             |
| e Other expenditures for facilities and programs | 583,427.         |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 11,894,072.      | 12,321,616.    | 11,438,024.        | 10,936,821.          | 10,621,709.         |

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  79.72 %
- c Temporarily restricted endowment  20.28 %

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

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

|   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b  |    |

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 333,521.                        | 218,059.                     | 115,462.       |
| d Equipment  |                                      | 192,076.                        | 151,887.                     | 40,189.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 155,651.       |

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

Schedule D (Form 990) 2014

52-1488711 Page 3

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) PRESENT VALUE OF REMAINDER INTERESTS                                  | 1,766,169.     |
| (2) CASH SURRENDER VALUE OF LIFE INSURANCE                                | 157,194.       |
| (3) DUE FROM CFHC   | 23,291.        |
| (4) CONTRIBUTIONS RECEIVABLE  | 9,773,114.     |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 11,719,768.    |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| (a) Description of liability  | (b) Book value |
|---|----------------|
| 1. (1) Federal income taxes   |                |
| (2) LIABILITIES UNDER SPLIT-INTEREST                                      |                |
| (3) AGREEMENTS  | 1,270,729.     |
| (4) FUNDS HELD FOR OTHERS (FAS 136)                                       | 6,362,301.     |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 7,633,030.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

432053  
10-01-14

THE COMMUNITY FOUNDATION OF FREDERICK  
 COUNTY MARYLAND, INC.

Schedule D (Form 990) 2014

52-1488711 Page 4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |   |    |             |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements        | 1  | 11,013,002. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |             |
| a | Net unrealized gains (losses) on investments                                    | 2a | -2,048,602. |
| b | Donated services and use of facilities  | 2b | 4,417.      |
| c | Recoveries of prior year grants   | 2c |             |
| d | Other (Describe in Part XIII.)  | 2d | 300,592.    |
| e | Add lines 2a through 2d   | 2e | -1,743,593. |
| 3 | Subtract line 2e from line 1  | 3  | 12,756,595. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |             |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |             |
| b | Other (Describe in Part XIII.)  | 4b | 656,865.    |
| c | Add lines 4a and 4b   | 4c | 656,865.    |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5  | 13,413,460. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                       | 1  | 6,278,987. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |            |
| a | Donated services and use of facilities   | 2a | 4,417.     |
| b | Prior year adjustments   | 2b |            |
| c | Other losses   | 2c |            |
| d | Other (Describe in Part XIII.)   | 2d | 249,066.   |
| e | Add lines 2a through 2d  | 2e | 253,483.   |
| 3 | Subtract line 2e from line 1   | 3  | 6,025,504. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |            |
| b | Other (Describe in Part XIII.)   | 4b | 498,010.   |
| c | Add lines 4a and 4b  | 4c | 498,010.   |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5  | 6,523,514. |

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE FOUNDATION HAS A TRUSTEE-APPROVED SPENDING POLICY THAT DISTRIBUTES 5% OF THE FUND'S FAIR MARKET VALUE AS OF JUNE 30, OF THE PREVIOUS FISCAL YEAR FOR ALL FUNDS. ENDOWMENTS SPEND 5% AS LONG AS PRINCIPAL OBTAINED THROUGH CONTRIBUTIONS IS NOT INVADED.

**PART X, LINE 2:**

THE FOUNDATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS, WHICH INCLUDE MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO

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10-01-14

Schedule D (Form 990) 2014

**Part XIII** Supplemental Information (continued)

NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE  
APPLICABLE TAX AUTHORITY. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX  
POSITIONS THAT WOULD NOT MEET THIS THRESHOLD.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

|                                       |          |
|---------------------------------------|----------|
| CHANGE IN CSV                         | 13,624.  |
| RELATED ORGANIZATION INCOME           | 247,321. |
| CHANGE IN PV OF FUTURE INTEREST       | 39,647.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 300,592. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

|  |          |
|--|----------|
| FUNDS HELD FOR OTHERS                    | 427,955. |
| ELIMINATION OF INTERCOMPANY TRANSACTIONS | 228,910. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B    | 656,865. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

|                               |          |
|-------------------------------|----------|
| RELATED ORGANIZATION EXPENSES | 249,066. |
|-------------------------------|----------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

|  |          |
|--|----------|
| FUNDS HELD FOR OTHERS                    | 269,100. |
| ELIMINATION OF INTERCOMPANY TRANSACTIONS | 228,910. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B   | 498,010. |

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

Employer identification number  
**52-1488711**

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

- For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN -               | 0                                   | 0  | ENDOWMENT INVESTMENTS OFF SHORE   |  | 3,017,604.   |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
|   |                                     |  |   |  |  |
| <b>3 a</b> Sub-total                              | 0                                   | 0  |   |  | 3,017,604.   |
| <b>b</b> Total from continuation sheets to Part I | 0                                   | 0  |   |  | 0.   |
| <b>c</b> Totals (add lines 3a and 3b)             | 0                                   | 0  |   |  | 3,017,604.   |





THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.

**Part IV** Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

**Part I** General Information on Grants and Assistance

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

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

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance   |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ADVENTIST HEALTH CARE, INC.<br>1801 RESEARCH BLVD STE 400<br>ROCKVILLE, MD 20850                   | 52-1532556 | 501(C)(3)                     | 30,673.                  | 0.                                |   |  | UNRESTRICTED   |
| ADVOCATES FOR HOMELESS FAMILIES, INC. - 216 ABRECHT PLACE -<br>FREDERICK, MD 21701                 | 52-1591139 | 501(C)(3)                     | 41,521.                  | 0.                                |   |  | PARTIAL SALARIES FOR 2 TRANSITIONAL HOUSING CARE MANAGERS, AFTER SCHOOL ACTIVITIES, SUMMER MUSIC |
| AMERICAN NATIONAL RED CROSS<br>NATIONAL HEADQUARTERS PO BOX 37243<br>WASHINGTON, DC 20013          | 53-0196605 | 501(C)(3)                     | 8,559.                   | 0.                                |   |  | EMERGENCY ASSISTANCE TO NEEDY PEOPLE WHO HAVE SUFFERED FROM FIRES, FLOODS AND OTHER LIKE         |
| ARC OF FREDERICK COUNTY, INC.<br>620-A RESEARCH DRIVE<br>FREDERICK, MD 21703                       | 52-6055211 | 501(C)(3)                     | 167,603.                 | 0.                                |   |  | ASSIST SPECIAL NEEDS CHILDREN, ADULT CHANGING TABLE AND PROMETHEAN BOARD, ROCK CREEK             |
| BOYS & GIRLS CLUB OF FREDERICK COUNTY, INC. - 413 BURCK STREET -<br>FREDERICK, MD 21701            | 52-1107974 | 501(C)(3)                     | 14,854.                  | 0.                                |   |  | UNRESTRICTED, PROGRAM SCHOLARSHIPS, 2015 TOUR DE FREDERICK, VIOLIN INSTRUCTIONS, MARKETING       |
| BRAINY CAMPS - CHILDREN'S NATIONAL MEDICAL CENTER - 111 MICHIGAN AVE.<br>NW - WASHINGTON, DC 20010 | 27-1547370 | 501(C)(3)                     | 5,600.                   | 0.                                |   |  | RESTRICTED FOR CAMP NEW FRIENDS  |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **83.**

3 Enter total number of other organizations listed in the line 1 table **3.**

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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| C BURR ARTZ TRUST<br>110 EAST PATRICK ST<br>FREDERICK, MD 21701                                | 52-0591537 | 501(C)(3)                     | 5,050.                   | 0.                                |   |  | HOOD COLLEGE TEACHER'S HONORARIUM FOR THE JANUARY ACADEMY AND TRAINING RELATED TO THE |
| CALVARY UNITED METHODIST CHURCH<br>131 WEST SECOND STREET<br>FREDERICK, MD 21701               | 52-0685068 | 501(C)(3)                     | 12,911.                  | 0.                                |   |  | CALVARY WEEKDAY SCHOOL SCHOLARSHIPS AND UNRESTRICTED                                  |
| CARROLL MANOR FIRE COMPANY<br>P.O. BOX 7<br>ADAMSTOWN, MD 21710                                | 52-1293774 | 501(C)(3)                     | 11,854.                  | 0.                                |   |  | UNRESTRICTED  |
| CHILD ADVOCACY CENTER OF FREDERICK COUNTY - 12 E. CHURCH STREET -<br>FREDERICK, MD 21701       | 20-5149362 | 501(C)(3)                     | 21,103.                  | 0.                                |   |  | REDECORATING AND RENOVATING, HEALING GARDEN AT BONITA MAAS PARK AND UNRESTRICTED      |
| CHURCH OF THE TRANSFIGURATION<br>6909 MARYLAND AVE., P.O. BOX 87<br>BRADDOCK HEIGHTS, MD 21714 | 52-1549171 | 501(C)(3)                     | 246,994.                 | 0.                                |   |  | UNRESTRICTED  |
| CITY OF FREDERICK ECONOMIC DEVELOPMENT - 101 NORTH COURT STREET - FREDERICK, MD 21701          | 52-6000789 | 501(C)(3)                     | 8,985.                   | 0.                                |   |  | UNRESTRICTED  |
| DELAPLAINE VISUAL ARTS EDUCATION CENTER - 40 SOUTH CARROLL STREET -<br>FREDERICK, MD 21701     | 52-1481592 | 501(C)(3)                     | 24,152.                  | 0.                                |   |  | ART CLASSES, SCHOLARSHIPS, EXHIBIT GALLERY PROJECT & UNRESTRICTED                     |
| DOWNTOWN FREDERICK PARTNERSHIP<br>19 E CHURCH ST<br>FREDERICK, MD 21701                        | 52-1682341 | 501(C)(3)                     | 35,661.                  | 0.                                |   |  | FLOWERS OVER FREDERICK  |
| DR. J. ELMER HARP MEDICAL CENTER<br>400 EASH MAIN STREET<br>MIDDLETOWN, MD 21769               | 52-1076100 | 501(C)(3)                     | 11,732.                  | 0.                                |   |  | SCHOLARSHIPS  |

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| EVANGELICAL LUTHERAN CHURCH<br>35 EAST CHURCH STREET<br>FREDERICK, MD 21701   | 52-0627772 | 501(C)(3)                     | 22,104.                  | 0.                                |   |  | FINE ARTS SERIES AND UNRESTRICTED  |
| FOREST HILLS BAPTIST CHURCH<br>201 DIXIE TRAIL<br>RALEIGH, NC 27607   | 56-6003619 | 501(C)(3)                     | 15,000.                  | 0.                                |   |  | REPAIRS AND PAINT OF PRESCHOOL HALLWAY AND REFURBISHING THE CLASSROOMS ON THE                |
| FREDERICK ACADEMY OF THE VISITATION - 100 S. MARKET STREET - FREDERICK, MD 21701  | 04-3819202 | 501(C)(3)                     | 5,542.                   | 0.                                |   |  | SCHOLARSHIPS   |
| FREDERICK COMMUNITY ACTION AGENCY<br>100 S. MARKET STREET<br>FREDERICK, MD 21701  | 52-1036628 | 501(C)(3)                     | 21,100.                  | 0.                                |   |  | PRIMARY HEALTH CARE TO CLIENTS, ASTHMA MEDICATION, EVALUATION FOR A COCHLEAR IMPLANT,        |
| FREDERICK COMMUNITY COLLEGE<br>7932 OPPOSSUMTOWN PIKE<br>FREDERICK, MD 21702  | 52-0743590 | 501(C)(3)                     | 32,769.                  | 0.                                |   |  | SCHOLARSHIPS   |
| FREDERICK COMMUNITY COLLEGE FOUNDATION, INC. - 7932 OPPOSSUMTOWN PIKE - FREDERICK, MD 21702   | 52-1231768 | 501(C)(3)                     | 15,385.                  | 0.                                |   |  | POLICE SCIENCE PROGRAM, WOMAN TO WOMAN MENTORING, MEN'S SOCCER PROGRAM                       |
| FREDERICK COUNTY CHAMBER OF COMMERCE - 8420 GAS HOUSE PIKE STE B - FREDERICK, MD 21701  | 52-0318880 | 501(C)(6)                     | 29,426.                  | 0.                                |   |  | FREDERICK COUNTY BUSINESS ROUNDTABLE, SUMMER INTERNSHIPS, FREDERICK CENTER FOR RESEARCH AND  |
| FREDERICK COUNTY BOARD OF COUNTY COMMISSIONERS - 12 E. CHURCH STREET - FREDERICK, MD 21702  | 52-6000943 | 501(C)(3)                     | 66,145.                  | 0.                                |   |  | FAMILY PARTNERSHIP BRIGHT FUTRES II PROJECT AND EARLY CHILDHOOD EDUCATION                    |
| FREDERICK COUNTY DEPT OF SOCIAL SERVICES - FOSTER CARE/INDEPENDENT LIVING - 100 EAST ALL SAINTS STREET - FREDERICK, MD 21701                | 52-6002033 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | FOSTER CARE AND ADOPTION DIVISION, PURCHASE OF GIFTS/GIFT CARDS FOR CHILDREN/TEENS UNDER DSS |

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| FREDERICK COUNTY HEALTH DEPARTMENT<br>350 MONTEVUE LANE<br>FREDERICK, MD 21702            | 86-1131979 | 501(C)(3)                     | 11,000.                  | 0.                                |   |  | PRENATAL CARE PROGRAM AND PURCHASE OF NALOXONE  |
| FREDERICK COUNTY LANDMARKS<br>1110 ROSEMONT AVENUE<br>FREDERICK, MD 21701                 | 23-7241926 | 501(C)(3)                     | 17,950.                  | 0.                                |   |  | HISTORIC PRESERVATION AND SCHOLARLY RESEARCH OF BUILDINGS IN FREDERICK COUNTY, OPERATING COSTS, PURCHASE, ACQUISITION AND MAINTENANCE OF MATERIALS IN THE MARYLAND ROOM, PURCHASE MATERIALS FOR |
| FREDERICK COUNTY PUBLIC LIBRARIES<br>110 E PATRICK ST<br>FREDERICK, MD 21701              | 52-2173683 | 501(C)(3)                     | 34,110.                  | 0.                                |   |  | COMPUTERS, PARKWAY ELEMENTARY SCHOOL'S MEDIA CENTER AND AFTER SCHOOL MENTORING  |
| FREDERICK COUNTY PUBLIC SCHOOLS<br>191 SOUTH EAST STREET<br>FREDERICK, MD 21701           | 52-6000941 | 501(C)(3)                     | 73,102.                  | 0.                                |   |  |   |
| FREDERICK MEMORIAL HOSPITAL INC.<br>400 WEST SEVENTH STREET<br>FREDERICK, MD 21701        | 52-0591612 | 501(C)(3)                     | 901,569.                 | 0.                                |   |  | PROVIDE SUPPORT FOR EMERGENCY SERVICE, CANCER CENTER AND UNRESTRICTED   |
| FREDERICK UNION RESCUE MISSION,<br>INC. - 419 WEST SOUTH STREET -<br>FREDERICK, MD 21705  | 52-0813371 | 501(C)(3)                     | 57,011.                  | 0.                                |   |  | UNRESTRICTED, FAITH HOUSE, PROVIDING FOOD, CLOTHING, SHELTER OR SUBSTANCE ABUSE PROGRAMS,   |
| FRIENDS OF BAKER PARK<br>P.O. BOX 4146<br>FREDERICK, MD 21705                             | 52-1759639 | 501(C)(3)                     | 46,862.                  | 0.                                |   |  | CULLER LAKE RENOVATIONS AND IMPROVEMENTS  |
| FRIENDS FOR NEIGHBORHOOD PROGRESS<br>100 S MARKET ST<br>FREDERICK, MD 21701               | 52-1036628 | 501(C)(3)                     | 18,146.                  | 0.                                |   |  | MEALS AND FOOD AND UNRESTRICTED   |
| FRIENDS OF CARROLL CREEK URBAN<br>PARK, LLC - 1509 HOMESTEAD AVE -<br>FREDERICK, MD 21702 | 46-1297552 | 501(C)(3)                     | 7,000.                   | 0.                                |   |  | BEAUTIFICATION OF CARROLL CREEK LINEAR PARK   |

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| FRIENDS OF CATHOLIC EDUCATION, INC. - 53 EAST PATRICK STREET 3RD FLOOR - FREDERICK, MD 21702  | 52-1659600 | 501(C)(3)                     | 10,794.                  | 0.                                |   |  | SCHOLARSHIPS AND UNRESTRICTED   |
| GALE RECOVERY, INC. 608 EAST PATRICK STREET FREDERICK, MD 21701   | 52-1061150 | 501(C)(3)                     | 41,829.                  | 0.                                |   |  | BEHAVIORAL HEALTH COUNSELING AND INSURANCE NAVIGATION FOR 100 RESIDENTS; HOUSING                |
| GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL - 4301 CONNECTICUT AVENUE, NW STE M-2 - WASHINGTON, DC 20008                                     | 54-0732966 | 501(C)(3)                     | 14,192.                  | 0.                                |   |  | TO SUPPORT GIRL SCOUT ACTIVITIES IN FREDERICK COUNTY, MARYLAND AND THE YOUNG LEADERS PROGRAM AT |
| GLADE UNITED CHURCH OF CHRIST 21 FULTON AVENUE, P.O. BOX 236 WALKERSVILLE, MD 21793   | 52-0679615 | 501(C)(3)                     | 5,489.                   | 0.                                |   |  | UNRESTRICTED  |
| GOODWILL INDUSTRIES OF THE MONOCACY VALLEY, INC. - 400 E CHURCH ST - FREDERICK, MD 21701  | 23-7047548 | 501(C)(3)                     | 11,153.                  | 0.                                |   |  | PROGRAMS THAT TRAIN AND EDUCATE PERSONS WITH DISABILITIES, BUS PASSES FOR EMPLOYMENT CLIENTS,   |
| GRACE UNITED CHURCH OF CHRIST 25 E 2ND STREET FREDERICK, MD 21701   | 52-0607994 | 501(C)(3)                     | 8,686.                   | 0.                                |   |  | SUPPORT THE ACTIVITIES, PROGRAMS AND CAPITAL NEEDS AND UNRESTRICTED                             |
| HEART OF THE CIVIL WAR HERITAGE AREA, INC. - 151 SOUTH EAST ST. - FREDERICK, MD 21701   | 46-4104592 | 501(C)(3)                     | 11,840.                  | 0.                                |   |  | 1865 COMMEMORATIONS FEATURING "GATH", LINCOLN, AND THE BOOTH CONSPIRACY AND                     |
| HEARTLY HOUSE, INC. P.O. BOX 857 FREDERICK, MD 21705  | 52-1186250 | 501(C)(3)                     | 52,801.                  | 0.                                |   |  | TRANSITIONAL HOUSING PROGRAM FAMILIES; CHILD ABUSE PREVENTION PROGRAMS, EMERGENCY               |
| HISTORICAL SOCIETY OF FREDERICK COUNTY, INC. - 24 EAST CHURCH STREET - FREDERICK, MD 21701  | 52-6050333 | 501(C)(3)                     | 58,441.                  | 0.                                |   |  | PURCHASES OF OBJECTS AND/OR COLLECTIONS WITH HISTORICAL SIGNIFICANCE TO FREDERICK COUNTY,       |

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| HOMEWOOD AT CRUMLAND FARMS<br>7407 WILLOW ROAD<br>FREDERICK, MD 21702                           | 52-1931794 | 501(C)(3)                     | 28,728.                  | 0.                                |   |  | SERVICES TO PERSONS WITH ALZHEIMER'S DISEASE AND RELATED DISORDERS AND UNRESTRICTED              |
| HOOD COLLEGE<br>401 ROSEMONT AVENUE<br>FREDERICK, MD 21701                                      | 52-0591608 | 501(C)(3)                     | 54,321.                  | 0.                                |   |  | SCHOLARSHIPS, MUSIC & ARTS AND STEM PROGRAMS AND UNRESTRICTED                                    |
| HOSPICE OF FREDERICK COUNTY, INC.<br>P.O. BOX 1799<br>FREDERICK, MD 21705                       | 52-1164513 | 501(C)(3)                     | 52,270.                  | 0.                                |   |  | BEREAVEMENT PROGRAMS FOR FAMILIES WHO HAVE LOST CHILDREN; CAMP JAMIE AND UNRESTRICTED            |
| HOUSING AUTHORITY OF THE CITY OF FREDERICK - 209 MADISON ST -<br>FREDERICK, MD 21701            | 52-6001395 | 501(C)(3)                     | 22,933.                  | 0.                                |   |  | RISE PROGRAM; SUMMER GARDEN INTERN PROGRAM; 2015 "HOOKED ON FISHING/NOT ON DRUGS"                |
| HOWARD CHAPEL RIDGEVILLE UNITED METHODIST CHURCH - 1970 LONG CORNER ROAD - MOUNT AIRY, MD 21771 | 52-1079627 | 501(C)(3)                     | 270,169.                 | 0.                                |   |  | UNRESTRICTED   |
| INTERFAITH HOUSING ALLIANCE, INC.<br>731 NORTH MARKET ST<br>FREDERICK, MD 21701                 | 52-1708782 | 501(C)(3)                     | 13,011.                  | 0.                                |   |  | SERVICES TO SUSTAIN OR TRANSITION INDIVIDUALS TO PERMANENT HOUSING; TO ASSIST PERSONS WHO ARE OF |
| JOHNS HOPKINS AT KESWICK<br>3910 KESWICK RD. STE. S-5100<br>BALTIMORE, MD 21211                 | 52-1651219 | 501(C)(3)                     | 5,999.                   | 0.                                |   |  | COORDINATION OF SERVICES FOR A PATIENT   |
| LEGAL AID BUREAU, INC.<br>500 E LEXINGTON ST<br>BALTIMORE, MD 21202                             | 52-0591621 | 501(C)(3)                     | 12,000.                  | 0.                                |   |  | LEGAL SERVICES   |
| LINGANORE OAKDALE URBANA YOUTH ATHLETIC ASSOCIATION - P.O. BOX 302 - NEW MARKET, MD 21774       | 52-1126673 | 501(C)(3)                     | 65,000.                  | 0.                                |   |  | LOUYAA & JEFFYS FIELD PROJECT, IRRIGATION SYSTEM, CONCRETE FOOTERS FOR WALL, UPGRADES            |

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| LIONS CLUB OF FREDERICK<br>P.O. BOX 756<br>FREDERICK, MD 21705  | 23-7414856 | 501(C)(4)                     | 6,889.                   | 0.                                |   |  | EYE EXAMINATIONS AND EYE GLASSES FOR FREDERICK COUNTY RESIDENTS                 |
| LITERACY COUNCIL OF FREDERICK COUNTY, INC. - 110 E. PATRICK STREET - FREDERICK, MD 21701  | 52-1100228 | 501(C)(3)                     | 9,402.                   | 0.                                |   |  | PROVIDING PROGRAM SERVICES TO STUDENTS; PURCHASE OF TEXTBOOKS AND UNRESTRICTED  |
| MARYLAND 4-H FOUNDATION, INC.<br>8020 GREENMEAD DRIVE<br>COLLEGE PARK, MD 20740   | 52-6056016 | 501(C)(3)                     | 30,673.                  | 0.                                |   |  | 4-H CLUB OF MONTGOMERY COUNTY   |
| MARYLAND FFA FOUNDATION, INC.<br>P.O. BOX 3241<br>SILVER SPRING, MD 20918   | 52-1354382 | 501(C)(3)                     | 31,965.                  | 0.                                |   |  | UNRESTRICTED  |
| MARYLAND FOOD BANK<br>2200 HALETHORPE FARMS RD<br>BALTIMORE, MD 21227   | 52-1135690 | 501(C)(3)                     | 6,397.                   | 0.                                |   |  | PURCHASE SHARE PROGRAM AND UNRESTRICTED   |
| MARYLAND SHERIFF'S YOUTH RANCH, INC. - P.O. BOX 42 - BUCKEYSTOWN, MD 21717  | 52-1055741 | 501(C)(3)                     | 6,414.                   | 0.                                |   |  | UNRESTRICTED  |
| MCDANIEL COLLEGE<br>2 COLLEGE HILL<br>WESTMINSTER, MD 21157   | 52-0591694 | 501(C)(3)                     | 5,833.                   | 0.                                |   |  | SCHOLARSHIPS AND UNRESTRICTED   |
| MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, INC. - 226 SOUTH JEFFERSON ST - FREDERICK, MD 21701  | 52-0968521 | 501(C)(3)                     | 61,160.                  | 0.                                |   |  | PROFESSIONAL DEVELOPMENT/EDUCATION THROUGH SCHOLARSHIPS TO STAFF; MENTAL HEALTH |
| MISSION OF MERCY<br>22 S. MARKET STREET, SUITE 6D<br>FREDERICK, MD 21701  | 86-0704883 | 501(C)(3)                     | 17,912.                  | 0.                                |   |  | DIRECT CARE SERVICES FOR CLIENTS WITH SEIZURE/BIPOLAR DISORDERS; DENTAL CARE    |

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| MONTGOMERY COUNTY PUBLIC SCHOOL<br>8501 HUNGERFORD DRIVE, #149<br>ROCKVILLE, MD 20850                    | 52-1804509 | 501(C)(3)                     | 61,345.                  | 0.                                |   |  | COLLEGE SCHOLARSHIPS FOR NEEDY STUDENTS AT POOLESVILLE HIGH SCHOOL.                            |
| MOUNT SAINT MARY'S UNIVERSITY<br>16300 OLD EMMITSBURG RD<br>DEVELOPMENT OFFICE - EMMITSBURG,<br>MD 21727 | 52-0591672 | 501(C)(3)                     | 6,792.                   | 0.                                |   |  | SCHOLARSHIPS AND UNRESTRICTED  |
| NATIONAL LUTHERAN HOME FOR THE AGED - 9701 VIERS DRIVE -<br>ROCKVILLE, MD 20850                          | 53-0196624 | 501(C)(3)                     | 16,054.                  | 0.                                |   |  | UNRESTRICTED   |
| NEUROFIBROMATOSIS MID-ATLANTIC, INC. - 3600 CLIPPER MILL ROAD,<br>SUITE 240 - BALTIMORE, MD 21211        | 22-2580179 | 501(C)(3)                     | 7,650.                   | 0.                                |   |  | UNRESTRICTED   |
| NEW HOPE UNITED METHODIST CHURCH<br>7 SOUTH MARYLAND AVENUE<br>BRUNSWICK, MD 21716                       | 52-0683373 | 501(C)(3)                     | 5,916.                   | 0.                                |   |  | UNRESTRICTED   |
| OPERATION SECOND CHANCE INC.<br>22708 BIRCHCREST LN<br>CLARKSBURG, MD 20871                              | 20-2624345 | 501(C)(3)                     | 10,000.                  | 0.                                |   |  | VETERAN ASSISTANCE   |
| PARTNER'S IN CARE, INC.<br>90B RITCHIE HIGHWAY<br>PASADENA, MD 21122                                     | 52-1911806 | 501(C)(3)                     | 9,644.                   | 0.                                |   |  | VOLUNTEER TRANSPORTATION COSTS FOR ASSISTING SENIORS; COMPUTERS; UNRESTRICTED FOR CARE OF      |
| RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS - 27 DEGRANGE STREET -<br>FREDERICK, MD 21701              | 52-1449375 | 501(C)(3)                     | 124,019.                 | 0.                                |   |  | DENTAL CARE SERVICES FOR 100 CLIENTS; SECURITY DEPOSITS; PRESCRIPTION MEDICATIONS; ALAN LINTON |
| ROTARY CLUB OF FREDERICK<br>P.O. BOX 13<br>FREDERICK, MD 21705   | 52-4066110 | 501(C)(4)                     | 20,000.                  | 0.                                |   |  | DENTAL SERVICES FOR HANDICAP - ROTARY SMILES PROGRAM   |

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| SAINT JOHN'S CATHOLIC PREP<br>3989 BUCKEYSTOWN PIKE<br>BUCKEYSTOWN, MD 21717  | 52-0954961 | 501(C)(3)                     | 14,081.                  | 0.                                |   |  | SCHOLARSHIPS  |
| SALVATION ARMY<br>223 W FIFTH ST<br>FREDERICK, MD 21701   | 22-2406433 | 501(C)(3)                     | 7,921.                   | 0.                                |   |  | TO PROVIDE FINANCIAL SUPPORT FOR EMERGENCY ASSISTANCE TO NEEDY PEOPLE WHO HAVE SUFFERED |
| SEMPER FI FUND<br>825 COLLEGE BLVD, STE 102, PMB 609<br>OCEANSIDE, CA 92057   | 26-0086305 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | SOLDIERS AND FAMILIES AT WALTER REED MEDICAL CENTER                                     |
| SERVICE COORDINATION<br>5303 SPECTRUM DR, STE. I<br>FREDERICK, MD 21703   | 52-1651219 | 501(C)(3)                     | 11,332.                  | 0.                                |   |  | OCCUPATIONAL THERAPY SERVICES   |
| SETON CENTER INC.<br>16840 S. SETON AVE.<br>EMMITSBURG, MD 21727  | 52-1182284 | 501(C)(3)                     | 24,132.                  | 0.                                |   |  | DENTAL CARE FOR LOW-INCOME, UNINSURED CLIENTS FROM FREDERICK COUNTY; RENTAL SUBSIDIES,  |
| SIERRA CLUB FOUNDATION<br>85 SECOND ST. STE. 750<br>SAN FRANCISCO, CA 94105   | 94-6069890 | 501(C)(3)                     | 7,500.                   | 0.                                |   |  | CATOCTIN GROUP, MARYLAND CHAPTER  |
| SPECIAL OPERATIONS FUND<br>901 N STUART ST, STE 200<br>ARLINGTON, VA 22203  | 52-1765222 | 501(C)(3)                     | 5,000.                   | 0.                                |   |  | UNRESTRICTED  |
| SPLASHES OF HOPE<br>PO BOX 537<br>HUNTINGTON, NY 11743  | 11-3355542 | 501(C)(3)                     | 14,532.                  | 0.                                |   |  | HAND-PAINTED MURALS AT FREDERICK MEMORIAL HOSPITAL                                      |
| ST. VINCENT DE PAUL SOCIETY-ST.<br>JOHN CONFERENCE - 112 EAST SECOND<br>ST. - FREDERICK, MD 21701   | 45-5454041 | 501(C)(3)                     | 18,005.                  | 0.                                |   |  | EMERGENCY ASSISTANCE TO FREDERICK COUNTY RESIDENTS                                      |

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF FREDERICK  
 COUNTY MARYLAND, INC.

Schedule I (Form 990)

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.)

| (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   |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TRINITY SCHOOL OF FREDERICK, INC.<br>6040 NEW DESIGN RD<br>FREDERICK, MD 21703                                | 52-2343384 | 501(C)(3)                     | 24,073.                  | 0.                                |   |  | INSTALLING A WIRELESS NETWORK AND PURCHASING 11 LAP TOP COMPUTERS; TUITION ASSISTANCE FOR 23 |
| UNITARIAN UNIVERSALIST CONGREGATION OF FREDERICK - 4880 ELMER DERR RD. - FREDERICK, MD 21703                  | 52-1161535 | 501(C)(3)                     | 50,220.                  | 0.                                |   |  | UNRESTRICTED   |
| UNITED WAY OF FREDERICK COUNTY, INC. - P.O. BOX 307 - FREDERICK, MD 21705                                     | 52-0607973 | 501(C)(3)                     | 7,191.                   | 0.                                |   |  | UNRESTRICTED   |
| UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION, INC. - 2119 MAIN ADMINISTRATION BLDG - COLLEGE PARK, MD 20742 | 52-2197313 | 501(C)(3)                     | 30,673.                  | 0.                                |   |  | UNIVERSITY OF MARYLAND, COLLEGE OF AGRICULTURE.  |
| UNIVERSITY OF ROCHESTER<br>300 EAST RIVER RD.<br>ROCHESTER, NY 14627  | 16-0743209 | 501(C)(3)                     | 30,000.                  | 0.                                |   |  | EASTMAN SCHOOL OF MUSIC FOR THE 2015 FERNANDO LAIRES CONCERT SERIES                          |
| WALKERSVILLE UNITED METHODIST CHURCH - 22 MAIN STREET - WALKERSVILLE, MD 21793                                | 52-6043801 | 501(C)(3)                     | 7,781.                   | 0.                                |   |  | UNRESTRICTED   |
| YOUNG MEN'S CHRISTIAN ASSOCIATION, INC. - 1000 N MARKET ST - FREDERICK, MD 21701                              | 52-0607953 | 501(C)(3)                     | 35,800.                  | 0.                                |   |  | HEAD START THORPEWOOD EQUINE ASSISTED LIVING PROGRAM: SUPPLIES AND TRANSPORTATION COSTS;     |
| MARS HILL UNIVERSITY<br>P O BOX 370<br>MARS HILL, NC 28754  | 56-0554207 | 501(C)(3)                     | 9,435.                   | 0.                                |   |  | SCHOLARSHIPS   |

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF FREDERICK  
 COUNTY MARYLAND, INC.

Schedule I (Form 990) (2014)

52-1488711

Page 2

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| SCHOLARSHIPS                    | 287                      | 533,760.                 | 0.                                |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |
|                                 |                          |                          |                                   |   |  |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THROUGH THE GRANT APPLICATION PROCESS, NONPROFIT ORGANIZATIONS MUST DESCRIBE THE PROGRAM FOR WHICH THEY ARE REQUESTING SUPPORT AND MUST DEMONSTRATE HOW THE GRANT WILL NOT ONLY HELP ACHIEVE THEIR GOALS, BUT HOW THE GRANT WILL POSITIVELY IMPACT THE COMMUNITY. MIDTERM AND/OR FINAL GRANT REPORTS FROM EACH ORGANIZATION ENSURE ACCOUNTABILITY.

PART II, LINE 1, COLUMN (H):

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

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PARTIAL SALARIES FOR 2 TRANSITIONAL HOUSING CARE MANAGERS, AFTER SCHOOL ACTIVITIES, SUMMER MUSIC PROGRAMS FOR THE HOMELESS, UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN NATIONAL RED CROSS

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY ASSISTANCE TO NEEDY PEOPLE WHO HAVE SUFFERED FROM FIRES, FLOODS AND OTHER LIKE CATASTROPHES

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

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST SPECIAL NEEDS CHILDREN, ADULT CHANGING TABLE AND PROMETHEAN BOARD, ROCK CREEK MENTORING PROGRAM, UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

BOYS & GIRLS CLUB OF FREDERICK COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, PROGRAM SCHOLARSHIPS, 2015 TOUR DE FREDERICK, VIOLIN INSTRUCTIONS, MARKETING DISPLAY MATERIALS, CLUBRIDERS SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: C BURR ARTZ TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: HOOD COLLEGE TEACHER'S HONORARIUM FOR THE JANUARY ACADEMY AND TRAINING RELATED TO THE STEM PRESCHOOL ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT: FOREST HILLS BAPTIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: REPAIRS AND PAINT OF PRESCHOOL HALLWAY AND REFURBISHING THE CLASSROOMS ON THE PRESCHOOL HALLWAY

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COMMUNITY ACTION AGENCY

(H) PURPOSE OF GRANT OR ASSISTANCE: PRIMARY HEALTH CARE TO CLIENTS,  
ASTHMA MEDICATION, EVALUATION FOR A COCHLER IMPLANT, SOUP KITCHEN,  
TRANSITIONAL SHELTER, HOUSING FIRST PROGRAM, AND THE FOOD BANK

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: FREDERICK COUNTY BUSINESS  
ROUNDTABLE, SUMMER INTERNSHIPS, FREDERICK CENTER FOR RESEARCH AND  
EDUCATION IN SCIENCE AND TECHNOLOGY

NAME OF ORGANIZATION OR GOVERNMENT:

FREDERICK COUNTY DEPT OF SOCIAL SERVICES - FOSTER CARE/INDEPENDENT LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: FOSTER CARE AND ADOPTION DIVISION,  
PURCHASE OF GIFTS/GIFT CARDS FOR CHILDREN/TEENS UNDER DSS SUPERVISION

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY LANDMARKS

(H) PURPOSE OF GRANT OR ASSISTANCE: HISTORIC PRESERVATION AND SCHOLARLY  
RESEARCH OF BUILDINGS IN FREDERICK COUNTY, OPERATING COSTS, ON-GOING  
MAINTENANCE AND CAPITAL IMPROVEMENTS OF SCHIFFERSTADT AND BEATTY CRAMER  
HOUSE

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC LIBRARIES

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE, ACQUISTION AND MAINTENANCE  
OF MATERIALS IN THE MARYLAND ROOM , PURCHASE MATERIALS FOR USE BY PATRONS  
OF C. BURR ARTZ LIBRARY AND REDBOX WORKSHOP FOR BRUNSWICK LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: FREDERICK COUNTY PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: COMPUTERS, PARKWAY ELEMENTARY

**Part IV** Supplemental Information

SCHOOL'S MEDIA CENTER AND AFTER SCHOOL MENTORING PROGRAM; ACADEMIC AND  
EXTRA-CURRICULAR PROGRAMS AND ACTIVITIES AT CATOCTIN HIGH SCHOOL;  
PURCHASE MUSIC EQUIPMENT AND MATERIALS; ENRICHMENT PROGRAMS; AGRICULTURAL  
EDUCATION AND ACTIVITIES; TO PARTIALLY FUND THE "LET'S DO LUNCH: FARMS &  
FOOD AROUND THE WORD" PROJECT; VALLEY ELEMENTARY SCHOOL FOR THE PURCHASE  
OF CALDECOTT AND NEWBERY MEDAL BOOKS; PRE-K READING: LET'S READ TOGETHER  
FAMILY READING PROJECT AT BALLENGER CREEK ELEMENTARY SCHOOL; SHEET MUSIC  
FOR PROFESSIONAL LENDING LIBRARY; SPONSORSHIP FOR JHU ENGINEERING  
INNOVATION PROGRAM; THURMONT ELEMENTARY SCHOOL'S MEDIA CENTER; SUPPLIES  
FOR THE ART DEPARTMENT AT GOVERNOR THOMAS JOHNSON HIGH SCHOOL; OSHA 10  
CERTIFICATIONS FOR STUDENTS IN THE CONSTRUCTION TRADES PROGRAMS AT THE  
CAREER AND TECHNOLOGY CENTER; INTEGRATING ART, INSPIRING CREATIVITY FOR  
THE STUDENTS IN THE SUCCESS PROGRAM; FREDERICK HIGH SCHOOL'S PERFORMING  
ARTS DEPARTMENT; ENRICHMENT AND ENHANCEMENT PROGRAMS FOR STUDENTS AT  
HILLCREST ELEMENTARY SCHOOL; SUPPORT FOR ACADEMIC STUDIES INCLUDING  
ELECTRONIC PROGRAMMING AND EQUIPMENT, WRITTEN MATERIALS AND LEARNING  
AIDS; MATERIALS AND RESOURCES FOR THE SABILLASVILLE ELEMENTARY SCHOOL'S  
MEDIA CENTER

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

(H) PURPOSE OF GRANT OR ASSISTANCE: UNRESTRICTED, FAITH HOUSE, PROVIDING  
FOOD, CLOTHING, SHELTER OR SUBSTANCE ABUSE PROGRAMS, PURCHASE OF TURKEYS  
FOR NEEDY FAMILIES AT CHRISTMAS, USED SKID LOADER FOR FOOD BANK, A CASE  
MANAGER'S PARTIAL SALARY

NAME OF ORGANIZATION OR GOVERNMENT: GALE RECOVERY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BEHAVIORAL HEALTH COUNSELING AND  
INSURANCE NAVIGATION FOR 100 RESIDENTS; HOUSING COUNSELING AND PLACEMENT;

Part IV Supplemental Information

RESIDENTIAL TREATMENT PROGRAMS AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GIRL SCOUT ACTIVITIES IN FREDERICK COUNTY, MARYLAND AND THE YOUNG LEADERS PROGRAM AT FCPS MIDDLE SCHOOLS

NAME OF ORGANIZATION OR GOVERNMENT:

GOODWILL INDUSTRIES OF THE MONOCACY VALLEY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROGRAMS THAT TRAIN AND EDUCATE PERSONS WITH DISABILITIES, BUS PASSES FOR EMPLOYMENT CLIENTS, CAPITAL IMPROVEMENTS AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

HEART OF THE CIVIL WAR HERITAGE AREA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 1865 COMMEMORATIONS FEATURING "GATH", LINCOLN, AND THE BOOTH CONSPIRACY AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: HEARTLY HOUSE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSITIONAL HOUSING PROGRAM FAMILIES; CHILD ABUSE PREVENTION PROGRAMS, EMERGENCY SHELTER, COMMUNITY EDUCATIONS AND COUNSELING FOR CHILDREN UNDER AGE 18; RENTAL ASSISTANCE FOR CLIENTS; COUNSELING HOURS FOR CHILD VICTIMS OF CHILD ABUSE AND/OR WHO WITNESS VIOLENCE IN THEIR HOMES; CHILD THERAPY SUPPLIES AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

HISTORICAL SOCIETY OF FREDERICK COUNTY, INC.

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASES OF OBJECTS AND/OR  
COLLECTIONS WITH HISTORICAL SIGNIFICANCE TO FREDERICK COUNTY, MARYLAND;  
MAINTENANCE AND RESTORATION OF THE ROGER BROOKE TANEY HOUSE; ACQUISITION  
OF HISTORICAL MATERIALS, TRAINING AND ACTIVITIES THAT PROMOTE HISTORIC  
RESEARCH; THE P. NEWMAN LECTURE SERIES; MAINTENANCE AND PRESERVATION OF  
BUILDINGS NOW OWNED OR HEREAFTER ACQUIRED BY THE HISTORICAL SOCIETY OF  
FREDERICK COUNTY, INC.; MICROFILM DIGITIZATION; MARKELL ART CONTEST AND  
UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:  
HOUSING AUTHORITY OF THE CITY OF FREDERICK

(H) PURPOSE OF GRANT OR ASSISTANCE: RISE PROGRAM; SUMMER GARDEN INTERN  
PROGRAM; 2015 "HOOKED ON FISHING/NOT ON DRUGS" FISHING RODEO; ACADEMIC  
ENRICHMENT ACTIVITIES FOR TEENS; AND SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH HOUSING ALLIANCE, INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: SERVICES TO SUSTAIN OR TRANSITION  
INDIVIDUALS TO PERMANENT HOUSING; TO ASSIST PERSONS WHO ARE OF LOW AND  
MODERATE INCOME TO PURCHASE PRIMARY RESIDENCES; PROVIDE FINANCIAL  
EDUCATION WORKSHOPS; INTERFAITH HOUSING ALLIANCE 25TH ANNIVERSARY VIDEO;  
UNDERWRITING OF HOME INSPECTIONS AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:  
MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, INC.  
(H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL DEVELOPMENT/EDUCATION  
THROUGH SCHOLARSHIPS TO STAFF; MENTAL HEALTH TREATMENT TO CLIENTS;  
PARTIAL SALARY FOR CASA CASE SUPERVISOR; UNRESTRICTED

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MISSION OF MERCY

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT CARE SERVICES FOR CLIENTS  
WITH SEIZURE/BIPOLAR DISORDERS; DENTAL CARE FOR CLIENTS AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: PARTNER'S IN CARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: VOLUNTEER TRANSPORTATION COSTS FOR  
ASSISTING SENIORS; COMPUTERS; UNRESTRICTED FOR CARE OF FREDERICK COUNTY  
RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS

(H) PURPOSE OF GRANT OR ASSISTANCE: DENTAL CARE SERVICES FOR 100  
CLIENTS; SECURITY DEPOSITS; PRESCRIPTION MEDICATIONS; ALAN LINTON COLD  
WEATHER SHELTER; CASE MANAGEMENT SERVICES AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FINANCIAL SUPPORT FOR  
EMERGENCY ASSISTANCE TO NEEDY PEOPLE WHO HAVE SUFFERED FROM FIRES, FLOODS  
AND OTHER LIKE CATASTROPHES AND UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: SETON CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DENTAL CARE FOR LOW-INCOME,  
UNINSURED CLIENTS FROM FREDERICK COUNTY; RENTAL SUBSIDIES, UTILITY  
ASSISTANCE, FOOD, CLOTHING AND MEDICAL SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: TRINITY SCHOOL OF FREDERICK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: INSTALLING A WIRELESS NETWORK AND  
PURCHASING 11 LAP TOP COMPUTERS; TUITION ASSISTANCE FOR 23 STUDENTS;

**Part IV** Supplemental Information

CLASSROOM PAINTING

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HEAD START THORPEWOOD EQUINE

ASSISTED LIVING PROGRAM: SUPPLIES AND TRANSPORTATION COSTS; YOUTH

PROGRAMS; DANCE PROGRAM; SUMMER SCHOLARSHIPS; A WATER PUMP FOR COMMUNITY

GARDENS IN URBANA AND UNRESTRICTED

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

| Part I | Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1      | Art - Works of art  |                            |   |  |   |
| 2      | Art - Historical treasures                                |                            |   |  |   |
| 3      | Art - Fractional interests                                |                            |   |  |   |
| 4      | Books and publications                                    |                            |   |  |   |
| 5      | Clothing and household goods                              |                            |   |  |   |
| 6      | Cars and other vehicles                                   |                            |   |  |   |
| 7      | Boats and planes  |                            |   |  |   |
| 8      | Intellectual property                                     |                            |   |  |   |
| 9      | Securities - Publicly traded                              | X                          | 25  | 3,098,310.   | FAIR MARKET VALUE   |
| 10     | Securities - Closely held stock                           |                            |   |  |   |
| 11     | Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12     | Securities - Miscellaneous                                |                            |   |  |   |
| 13     | Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14     | Qualified conservation contribution - Other               |                            |   |  |   |
| 15     | Real estate - Residential                                 |                            |   |  |   |
| 16     | Real estate - Commercial                                  |                            |   |  |   |
| 17     | Real estate - Other                                       |                            |   |  |   |
| 18     | Collectibles  |                            |   |  |   |
| 19     | Food inventory  |                            |   |  |   |
| 20     | Drugs and medical supplies                                |                            |   |  |   |
| 21     | Taxidermy   |                            |   |  |   |
| 22     | Historical artifacts                                      |                            |   |  |   |
| 23     | Scientific specimens                                      |                            |   |  |   |
| 24     | Archeological artifacts                                   |                            |   |  |   |
| 25     | Other ( )   |                            |   |  |   |
| 26     | Other ( )   |                            |   |  |   |
| 27     | Other ( )   |                            |   |  |   |
| 28     | Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

|  | Yes | No |
|--|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? |     | X  |
| b If "Yes," describe the arrangement in Part II.   |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?   | X   |    |
| b If "Yes," describe in Part II.   |     |    |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule M (Form 990) (2014)

COUNTY MARYLAND, INC.

52-1488711

Page 2

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

PUBLICLY TRADED SECURITIES ARE SOLD BY INVESTMENT MANAGERS.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

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

SCHOLARSHIPS. IN FY2015, GRANTS TOTALING \$4,222,522 BENEFITED 269  
NONPROFITS SERVING THE COMMUNITY, SUPPORTING THEIR CRITICAL PROGRAMS  
AND PROVIDING SERVICES TO THOUSANDS OF RESIDENTS. SCHOLARSHIPS FOR  
POST-SECONDARY STUDY (INCLUDING VOCATIONAL TRAINING) TOTALING \$552,000  
WERE PROVIDED TO 272 STUDENTS. AS A RESULT, THE WELL-BEING, GROWTH, AND  
SUCCESS OF FREDERICK COUNTY CITIZENS AND OUR COMMUNITY-AT-LARGE WAS  
IMPROVED, AND ADVOCACY FOR NEW DONORS WAS ACCOMPLISHED.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WELFARE, EDUCATION, YOUTH PROGRAMS, CIVIC CAUSES, ELDER CARE CAUSES,  
FAITH-BASED PROGRAMS, AND COMMUNITY PROGRAMS.

FORM 990, PART VI, SECTION A, LINE 2:

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. THE GOVERNANCE COMMITTEE AND STAFF REVIEW THE

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

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 A SALARY RANGE FOR EACH POSITION. THE RANGE IS BASED ON INFORMATION OBTAINED BY COMMITTEE MEMBERS FROM THE COUNCIL ON FOUNDATIONS SALARY SURVEY, LOCAL AND REGIONAL SURVEYS AND DISCUSSIONS OF COMMITTEE MEMBERS WHO ARE BUSINESS MEMBERS AND HUMAN RESOURCE PERSONNEL FROM OTHER BUSINESSES.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST. ALL DONORS FOUNDING FUNDS RECEIVE A COPY OF THE ARTICLES OF INCORPORATION AND BYLAWS AT THE TIME THE FUND AGREEMENT IS SIGNED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|  |           |
|--|-----------|
| CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS   | 39,647.   |
| CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE | 13,624.   |
| FUNDS HELD FOR OTHERS                            | -158,855. |
| TOTAL TO FORM 990, PART XI, LINE 9               | -105,584. |

PART XII, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2014**  
Open to Public  
Inspection

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

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

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

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

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

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

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

Schedule R (Form 990) 2014

SEE PART VII FOR CONTINUATIONS



THE COMMUNITY FOUNDATION OF FREDERICK  
COUNTY MARYLAND, INC.

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s)   |     | X  |
| <b>f</b> Dividends from related organization(s)  |     | X  |
| <b>g</b> Sale of assets to related organization(s)   |     | X  |
| <b>h</b> Purchase of assets from related organization(s)   |     | X  |
| <b>i</b> Exchange of assets with related organization(s)   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s)  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s)   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s)   |     | X  |

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

| (a)<br>Name of related organization               | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) THE COMMUNITY FOUNDATION HOLDING COMPANY INC. | C                             | 216,672.               | CASH   |
| (2) THE AUSERMAN FAMILY TRUST                     | C                             | 25,000.                | CASH   |
| (3)   |                               |                        |  |
| (4)   |                               |                        |  |
| (5)   |                               |                        |  |
| (6)   |                               |                        |  |



**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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

**NAME OF RELATED ORGANIZATION:**

THE COMMUNITY FOUNDATION HOLDING COMPANY INC.

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

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

OMB No. 1545-1002

Attachment  
 Sequence No. 69

▶ Information about Form 8621 and its separate instructions is at [www.irs.gov/form8621](http://www.irs.gov/form8621).

|  |   |
|--|---|
| Name of shareholder<br><b>THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.</b>  | Identifying number (see instructions)<br><b>52-1488711</b>  |
| Number, street, and room or suite no. (If a P.O. box, see instructions.)<br><b>312 EAST CHURCH STREET</b>  | Shareholder tax year: calendar year or other tax year beginning<br><b>JUL 1, 2014</b> and ending <b>JUN 30, 2015</b>    |
| City or town, state, and ZIP code or country<br><b>FREDERICK, MD 21701</b>   |   |
| Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate |   |
| Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)<br><b>CRESTLINE OFFSHORE RECOVERY FUND II, LP</b>   | Employer identification number (if any)   |
| Address (Enter number, street, city or town, and country.)<br><b>201 MAIN STREET, SUITE 1900 FORT WORTH, CAYMAN ISLANDS 76102</b>  | Reference ID number (see instructions)<br><b>01</b>   |
|  | Tax year of PFIC or QEF: calendar year or other tax year beginning<br><b>JAN 1, 2014</b> and ending <b>DEC 31, 2014</b> |

**Part I Summary of Annual Information** (See instructions.)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder:  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the taxable year, if applicable: \_\_\_\_\_
- 3 Number of shares held at the end of the taxable year: \_\_\_\_\_
- 4 Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_

**Part II Elections** (See instructions.)

- A**  Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
*Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*
- C**  Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

|     |   |    |  |    |
|-----|---|----|--|----|
| 6 a | Enter your pro rata share of the ordinary earnings of the QEF   | 6a |  |    |
| b   | Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)   | 6b |  |    |
| c   | Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income  |    |  | 8c |
| 7 a | Enter your pro rata share of the total net capital gain of the QEF  | 7a |  |    |
| b   | Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)   | 7b |  |    |
| c   | Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)   |    |  | 7c |
| 8 a | Add lines 6c and 7c   |    |  | 8a |
| b   | Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)   | 8b |  |    |
| c   | Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year  | 8c |  |    |
| d   | Add lines 8b and 8c   |    |  | 8d |
| e   | Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)<br><i>Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.</i> |    |  | 8e |
| 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 extended by making Election B   |    |  | 9c |

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

|     |   |     |  |
|-----|---|-----|--|
| 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 amount 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. Include 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:   |     |  |
| a   | Enter the fair market value of the stock on the date of sale or disposition   | 13a |  |
| b   | Enter the adjusted basis of the stock on the date of sale or disposition  | 13b |  |
| c   | Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary 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. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c | 14b |  |
| c   | Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations      | 14c |  |

Note. See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (See instructions.)

Complete a separate Part V for each excess distribution and disposition (see instructions).

|      |  |     |
|------|--|-----|
| 15 a | Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions   | 15a |
| b    | Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)  | 15b |
| c    | Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)  | 15c |
| d    | Multiply line 15c by 125% (1.25)   | 15d |
| e    | Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return | 15e |
| f    | Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16   | 15f |
| 16 a | If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.   |     |
| b    | Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income  | 16b |
| c    | Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)   | 16c |
| d    | Foreign tax credit. (See instructions.)  | 16d |
| e    | Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)  | 16e |
| f    | Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)  | 16f |

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election.

|   | (i) | (ii) | (iii) | (iv) | (v) | (vi) |
|---|-----|------|-------|------|-----|------|
| 17 Tax year of outstanding election                                 |     |      |       |      |     |      |
| 18 Undistributed earnings to which the election relates             |     |      |       |      |     |      |
| 19 Deferred tax   |     |      |       |      |     |      |
| 20 Interest accrued on deferred 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 Deferred tax outstanding after partial termination of election   |     |      |       |      |     |      |
| 26 Interest accrued after partial termination of election           |     |      |       |      |     |      |

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

Information about Form 8621 and its separate instructions is at [www.irs.gov/form8621](http://www.irs.gov/form8621).

|  |   |
|--|---|
| Name of shareholder<br><b>THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.</b>  | Identifying number (see instructions)<br><b>52-1488711</b>  |
| Number, street, and room or suite no. (If a P.O. box, see instructions.)<br><b>312 EAST CHURCH STREET</b>  | Shareholder tax year: calendar year or other tax year beginning<br><b>JUL 1, 2014</b> and ending <b>JUN 30, 2015</b>        |
| City or town, state, and ZIP code or country<br><b>FREDERICK, MD 21701</b>   |   |
| Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate |   |
| Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)<br><b>PERMAL PRIVATE EQUITY OPPORTUNITIES IV FTE I FTE, L.P.</b>  | Employer identification number (if any)   |
| Address (Enter number, street, city or town, and country.)<br><b>800 BOYLSTON STREET<br/>                 BOSTON, CAYMAN ISLANDS 02199</b>   | Reference ID number (see instructions)<br><b>02</b>   |
|  | Tax year of PFIC or QEF: calendar year or other tax year beginning and ending<br><b>JAN 1, 2014</b> and <b>DEC 31, 2014</b> |

**Part I Summary of Annual Information** (See instructions.)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: \_\_\_\_\_  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the taxable year, if applicable: \_\_\_\_\_
- 3 Number of shares held at the end of the taxable year: \_\_\_\_\_
- 4 Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
 (a)  \$0-50,000    (b)  \$50,001-100,000    (c)  \$100,001-150,000    (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_

**Part II Elections** (See instructions.)

- A**  Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*
- B**  Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*  
*Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*
- C**  Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*
- D**  Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*
- E**  Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*
- F**  Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*
- G**  Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*
- H**  Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

|     |   |    |  |    |
|-----|---|----|--|----|
| 6 a | Enter your pro rata share of the ordinary earnings of the QEF   | 6a |  |    |
| b   | Enter the portion of line 6a that is included in income under section 951 or that may be 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 |  |    |
| b   | Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)   | 7b |  |    |
| c   | Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)   |    |  | 7c |
| 8 a | Add lines 6c and 7c   |    |  | 8a |
| b   | Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)   | 8b |  |    |
| c   | Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year  | 8c |  |    |
| d   | Add lines 8b and 8c   |    |  | 8d |
| e   | Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)<br><i>Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.</i> |    |  | 8e |
| 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 extended by making Election B   |    |  | 9c |

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

|     |   |     |  |
|-----|---|-----|--|
| 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 amount 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. Include 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:   |     |  |
| a   | Enter the fair market value of the stock on the date of sale or disposition   | 13a |  |
| b   | Enter the adjusted basis of the stock on the date of sale or disposition  | 13b |  |
| c   | Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary 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. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c | 14b |  |
| c   | Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations      | 14c |  |

Note. See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund**(See instructions.)

Complete a separate Part V for each excess distribution and disposition (see instructions).

|      |  |     |  |
|------|--|-----|--|
| 15 a | Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions   | 15a |  |
| b    | Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)  | 15b |  |
| c    | Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)  | 15c |  |
| d    | Multiply line 15c by 125% (1.25)   | 15d |  |
| e    | Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return | 15e |  |
| f    | Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16   | 15f |  |
| 16 a | If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.   |     |  |
| b    | Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income  | 16b |  |
| c    | Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)   | 16c |  |
| d    | Foreign tax credit. (See instructions.)  | 16d |  |
| e    | Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)  | 16e |  |
| f    | Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)  | 16f |  |

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election.

|   | (i) | (ii) | (iii) | (iv) | (v) | (vi) |
|---|-----|------|-------|------|-----|------|
| 17 Tax year of outstanding election                                 |     |      |       |      |     |      |
| 18 Undistributed earnings to which the election relates             |     |      |       |      |     |      |
| 19 Deferred tax   |     |      |       |      |     |      |
| 20 Interest accrued on deferred 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 Deferred tax outstanding after partial termination of election   |     |      |       |      |     |      |
| 26 Interest accrued after partial termination of election           |     |      |       |      |     |      |

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

OMB No. 1545-1002

Attachment  
 Sequence No. 69

▶ Information about Form 8621 and its separate instructions is at [www.irs.gov/form8621](http://www.irs.gov/form8621).

|  |   |
|--|---|
| Name of shareholder<br><b>THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.</b>  | Identifying number (see instructions)<br><b>52-1488711</b>  |
| Number, street, and room or suite no. (If a P.O. box, see instructions.)<br><b>312 EAST CHURCH STREET</b>  | Shareholder tax year: calendar year or other tax year beginning<br><b>JUL 1, 2014</b> and ending <b>JUN 30, 2015</b>    |
| City or town, state, and ZIP code or country<br><b>FREDERICK, MD 21701</b>   |   |
| Check type of shareholder filing the return: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate |   |
| Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)<br><b>TITAN MASTERS INTERNATIONAL FUND LTD</b>  | Employer identification number (if any)   |
| Address (Enter number, street, city or town, and country.)<br><b>725 BRIDGE STREET WEST<br/>         WATERLOO, ONTARIO, CAYMAN ISLANDS</b>   | Reference ID number (see instructions)<br><b>03</b>   |
|  | Tax year of PFIC or QEF: calendar year or other tax year beginning<br><b>JAN 1, 2014</b> and ending <b>DEC 31, 2014</b> |

**Part I Summary of Annual Information** (See instructions.)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

- 1 Description of each class of shares held by the shareholder: \_\_\_\_\_  
 Check if shares jointly owned with spouse.
- 2 Date shares acquired during the taxable year, if applicable: \_\_\_\_\_
- 3 Number of shares held at the end of the taxable year: \_\_\_\_\_
- 4 Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
 (a)  \$0-50,000 (b)  \$50,001-100,000 (c)  \$100,001-150,000 (d)  \$150,001-200,000  
 (e) If more than \$200,000, list value: \_\_\_\_\_
- 5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:  
 (a)  Section 1291 \$ \_\_\_\_\_  
 (b)  Section 1293 (Qualified Electing Fund) \$ \_\_\_\_\_  
 (c)  Section 1296 (Mark to Market) \$ \_\_\_\_\_

**Part II Elections** (See instructions.)

- A  Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. Complete lines 6a through 7c of Part III.
- B  Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.  
 Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.
- C  Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). Complete Part IV.
- D  Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. Enter gain or loss on line 15f of Part V.
- E  Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.
- F  Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). Enter gain on line 15f of Part V.
- G  Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.
- H  Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.

**Part III Income From a Qualified Electing Fund (QEF).** All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

|     |  |    |  |    |
|-----|--|----|--|----|
| 6 a | Enter your pro rata share of the ordinary earnings of the QEF  | 6a |  |    |
| b   | Enter the portion of line 6a that is included in income under section 951 or that may be 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 |  |    |
| b   | Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)  | 7b |  |    |
| c   | Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)  |    |  | 7c |
| 8 a | Add lines 6c and 7c  |    |  | 8a |
| b   | Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)  | 8b |  |    |
| c   | Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year   | 8c |  |    |
| d   | Add lines 8b and 8c  |    |  | 8d |
| e   | Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)<br><i>Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e</i> |    |  | 8e |
| 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 extended by making Election B  |    |  | 9c |

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

|     |   |     |  |
|-----|---|-----|--|
| 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 amount 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. Include 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:   |     |  |
| a   | Enter the fair market value of the stock on the date of sale or disposition   | 13a |  |
| b   | Enter the adjusted basis of the stock on the date of sale or disposition  | 13b |  |
| c   | Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary 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. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c | 14b |  |
| c   | Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations      | 14c |  |

**Note.** See instructions in case of multiple sales or dispositions.

**Part V Distributions From and Dispositions of Stock of a Section 1291 Fund** (See instructions.)

Complete a separate Part V for each excess distribution and disposition (see instructions).

|      |  |     |  |
|------|--|-----|--|
| 15 a | Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions   | 15a |  |
| b    | Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)  | 15b |  |
| c    | Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)  | 15c |  |
| d    | Multiply line 15c by 125% (1.25)   | 15d |  |
| e    | Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do not complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return | 15e |  |
| f    | Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and do not complete line 16   | 15f |  |
| 16 a | If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.   |     |  |
| b    | Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income  | 16b |  |
| c    | Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)   | 16c |  |
| d    | Foreign tax credit. (See instructions.)  | 16d |  |
| e    | Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)  | 16e |  |
| f    | Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)  | 16f |  |

**Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections**

Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election.

|   | (i) | (ii) | (iii) | (iv) | (v) | (vi) |
|---|-----|------|-------|------|-----|------|
| 17 Tax year of outstanding election                                 |     |      |       |      |     |      |
| 18 Undistributed earnings to which the election relates             |     |      |       |      |     |      |
| 19 Deferred tax   |     |      |       |      |     |      |
| 20 Interest accrued on deferred 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 Deferred tax outstanding after partial termination of election   |     |      |       |      |     |      |
| 26 Interest accrued after partial termination of election           |     |      |       |      |     |      |

## Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  **X**

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

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

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

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

**GAIL FITZGERALD**

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

Telephone No. ▶ **301-695-7660**

Fax No. ▶ \_\_\_\_\_

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**.

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

Change in accounting period

|  |    |    |    |
|--|----|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 3c | \$ | 0. |

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

**FILED ON**

**11-10-15**

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box  X
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

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

Enter filer's identifying number, see instructions

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

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

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

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

**GAIL FITZGERALD**

The books are in the care of **312 EAST CHURCH STREET - FREDERICK, MD 21701**  
Telephone No. **301-695-7660** Fax No. \_\_\_\_\_

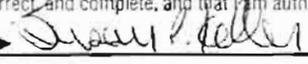
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **MAY 15, 2016**.
- 5 For calendar year \_\_\_\_\_ or other tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification must be completed for Part II only.**

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

Signature  Title **CPA** Date **2/12/16**

EPFILED  
2-15-16