

EXTENDED TO MAY 15, 2017

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.**2015**
Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

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

312 EAST CHURCH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FREDERICK, MD 21701**F** Name and address of principal officer: **ELIZABETH Y. DAY****SAME AS C ABOVE****D** Employer identification number**52-1488711****E** Telephone number**301-695-7660****G** Gross receipts \$ **17,225,165.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

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

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: GENEROUS DONORS CREATE POSITIVE IMPACT IN THE LIVES OF FREDERICK COUNTY CITIZENS THROUGH GRANTS AND		
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	23	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23	
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	14	
	6	Total number of volunteers (estimate if necessary)	126	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-26,596.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,565,876.	5,069,519.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,847,584.	4,325,069.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,413,460.	9,394,588.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,825,102.	5,737,239.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	867,397.	875,035.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,694.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	831,015.	853,940.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,523,514.	7,466,214.
19	Revenue less expenses. Subtract line 18 from line 12	6,889,946.	1,928,374.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	106,656,844.	104,694,712.
	21	Total liabilities (Part X, line 26)	8,761,960.	8,978,771.
	22	Net assets or fund balances. Subtract line 21 from line 20	97,894,884.	95,715,941.

Part II Signature Block

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

Sign Here	Signature of officer	Date	3-3-2017
	ELIZABETH Y. DAY, PRESIDENT AND CEO	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	SUSAN KELLER	<i>Susan P. Keller</i>	3/8/17
	Firm's name ▶ ELLIN & TUCKER, CHARTERED	Check if self-employed <input type="checkbox"/>	PTIN P00245169
	Firm's address ▶ 400 EAST PRATT ST. SUITE 200 BALTIMORE, MD 21202	Firm's EIN ▶ 52-0959934	Phone no. 410-727-5735

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

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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 ☒ X

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 \$ 1,080,381. including grants of \$ 821,711.) (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 AND DANCE SCHOLARSHIPS FOR YOUTH AGES 6 TO 17 ARE
PROVIDED FOR CONTINUING EDUCATION IN VOICE, INSTRUMENTAL, AND DANCE
INSTRUCTION. ATHLETIC SCHOLARSHIPS FOR YOUTH AGES 11 TO 18 (GRADES
6-12) ARE ALSO PROVIDED.

4b (Code:) (Expenses \$ 5,166,874. including grants of \$ 4,915,528.) (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 6,247,255.

532002
12-16-15

SEE SCHEDULE O FOR CONTINUATION(S)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
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?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

Check if Schedule O contains a response 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	23	
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.		
1b Enter the number of voting members included in line 1a, above, who are independent	23	
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?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
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?		

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREGORY POWELL TRUSTEE	1.00	X						0.	0.	0.
(19) GARY L. ROLLINS TRUSTEE	1.00	X						0.	0.	0.
(20) NANCY MOTTER THRASHER TRUSTEE	1.00	X						0.	0.	0.
(21) DANIEL K. TREGONING TRUSTEE	1.00	X						0.	0.	0.
(22) BARBARA K. WALKER TRUSTEE	1.00	X						0.	0.	0.
(23) C. MATT WILEY TRUSTEE	1.00	X						0.	0.	0.
(24) LISA COBLENTZ TRUSTEE	1.00	X						0.	0.	0.
(25) DAVID HOFFMAN TRUSTEE	1.00	X						0.	0.	0.
(26) JOY ONLEY TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								227,025.	0.	31,908.
d Total (add lines 1b and 1c)								227,025.	0.	31,908.

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 **2**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants 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 similar amounts not included above	1f	5,069,519.				
	g Noncash contributions included in lines 1a-1f: \$		584,376.				
	h Total. Add lines 1a-1f			5,069,519.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,554,892.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
		(i) Real (ii) Personal					
6 a Gross rents							
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other					
		9,600,754.					
b Less: cost or other basis and sales expenses							
		7,830,577.					
c Gain or (loss)							
		1,770,177.					
d Net gain or (loss)			1,770,177.		1,770,177.		
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 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 Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			9,394,588.	0.	0.	4,325,069.	

532009 12-16-15

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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) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing	1	
	2 Savings and temporary cash investments	427,127.	2 1,950,422.
	3 Pledges and grants receivable, net	177,589.	3 175,977.
	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	29,698.	9 44,634.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 584,768.	
	b Less: accumulated depreciation	10b 387,896.	10c 155,651. 196,872.
	11 Investments - publicly traded securities	94,147,011.	11 93,044,129.
	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	11,719,768.	15 9,282,678.
16 Total assets. Add lines 1 through 15 (must equal line 34)	106,656,844.	16 104,694,712.	
Liabilities	17 Accounts payable and accrued expenses	1,128,930.	17 1,430,256.
	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	7,633,030.	25 7,548,515.
	26 Total liabilities. Add lines 17 through 25	8,761,960.	26 8,978,771.
	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		77,776,000.	27 75,800,881.
28 Temporarily restricted net assets		10,637,490.	28 10,308,581.
29 Permanently restricted net assets		9,481,394.	29 9,606,479.
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 Total net assets or fund balances		97,894,884.	33 95,715,941.
34 Total liabilities and net assets/fund balances		106,656,844.	34 104,694,712.

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Employer identification number
52-1488711

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for
Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule A (Form 990 or 990-EZ) 2015 **COUNTY MARYLAND, INC.**

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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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2015.** 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 - 2014.** 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 ☐

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule A (Form 990 or 990-EZ) 2015 COUNTY MARYLAND, INC.

52-1488711 Page 5

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?		
11a		
b A family member of a person described in (a) above?		
11b		
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.		
11c		

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.		
1		
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.		
2		

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).		
1		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
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).		
2		
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.		
3		

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.		
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		

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule A (Form 990 or 990-EZ) 2015 **COUNTY MARYLAND, INC.**

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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 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
InspectionName of the organization **THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC.**Employer identification number
52-1488711**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	148	616
2 Aggregate value of contributions to (during year)	1,176,710.	3,892,809.
3 Aggregate value of grants from (during year)	779,260.	4,842,871.
4 Aggregate value at end of year	10,225,884.	90,035,985.

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2015

532051
11-02-15

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

Schedule D (Form 990) 2015

52-1488711 Page **3**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PRESENT VALUE OF REMAINDER INTERESTS	1,695,039.
(2) CASH SURRENDER VALUE OF LIFE INSURANCE	169,783.
(3) DUE FROM CFHC	37,805.
(4) CONTRIBUTIONS RECEIVABLE	7,380,051.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,282,678.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES UNDER SPLIT-INTEREST	
(3) AGREEMENTS	1,396,090.
(4) FUNDS HELD FOR OTHERS (FAS 136)	6,152,425.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,548,515.

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) 2015

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	12,589.
RELATED ORGANIZATION INCOME	11,261.
CHANGE IN PV OF FUTURE INTEREST	-39,334.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-15,484.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHERS	153,237.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED ORGANIZATION EXPENSES	14,535.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDS HELD FOR OTHERS	363,113.
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Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities

THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC.

Schedule F (Form 990) 2015

52-1488711 Page 4

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ 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 separately 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2015

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" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE COMMUNITY FOUNDATION OF FREDERICK**

COUNTY MARYLAND, INC.

Part I General Information on Grants and Assistance

Employer identification number
52-1488711

OMB No. 1545-0047

2015

Open to Public
Inspection

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

☒ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. 1801 RESEARCH BLVD, #400 ROCKVILLE, MD 20850	52-1532556	501(C)(3)	30,578.	0.			UNRESTRICTED
ADVOCATES FOR HOMELESS FAMILIES, INC. - 216 ABRECHT PL - FREDERICK, MD 21701	52-1591139	501(C)(3)	39,719.	0.			URBAN GARDEN PROGRAM, CHILDREN'S ACTIVITIES; TRANSITIONAL HOUSING PROGRAM; CHILDCARE AND
ADVOCATES FOR THE AGING OF FREDERICK COUNTY MD INC. - 8222 GLENDALE DR. - FREDERICK, MD 21702	46-5336766	501(C)(3)	7,564.	0.			STAIRLIFT; PHOTOELECTRIC SMOKE DETECTORS; UNRESTRICTED
ALL SAINTS EPISCOPAL CHURCH 106 WEST CHURCH ST. FREDERICK, MD 21701	52-0610441	501(C)(3)	31,398.	0.			BUILDING FUND; UNRESTRICTED; RENOVATIONS AND MAINTENANCE
AMERICAN NATIONAL RED CROSS PO BOX 37243 WASHINGTON, DC 20013	53-0196605	501(C)(3)	20,332.	0.			DIRECT ASSISTANCE TO FREDERICK COUNTY RESIDENTS IN NEED OF SERVICES UNRESTRICTED
ARC OF FREDERICK COUNTY, INC. 620-A RESEARCH DR FREDERICK, MD 21703-8619	52-6055211	501(C)(3)	288,297.	0.			LOCAL SERVICES; MUSIC & SPEECH THERAPY; HOYER LIFT; VIDEO PROJECT; DEET REDUCTION; REFERRAL

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

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

98.
2.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

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

52-1488711

Page 1

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN OF INCARCERATED PARENTS PARTNERSHIP INC. - 275 WEST PATRICK ST. - FREDERICK, MD 21701	27-3552072	501(C)(3)	8,608.	0.			UNRESTRICTED; EDUCATION ASSISTANCE; CHILDREN'S SUPPORT AND ACTIVITIES
CHURCH OF THE TRANSFIGURATION 6909 MARYLAND AVE., P.O. BOX 87 BRADDOCK HEIGHTS, MD 21714	52-1549171	501(C)(3)	239,961.	0.			UNRESTRICTED
CITY OF FREDERICK ECONOMIC DEVELOPMENT - 101 NORTH COURT ST. - FREDERICK, MD 21701	52-6000789	501(C)(3)	5,474.	0.			BEST PLACES TO WORK GIFT CARDS; AWARDS; EVENT; CITY OF FREDERICK DAY; GOLDEN MILE INITIATIVES
COMMUNITY FOUNDATION OF RICHMOND AND CENTRAL VIRGINIA - 7501 BOULDERS VIEW DRIVE, SUITE 110 - RICHMOND, VA 23225	23-7009135	501(C)(3)	23,242.	0.			SEVERSON FAMILY CHARITABLE FUND
DELAPLAINE VISUAL ARTS EDUCATION CENTER - 40 S. CARROLL ST. - FREDERICK, MD 21701	52-1481592	501(C)(3)	25,048.	0.			ART CLASSES FOR CHILDREN; AUTOMATIC KILN; UNRESTRICTED
DOWNTOWN FREDERICK PARTNERSHIP, INC. - 19 E. CHURCH ST. - FREDERICK, MD 21701	52-1682341	501(C)(3)	48,201.	0.			FLOWERS OVER FREDERICK PROGRAM
DR. J. ELMER HARP MEDICAL CENTER, INC. - 400 EAST MAIN ST - MIDDLETOWN, MD 21769	52-1076100	501(C)(3)	11,314.	0.			SCHOLARSHIPS
ENVISION FREDERICK COUNTY INC. PO BOX 481 FREDERICK, MD 21705	27-4539613	501(C)(3)	30,000.	0.			OPERATING EXPENSES
EVANGELICAL LUTHERAN CHURCH 35 EAST CHURCH ST. FREDERICK, MD 21701	52-0627772	501(C)(3)	21,505.	0.			FINE ARTS SERIES; UNRESTRICTED

Schedule I (Form 990)

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

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREDERICK COUNTY LANDMARKS FOUNDATION, INC. - 1110 ROSEMONT AVE - FREDERICK, MD 21701	23-7241926	501(C)(3)	17,623.	0.			HISTORIC PRESERVATION; CONCERT;
FREDERICK COUNTY PUBLIC LIBRARIES 110 EAST PATRICK ST. FREDERICK, MD 21701	52-0591537	501(C)(3)	49,210.	0.			FREDERICK READS PROGRAM; LIBRARY PROGRAMS AND MATERIALS
FREDERICK COUNTY PUBLIC SCHOOLS 191 SOUTH EAST ST. FREDERICK, MD 21701	52-6000941	501(C)(3)	59,075.	0.			TRACK SURFACE; JHU ENGINEERING INNOVATION; ARCHERY IN SCHOOLS PROGRAM; CHROMEBOOKS;
FREDERICK COUNTY, MD GOVERNMENT 12 EAST CHURCH ST. FREDERICK, MD 21701	52-6002033	501(C)(3)	7,505.	0.			6' HALFPIPE KIT
FREDERICK MEMORIAL HEALTHCARE SYSTEM - 400 WEST 7TH ST. - FREDERICK, MD 21701	52-0591612	501(C)(3)	879,516.	0.			UNRESTRICTED; EMERGENCY SERVICES; CAPITAL IMPROVEMENTS
FREDERICK RESCUE MISSION, INC. 419 WEST SOUTH ST PO BOX 3389 FREDERICK, MD 21701	52-0813371	501(C)(3)	88,865.	0.			PARTIAL SALARY FOR CASE MANAGER; UNRESTRICTED; FAITH HOUSE; DINING ROOM TABLES; DORM RENOVATIONS;
FREDERICK STEEPLECHASERS RUNNING CLUB - P.O. BOX 681 - FREDERICK, MD 21705	23-7283854	501(C)(3)	6,210.	0.			PANTHER RUNNING CLUB AT LINCOLN ELEMENTARY
FRIENDS FOR NEIGHBORHOOD PROGRESS, INC. - 100 SOUTH MARKET ST. - FREDERICK, MD 21701	52-1036628	501(C)(3)	5,022.	0.			FOOD BANK; UNRESTRICTED; MEALS AND FOOD FOR NEEDY
FRIENDS OF BAKER PARK, INC. PO BOX 4146 FREDERICK, MD 21705	52-1759639	501(C)(3)	115,790.	0.			CULLER LAKE DESIGN AND RENOVATIONS

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF FREDERICK
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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMWOOD AT CROMLAND FARMS 7407 WILLOW ROAD FREDERICK, MD 21702	52-1931794	501(C)(3)	26,711.	0.			SERVICES FOR ALZHEIMER'S DISEASE AND RELATED DISORDERS; UNRESTRICTED
HOMWOOD FOUNDATION, INC. P.O. BOX 250 WILLIAMSPORT, MD 21795	52-1892689	501(C)(3)	50,545.	0.			UNRESTRICTED
HOOD COLLEGE 401 ROSEMONT AV FREDERICK, MD 21701	52-0591608	501(C)(3)	52,069.	0.			SUMMER CONCERTS; MATH DAY; UNRESTRICTED; SCHOLARSHIPS
HOSPICE OF FREDERICK COUNTY, INC. P.O. BOX 1799 FREDERICK, MD 21702	52-1164513	501(C)(3)	33,426.	0.			UNRESTRICTED; KLINE HOSPICE HOUSE AND CAMP JAMIE
HOUSING AUTHORITY OF THE CITY OF FREDERICK - 209 MADISON ST. - FREDERICK, MD 21701	52-6001395	501(C)(3)	34,547.	0.			THE RISE PROJECT; TRAINING AND SUPPORT TO WOMEN IN PUBLIC HOUSING; FISHING/NOT DRUGS PROGRAM
HOWARD CHAPEL RIDGEVILLE UNITED METHODIST CHURCH - 1970 LONG CORNER RD. - MOUNT AIRY, MD 21771	52-1079627	501(C)(3)	264,667.	0.			UNRESTRICTED
HYATTSSTOWN UNITED METHODIST CHURCH 23409 PEACH TREE RD CLARKSBURG, MD 20871	52-1708782	501(C)(3)	5,000.	0.			UNRESTRICTED
INTERFAITH HOUSING ALLIANCE, INC. 5301 BUCKEYSTOWN PIKE STE. 320 FREDERICK, MD 21704	52-1708782	501(C)(3)	7,393.	0.			UNRESTRICTED; EDUCATIONS SERIES; ASSISTANCE TO LOW AND MODERATE INCOME PERSONS
JUDY CENTER 201 WAVERLEY DR FREDERICK, MD 21702	52-6000941	501(C)(3)	8,000.	0.			RESOURCES FOR SCHOOL READINESS

Schedule I (Form 990)

**THE COMMUNITY FOUNDATION OF FREDERICK
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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION OF MERCY, INC. 22 S. MARKET ST. SUITE 6D FREDERICK, MD 21701	86-0704883	501(C)(3)	76,643.	0.			DENTAL, DIABETES, HYPERTENSION DEPRESSION CARE FOR WOMEN; CHRONIC CARE FOR MEN; MEDICATION
MONTGOMERY COUNTY PUBLIC SCHOOLS 3501 HUNGERFORD DRIVE, #149 ROCKVILLE, MD 20850	52-1804509	501(C)(3)	61,155.	0.			SCHOLARSHIPS FOR FOOLESVILLE HS STUDENTS
MONTGOMERY UNITED METHODIST CHURCH 28325 KEMPTOWN RD. DAMASCUS, MD 20872	23-7420311	501(C)(3)	6,200.	0.			UNRESTRICTED
MOUNT HOPE CEMETERY PO BOX 136 WOODSBORO, MD 21798	52-1947339	APPLIED FOR	9,000.	0.			REPAIRS TO OLD MARKERS AND TREE TRIMMING/REMOVAL
MT. AIRY VOLUNTEER FIRE COMPANY 702 N. MAIN ST. MOUNT AIRY, MD 21771	52-0422267	501(C)(3)	5,000.	0.			ALL TERRAIN VEHICLE
NATIONAL LUTHERAN HOME FOR THE AGED - 9701 VIERS DRIVE - ROCKVILLE, MD 20850	53-0196624	501(C)(3)	15,505.	0.			UNRESTRICTED
NEUROFIBROMATOSIS MID-ATLANTIC, INC. - 213 VILLAGE SQUARE II - BALTIMORE, MD 21210	22-2580179	501(C)(3)	7,000.	0.			UNRESTRICTED
OPERATION SECOND CHANCE INC. 22708 BIRCHCREST LN CLARKSBURG, MD 20871	20-2624345	501(C)(3)	14,685.	0.			OFF ROAD TRACK CHAIR FOR VETERAN; UNRESTRICTED
PARTNERS IN CARE, INC. 90B RITCHIE HIGHWAY PASADENA, MD 21122	52-1911806	501(C)(3)	8,452.	0.			VOLUNTEER INSURANCE; TRANSPORTATION FOR FREDERICK COUNTY MD SENIOR POPULATION

Schedule I (Form 990)

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

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Schedule I (Form 990)

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

(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
SPECIAL OPERATIONS FUND 901 N STUART ST. SUITE 200 ARLINGTON, VA 22203	52-1765222	501(C)(3)	5,000.	0.			UNRESTRICTED
ST. VINCENT DE PAUL SOCIETY-ST. JOHN CONFERENCE - 112 EAST SECOND ST. - FREDERICK, MD 21701	45-5454041	501(C)(3)	28,776.	0.			EMERGENCY ASSISTANCE TO INDIVIDUALS AND FAMILIES IN FREDERICK COUNTY MD
SUPPORTING OLDER ADULTS THROUGH RESOURCES INC - PO BOX 1603 - FREDERICK, MD 21702	46-3716967	501(C)(3)	12,355.	0.			RESPIRE CARE ASSISTANCE; VEHICLE; DENTURES; HEARING AID; APPLICANCES; COMPUTER
THE MONOCACY FOUNDATION INC. 620-B RESEARCH CT. FREDERICK, MD 21703	52-1953383	501(C)(3)	7,485.	0.			MEDICAL TREATMENT COSTS; ASSISTANCE FOR THOSE WITH DEVELOPMENTAL DISABILITIES
TRINITY UNITED METHODIST CHURCH 703 W PATRICK ST. FREDERICK, MD 21701	52-0955026	501(C)(3)	20,227.	0.			PASTOR'S EMERGENCY FUND; COUNSELING SERVICES FOR UNDERINSURED OR WHO LIKE INSURANCE.
UNITARIAN UNIVERSALIST CONGREGATION OF FREDERICK - 4880 ELMER DERR RD. - FREDERICK, MD 21703	52-1161535	501(C)(3)	25,000.	0.			EMERGENCY GENERATOR
UNITARIAN UNIVERSALIST SERVICE COMMITTEE, INC. - 689 MASSACHUSETTS AVE. - CAMBRIDGE, MA 02139	04-6186012	501(C)(3)	5,000.	0.			UNRESTRICTED
UNITED WAY OF FREDERICK COUNTY, INC. - 629 NORTH MARKET ST. - FREDERICK, MD 21701	52-0607973	501(C)(3)	7,030.	0.			UNRESTRICTED
UNIVERSITY OF MARYLAND COLLEGE PARK FOUNDATION INC. - 1221 SYMONS HALL - COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	30,578.	0.			UNIVERSITY OF MD COLLEGE OF AGRICULTURE

Schedule I (Form 990)

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

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Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	317	821,711.	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

NAME OF ORGANIZATION OR GOVERNMENT:

HISTORICAL SOCIETY OF FREDERICK COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HISTORICAL MATERIALS, TRAINING AND
ACTIVITIES PROMOTING HISTORIC RESEARCH; MAINTENANCE OF ROGER BROOKE TANEY
HOUSE; UNRESTRICTED; HISTORIC PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

HOUSING AUTHORITY OF THE CITY OF FREDERICK

(H) PURPOSE OF GRANT OR ASSISTANCE: THE RISE PROJECT; TRAINING AND
SUPPORT TO WOMEN IN PUBLIC HOUSING; FISHING/NOT DRUGS PROGRAM GARDENS; WE
THRIVE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH ASSOCIATION OF FREDERICK COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH & COMMUNITY SERVICES
GUIDE; ONE-ON-ONE SUPPORTIVE AND INDIVIDUALIZED PARENTING INSTRUCTION TO
MOTHERS; HEALTH FAMILIES FREDERICK PROGRAM; CASA SUPERVISOR; COUNSELING
SERVICES; PROFESSIONAL DEVELOPMENT; UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT: MISSION OF MERCY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: DENTAL, DIABETES, HYPERTENSION
DEPRESSION CARE FOR WOMEN; CHRONIC CARE FOR MEN; MEDICATION SERVICES;
UNRESTRICTED

NAME OF ORGANIZATION OR GOVERNMENT:

RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING PLACEMENT SERVICES; FAMILY
EMERGENCY SHELTER PROGRAM; UNRESTRICTED; EMERGENCY FUNDING TO FAMILIES TO

(Form 990 or 990-EZ)

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ.

2015

Open To Public Inspection

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

Employer identification number
52-1488711

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

[illegible]

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Total ▶ \$

[illegible]

Schedule L (Form 990 or 990-EZ) 2015

532131
10-02-15

THE COMMUNITY FOUNDATION OF FREDERICK
COUNTY MARYLAND, INC.

Schedule L (Form 990 or 990-EZ)

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Part V Supplemental Information

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

SCHOLARSHIP COMMITTEE RECOMMENDATIONS ARE THEN FORWARDED TO THE BOARD,
WHERE AGAIN ANYONE WITH A CONFLICT ABSTAINS FROM THE VOTE OR ANY
DISCUSSION AROUND THE APPROVAL OF THE APPLICANTS.

MS. BROWN DID NOT PARTICIPATE ON THE SCHOLARSHIP SELECTION COMMITTEE
THAT AWARDED THE SCHOLARSHIP.

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

THE COMMUNITY FOUNDATION OF FREDERICK

Schedule M (Form 990) (2015)

COUNTY MARYLAND, INC.

52-1488711

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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.

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

Employer identification number
52-1488711

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	-39,334.
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	12,589.
FUNDS HELD FOR OTHERS	209,876.
TOTAL TO FORM 990, PART XI, LINE 9	183,131.

PART XII, LINE 2C

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

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

[illegible]

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

[illegible]

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

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

[illegible]

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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.

- 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 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.

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

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

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, 2017**, 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, 2015**, and ending **JUN 30, 2016**

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.