

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1324 BELMONT AVENUE NO 401

City or town, state or province, country, and ZIP or foreign postal code
SALISBURY, MD 218044558

F Name and address of principal officer:
ERICA JOSEPH
1324 BELMONT AVENUE
SALISBURY, MD 21804

D Employer identification number
52-1326014

E Telephone number
(410) 742-9911

G Gross receipts \$ 12,746,284

H(a) Is this a group return for 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.CFES.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1984 **M** State of legal domicile: MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE FOUNDATION'S MISSION IS INSPIRING COMMUNITY PHILANTROPY AND CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER. THE FOUNDATION'S VISION IS TO CREATE THRIVING COMMUNITIES ON MARYLAND'S EASTERN SHORE WHERE WE CAN LIVE AND PROSPER TOGETHER.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	100
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,169,985	5,406,485
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,292,150	4,049,761
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	279,393	278,382
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,741,528	9,734,628
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,290,590	5,508,694
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)	754,959	834,113
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶439,857		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	411,655	442,565
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	7,457,204	6,785,372
19 Revenue less expenses. Subtract line 18 from line 12	2,284,324	2,949,256
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	122,900,381	118,140,564
21 Total liabilities (Part X, line 26)	32,000,401	31,131,079
22 Net assets or fund balances. Subtract line 21 from line 20	90,899,980	87,009,485

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: 2021-03-22
ERICA JOSEPH PRESIDENT
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2021-03-22
Check if self-employed PTIN: P00503576
Firm's name: ▶ TGM GROUP LLC Firm's EIN: ▶ 26-4777527
Firm's address: ▶ 955 MT HERMON RD Phone no. (410) 742-1328
SALISBURY, MD 218045105

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:

SEE SCHEDULE O FOR DESCRIPTION

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 \$ 1,613,510 including grants of \$ 1,613,510) (Revenue \$)

See Additional Data

4b (Code:) (Expenses \$ 1,397,490 including grants of \$ 1,397,490) (Revenue \$)

See Additional Data

4c (Code:) (Expenses \$ 843,540 including grants of \$ 843,540) (Revenue \$)

See Additional Data

(Code:) (Expenses \$ 1,984,020 including grants of \$ 1,654,154) (Revenue \$)

ANIMAL WELFARE, ARTS, CULTURE, COMMUNITY DEVELOPMENT, CONSERVATION AND HISTORIC PRESERVATION, HEALTH, ENVIRONMENT, & YOUTH

4d Other program services (Describe in Schedule O.)
(Expenses \$ 1,984,020 including grants of \$ 1,654,154) (Revenue \$)

4e Total program service expenses ▶ 5,838,560

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)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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? If "Yes," complete Schedule D, Part I	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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? If "Yes," complete Schedule F, Parts I and IV		No
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? If "Yes," complete Schedule F, Parts II and IV		No
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? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
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? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 []

Table with 3 main columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

Table with 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns: Question, Yes, No. Includes questions about voting members, family relationships, and governance documents.

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

Table with 10 main rows (10a-10b, 11a-11b, 12a-12c, 13, 14, 15a-15b, 16a-16b) and 3 columns: Question, Yes, No. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: ERICA JOSEPH 1324 BELMONT AVENUE 401 SALISBURY, MD 21804 (410) 742-9911

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, or 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										

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 dotted 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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							125,081	0	16,758	

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

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

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
THE MASON COMPANIES 11130 SUNRISE VALLEY SUITE 200 RESTON, VA 20191	INVESTMENT SERVICES	252,429

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

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with 5 columns (A-D) and rows 2a-f for various business codes and program service revenue.

Table for Other Revenue with 5 columns (A-D) and rows 3-12 for investment income, royalties, rents, sales of assets, fundraising events, gaming activities, and sales of inventory.

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,036,790	5,036,790		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	471,904	471,904		
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	122,734	24,547	42,957	55,230
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	541,759	174,801	216,195	150,763
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	36,713	11,014	14,318	11,381
9 Other employee benefits	83,400	25,020	32,526	25,854
10 Payroll taxes	49,507	14,852	19,308	15,347
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	22,679		22,679	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,696	8,696		
12 Advertising and promotion	68,348	4,316		64,032
13 Office expenses	44,429		27,943	16,486
14 Information technology	63,834	23,813	28,258	11,763
15 Royalties				
16 Occupancy	59,367	17,810	23,153	18,404
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,166	2,600	3,999	16,567
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	60,357	18,107	23,539	18,711
23 Insurance				
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 DUES & SUBSCRIPTIONS	32,208	2,495	29,713	
b DEVELOPMENT EVENTS	26,535			26,535
c EDUCATION AND TRAVEL	17,975	1,795	15,121	1,059
d SPONSORSHIPS	7,725			7,725
e All other expenses	7,246		7,246	
25 Total functional expenses. Add lines 1 through 24e	6,785,372	5,838,560	506,955	439,857
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	20,273	1	141,432
	2 Savings and temporary cash investments	305,030	2	151,698
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,200,763	7	949,554
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	72,197	9	71,973
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,764,623		
	b Less: accumulated depreciation	535,700		
	11 Investments—publicly traded securities	119,434,601	11	115,182,040
	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	584,800	15	414,944
16 Total assets. Add lines 1 through 15 (must equal line 34)	122,900,381	16	118,140,564	
Liabilities	17 Accounts payable and accrued expenses	80,832	17	99,015
	18 Grants payable		18	
	19 Deferred revenue	71,887	19	17,210
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	31,847,682	25	31,014,854
	26 Total liabilities. Add lines 17 through 25	32,000,401	26	31,131,079
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,407,428	27	7,765,802
	28 Net assets with donor restrictions	83,492,552	28	79,243,683
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	90,899,980	32	87,009,485	
33 Total liabilities and net assets/fund balances	122,900,381	33	118,140,564	

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	9,734,628
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,785,372
3	Revenue less expenses. Subtract line 2 from line 1	3	2,949,256
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	90,899,980
5	Net unrealized gains (losses) on investments	5	-5,128,924
6	Donated services and use of facilities	6	
7	Investment expenses	7	-182,487
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,528,340
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	87,009,485

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1326014

Name: COMMUNITY FOUNDATION OF THE
EASTERN SHORE INC

Form 990 (2019)

Form 990, Part III, Line 4a:

EDUCATION - TO ASSIST VARIOUS SCHOOLS, COLLEGES, UNIVERSITIES AND LIBRARIES WITH FINANCIAL SUPPORT AND SCHOLARSHIPS AS WELL AS SUPPORT FOR VARIOUS NON-PROFIT'S EDUCATIONAL INITIATIVES.

Form 990, Part III, Line 4b:

HUMAN SERVICES - TO ASSIST VARIOUS ORGANIZATIONS IN PROVIDING EMERGENCY AND SOCIAL SERVICES TO THE COMMUNITY

Form 990, Part III, Line 4c:

FAITH BASED PROGRAMS - TO ASSIST VARIOUS RELIGIOUS ORGANIZATIONS IN PROVIDING PROGRAMS AND SERVICES TO THE COMMUNITY.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
ED BARBER DIRECTOR	1.00	X						0	0	0
DEAN LEWIS DIRECTOR	1.00	X						0	0	0
HON DAVID MITCHELL DIRECTOR	1.00	X						0	0	0
DR CAROLYN JOHNSTON SECRETARY	1.00	X		X				0	0	0
GREGORY TAWES DIRECTOR	1.00	X						0	0	0
ALLEN BROWN SR DIRECTOR	1.00	X						0	0	0
KATHLEEN G MCLAIN DIRECTOR	1.00	X						0	0	0
ERNEST R SATCHELL DIRECTOR	1.00	X						0	0	0
JAMES THOMAS JR DIRECTOR	1.00	X						0	0	0
GINNIE MALONE DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JANICE PERDUE DIRECTOR	1.00	X						0	0	0
LAUREN C TAYLOR DIRECTOR	1.00	X						0	0	0
MICHAEL P TRUITT CHAIRMAN	1.00	X		X				0	0	0
ANDY KIM DIRECTOR	1.00	X						0	0	0
DR ANNETTE E WALLACE DIRECTOR	1.00	X						0	0	0
W TODD HERSHEY TREASURER	1.00	X		X				0	0	0
DWIGHT W MARSHALL JR DIRECTOR	1.00	X						0	0	0
DR GEORGE I WHITEHEAD III DIRECTOR	1.00	X						0	0	0
DAVID VORHIS DIRECTOR	1.00	X						0	0	0
JAMES P JONES VICE CHAIRMAN	1.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
GAYLE WIDDOWSON DIRECTOR	1.00	X						0	0	0
VELDA HENRY DIRECTOR	1.00	X						0	0	0
STEPHANIE WILLEY DIRECTOR	1.00	X						0	0	0
DR JULIUS ZANT DIRECTOR	1.00	X						0	0	0
DANIEL O'CONNELL DIRECTOR	1.00	X						0	0	0
ERICA JOSEPH PRESIDENT	37.50			X				125,081	0	16,758

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number
52-1326014

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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- 10 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						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	5,041,767	3,334,136	4,771,503	5,169,985	5,406,485	23,723,876
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	5,041,767	3,334,136	4,771,503	5,169,985	5,406,485	23,723,876
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) . . .						
6 Public support. Subtract line 5 from line 4.						23,723,876

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	5,041,767	3,334,136	4,771,503	5,169,985	5,406,485	23,723,876
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	3,249,638	3,562,326	3,264,736	3,401,882	2,874,471	16,353,053
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						40,076,929
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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	59.200 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	58.420 %

16a 33 1/3% support test—2019. 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

b 33 1/3% support test—2018. 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

17a 10%-facts-and-circumstances test—2019. 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

b 10%-facts-and-circumstances test—2018. 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

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

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

(Complete only if you checked the box on line 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	4b		
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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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	Adjusted Net Income (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):	1	
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	Total (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	Minimum Asset Amount (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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 52-1326014

Name: COMMUNITY FOUNDATION OF THE
EASTERN SHORE INC

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization COMMUNITY FOUNDATION OF THE EASTERN SHORE INC	Employer identification number 52-1326014
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

0	
0	
0	
0	
0	
0	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

0	

Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number
52-1326014

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	138	193
2 Aggregate value of contributions to (during year)	1,724,850	493,885
3 Aggregate value of grants from (during year)	1,319,183	565,403
4 Aggregate value at end of year	20,897,346	15,235,703

- 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).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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 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 7/25/06, 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 ▶ \$ _____

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" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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" on 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	113,180,036	112,024,636	102,120,959	92,574,309	93,824,707
b Contributions	2,899,635	4,089,741	3,026,056	1,709,718	3,969,146
c Net investment earnings, gains, and losses	-5,672,622	196,540	9,520,275	11,117,685	-2,000,267
d Grants or scholarships	2,802,970	3,130,881	2,642,654	3,280,753	3,219,277
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	107,604,079	113,180,036	112,024,636	102,120,959	92,574,309

- 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 ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | | |
|--|---------------|-----------|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | 3a(i) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3a(ii) | No |
| | 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" on 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	370,666			370,666
b Buildings	1,015,003		302,629	712,374
c Leasehold improvements	137,372		61,987	75,385
d Equipment	241,582		171,084	70,498
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,228,923

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. (Column (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. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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) AGENCY ENDOWMENT FUNDS	30,891,393
(3) CHARITABLE GIFT ANNUITY OBLIGATION	123,461
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	31,014,854

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,426,141
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,128,924
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-182,487
e	Add lines 2a through 2d	2e	-5,311,411
3	Subtract line 2e from line 1	3	7,737,552
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	1,997,076
c	Add lines 4a and 4b	4c	1,997,076
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,734,628

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,316,636
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,316,636
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	468,736
c	Add lines 4a and 4b	4c	468,736
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,785,372

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 52-1326014

Name: COMMUNITY FOUNDATION OF THE
EASTERN SHORE INC

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF FEDERAL AND STATE INCOME TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE FOUNDATION REVIEWS AND ASSESSES ALL ACTIVITIES TO IDENTIFY ANY CHANGES IN THE SCOPE OF THE ACTIVITIES AND REVENUE SOURCES AND THE TAX TREATMENT THEREOF TO IDENTIFY ANY UNCERTAIN TAX POSITIONS. FOR THE YEARS ENDED JUNE 30, 2020 AND 2019, NO PROVISION FOR INCOME TAXES WAS MADE FOR THE FOUNDATION, AS THE ORGANIZATION HAD NO SIGNIFICANT UNRELATED BUSINESS INCOME AND DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION OR DISCLOSURE IN THESE FINANCIAL STATEMENTS. TAX YEARS CONSIDERED OPEN AND SUBJECT TO EXAMINATION INCLUDE RETURNS FOR THE FOUNDATION FOR THE YEARS ENDED JUNE 30, 2017 THROUGH JUNE 30, 2019.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	MANAGEMENT FEES -182,487.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	CONTRIBUTIONS TO AGENCY FUNDS 889,672. INVESTMENT ACTIVITY FOR AGENCY FUNDS 1,107,404.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	GRANTS MADE BY AGENCY FUNDS 468,736.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number

52-1326014

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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.

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CASH ASSISTANCE FOR EDUCATIONAL PURPOSES	74	471,904		BOOK	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	FOR GRANTS COMING FROM DONOR ADVISED FUNDS, THE ORGANIZATION VERIFIES THAT THE RECIPIENT IS A LEGITIMATE 501(C)(3) CHARITY AS WELL AS THAT THE GRANT IS COMPATIBLE WITH COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.'S MISSION. IF THE ORGANIZATION IS NOT A 501(C)(3) THEN THE FOUNDATION FOLLOWS THEIR "EXPENDITURE RESPONSIBILITY" POLICY WHICH INCLUDES PRE-GRANT INQUIRY, A WRITTEN "DONOR ADVISED GRANT AGREEMENT AND REQUIRING THE GRANTEE TO PROVIDE REPORTS ON THE USE OF FUNDS AND CHARITABLE ACTIVITY SUPPORTED BY THE GRANT.

Additional Data

Software ID:
Software Version:
EIN: 52-1326014
Name: COMMUNITY FOUNDATION OF THE
EASTERN SHORE INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASBURY UNITED METHODIST CHURCH 1401 CAMDEN AVENUE SALISBURY, MD 218017116	52-0607975	501(C)3	95,018				FAITH BASED PROGRAMS
BEEBE MEDICAL FOUNDATION 902 SAVANNAH RD LEWES, DE 199581511	51-0319455	501(C)3	20,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACTS LEGACY FOUNDATION INC 375 MORRIS RD WEST POINT, PA 194869973	91-2161987	501(C)3	8,619				HUMAN SERVICES
DELMARVA COMMUNITY SERVICES INC 2450 CAMBRIDGE BELTWAY CAMBRIDGE, MD 216130637	52-1000521	501(C)3	5,000				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHARITABLE FOUNDATION OF THE ROTARY CLUB OF WICOMICO COUNTY PO BOX 3621 SALISBURY, MD 218030910	26-1620308	501(C)3	10,000				COMMUNITY DEVELOPMENT
CHESAPEAKE HOUSING MISSION 30754 FOX CHASE DR SALISBURY, MD 218042541	26-3435626	501(C)3	20,000				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHRISTIAN SHELTER INC 334 BARCLAY STREET SALISBURY, MD 218043754	52-1176287	501(C)3	69,423				HUMAN SERVICES AND FAITH BASED PROGRAMS
COASTAL HOSPICE INC PO BOX 1733 SALISBURY, MD 218021733	52-1214775	501(C)3	16,065				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DEL-MAR-VA COUNCIL BOY SCOUTS OF AMERICA 1910 BADEN POWELL WAY DOVER, DE 19904	51-0065733	501(C)3	81,168				YOUTH
WYATT'S WARRIORS FOUNDATION INC 30422 BOTTOM CREEK DR SALISBURY, MD 218012849	20-2163095	501(C)3	6,380				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE 1336 BELMONT AVE STE 502 SALISBURY, MD 218044500	51-0066728	501(C)3	5,000				HUMAN SERVICES
WORCESTER COUNTY BAR ASSOCIATION PO BOX 210 OCEAN CITY, MD 218430210	04-3009711	501(C)3	10,545				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HELP AND OUTREACH POINT OF ENTRY INC PO BOX 5113 SALISBURY, MD 218025113	26-0756910	501(C)3	19,000				HUMAN SERVICES
HUMANE SOCIETY OF WICOMICO COUNTY INC 5130 CITATION DRIVE SALISBURY, MD 218041552	23-7015204	501(C)3	18,851				ANIMAL WELFARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LIFE CRISIS CENTER INC PO BOX 387 SALISBURY, MD 218030387	52-1147731	501(C)3	5,000				HUMAN SERVICES
LITTLE SISTERS OF JESUS AND MARY INC PO BOX 1755 SALISBURY, MD 218021755	52-0846802	501(C)3	44,423				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANIMAL WELFARE LEAGUE OF QUEEN ANNE'S COUNTY 241 BRYCE ROAD QUEENSTOWN, MD 21658	46-0900907	501(C)3	13,851				ANIMAL WELFARE
MAC INC 909 PROGRESS CIR STE 100 SALISBURY, MD 218042316	52-0992005	501(C)3	52,649				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ARCHBISHOP SPALDING HIGH SCHOOL 8080 NEW CUT ROAD SEVERN, MD 21144	52-0846081	501(C)3	11,000				EDUCATION
RACKLIFFE HOUSE TRUST INC PO BOX 561 BERLIN, MD 218110561	20-1939502	501(C)3	10,000				CONSERVATION & HISTORIC PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ART LEAGUE OF OCEAN CITY INC PO BOX 3503 OCEAN CITY, MD 218433503	52-1377610	501(C)3	13,658				ARTS/CULTURE
PARSON'S CEMETERY 5812 PENNY LN SALISBURY, MD 21801	52-0633414	501(C)3	46,000				CONSERVATION & HISTORIC PRESERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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TIDALHEALTH FOUNDATION INC 100 E CARROLL ST SALISBURY, MD 218015422	52-1851935	501(C)3	163,913				HEALTH
SALISBURY UNIVERSITY FOUNDATION INC PO BOX 2655 SALISBURY, MD 218022655	52-1127396	501(C)3	127,378				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALISBURY WICOMICO ARTS COUNCIL PO BOX 884 SALISBURY, MD 218030884	23-7006845	501(C)3	13,310				ARTS/CULTURE
SALVATION ARMY - SALISBURY CORPS 407 OAK STREET SALISBURY, MD 218045574	22-2406433	501(C)3	90,724				HUMAN SERVICES

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PECOMETH 136 BOOKERS WHARF RD CENTREVILLE, MD 216172453	51-6022490	501(C)3	7,000				YOUTH
UNITED WAY OF THE LOWER EASTERN SHORE INC 803 N SALISBURY BLVD STE 2100 SALISBURY, MD 218013657	52-6016589	501(C)3	152,772				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNIVERSITY OF MARYLAND EASTERN SHORE FOUNDATION INC 11868 ACADEMIC OVAL JT WILLIAMS HALL SUITE 2104 PRINCESS ANNE, MD 218536057	52-1125663	501(C)3	35,000				EDUCATION
WESLEY THEOLOGICAL SEMINARY OF THE METHODIST CHURCH 4500 MASSACHUSETTS AVE NW WASHINGTON, DC 200165632	53-0245887	501(C)3	53,000				FAITH BASED PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WOR-WIC COMMUNITY COLLEGE FOUNDATION INC BH106 32000 CAMPUS DRIVE SALISBURY, MD 218041485	52-1264019	501(C)3	390,714				EDUCATION
YMCA OF THE CHESAPEAKE INC 111 E DOVER ST STE 1 EASTON, MD 216013057	52-0646895	501(C)3	140,000				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ALVERNIA UNIVERSITY 400 ST BERNADINE STREET READING, PA 19607	23-1522643	501(C)3	5,000				EDUCATION
WORCESTER COUNTY HUMANE SOCIETY INC PO BOX 48 BERLIN, MD 218110048	52-1122738	501(C)3	28,352				ANIMAL WELFARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WORCESTER COUNTY PUBLIC SCHOOLS EDUCATION FOUNDATION INC 6270 WORCESTER HWY NEWARK, MD 218412224	47-1221617	501(C)3	10,000				EDUCATION
TOUCHING HEART PO BOX 710282 HERNDON, VA 201710282	27-0777365	501(C)3	5,000				YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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WORCESTER COUNTY BOARD OF EDUCATION 6270 WORCESTER HWY NEWARK, MD 218412224	52-6001069	GOVT	7,000				EDUCATION
COMMUNITY CHURCH AT OCEAN PINES 11227 RACETRACK RD BERLIN, MD 218113276	52-1291329	501(C)3	7,200				HUMAN SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOVE POINTE INC 1225 MT HERMON ROAD SALISBURY, MD 218045111	52-0884222	501(C)3	19,492				HUMAN SERVICES
CHARITIES AID FOUNDATION OF AMERICA 225 REINEKERS LN STE 375 ALEXANDRIA, VA 22314	43-1634280	501(C)3	5,000				HUMAN SERVICES

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ST PETER'S EPISCOPAL CHURCH 115 SAINT PETERS ST SALISBURY, MD 218014901	52-0626713	501(C)3	8,600				FAITH BASED PROGRAMS
ELEVEN 21 INC 7545 LEVIN DASHIELL RD HEBRON, MD 218301184	46-1753777	501(C)3	5,000				HUMAN SERVICES

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ATLANTIC CLUB INC PO BOX 563 OCEAN CITY, MD 218430563	52-2239615	501(C)3	57,548				HEALTH
ATLANTIC GENERAL HOSPITAL FOUNDATION 9733 HEALTHWAY DRIVE BERLIN, MD 218111155	52-1656507	501(C)3	131,662				HEALTH

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BALTIMORE RESCUE MISSION INC PO BOX 735 BALTIMORE, MD 212030735	52-0703403	501(C)3	20,000				HUMAN SERVICES
BELIEVE IN TOMORROW NATIONAL CHILDREN'S FOUNDATION INC 13 66TH STREET OCEAN CITY, MD 218423017	52-1332737	501(C)3	6,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HORIZONS SALISBURY INC DBA HORIZONS DELMARVA 225 N DIVISION ST SALISBURY, MD 21801	47-4423393	501(C)3	10,000				EDUCATION
LEADERSHIP INSTITUE 1101 N HIGHLAND ST ARLINGTON, VA 222012807	51-0235174	501(C)3	30,000				HUMAN SERVICES

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FRIENDS OF POPLAR HILL MANSION INC 117 ELIZABETH STREET SALISBURY, MD 218014108	52-1083102	501(C)3	7,000				CONSERVATION & HISTORIC PRESERVATION
FURNACE TOWN FOUNDATION INC PO BOX 207 SNOW HILL, MD 218630207	52-1223314	501(C)3	12,974				CONSERVATION & HISTORIC PRESERVATION

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GOODWILL INDUSTRIES OF THE CHESAPEAKE INC 700 S SALISBURY BLVD SALISBURY, MD 218015813	52-0591576	501(C)3	5,000				EDUCATION
JUNIOR ACHIEVEMENT OF THE EASTERN SHORE INC 327 TILGHMAN ROAD SUIT 100 SALISBURY, MD 21804	52-1461040	501(C)3	7,500				YOUTH

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WICOMICO PRESBYTERIAN CHURCH 129 BROAD ST SALISBURY, MD 218014912	52-0650792	501(C)3	19,000				FAITH BASED PROGRAMS
MARYLAND FOOD BANK INC 28500 OWENS BRANCH ROAD SALISBURY, MD 218011762	52-1135690	501(C)3	20,000				HUMAN SERVICES

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BETHESDA UNITED METHODIST CHURCH 406 N DIVISION ST SALISBURY, MD 218014274	52-0660404	501(C)3	15,000				FAITH BASED PROGRAMS
EASTERN SHORE BALLET THEATRE INC PO BOX 3084 SALISBURY, MD 21802	52-1794699	501(C)3	10,579				ARTS/CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL INC 225 OLD BALTIMORE PIKE NEWARK, DE 197028409	51-0064337	501(C)3	37,165				YOUTH AND COMMUNITY DEVELOPMENT
TRINITY UNITED METHODIST CHURCH 112 HIGH ST SALISBURY, MD 218014237	52-0713522	501(C)3	90,000				FAITH BASED PROGRAMS

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HELPING HANDS OF GEORGETOWN 1813 HIGHMARKET STREET GEORGETOWN, SC 29440	57-0883461	501(C)3	20,000				HUMAN SERVICES
RECOVERY RESOURCE CENTER INC 726 S SALISBURY BLVD STE E SALISBURY, MD 218015867	52-1609890	501(C)3	15,000				HUMAN SERVICES

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SALISBURY ARTS AND ENTERTAINMENT DISTRICT INC 110 N DIVISION STREET STE 1 SALISBURY, MD 218014917	47-4845564	501(C)3	26,750				ARTS/CULTURE
SALISBURY FIRE DEPARTMENT 2 INC PO BOX 3381 SALISBURY, MD 218023381	52-1199883	501(C)3	27,459				HUMAN SERVICES

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SALISBURY FIRE DEPARTMENT INC 325 CYPRESS STREET SALISBURY, MD 218014060	52-1199884	501(C)3	27,459				HUMAN SERVICES
SALISBURY NEIGHBORHOOD HOUSING SERVICE INC 560 RIVERSIDE DR STE A102 SALISBURY, MD 218014702	52-1859345	501(C)3	14,832				COMMUNITY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALISBURY ZOO COMMISSION INC PO BOX 2979 SALISBURY, MD 218022979	52-1297264	501(C)3	41,806				EDUCATION
LOWER SHORE ENTERPRISES INC PO BOX 1692 SALISBURY, MD 218021692	52-0857128	501(C)3	5,000				EDUCATION

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WORCESTER COUNTY ARTS COUNCIL INC 68 JEFFERSON ST BERLIN, MD 218111425	52-1083071	501(C)3	9,031				ARTS/CULTURE
STEVENSON UNITED METHODIST CHURCH 123 NORTH MAIN ST BERLIN, MD 218111018	52-1323427	501(C)3	13,437				FAITH BASED PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GRACE CENTER FOR MATERNAL AND WOMEN'S HEALTH INC 10226 OLD OCEAN CITY RD UNIT 2 BERLIN, MD 218111196	27-2789189	501(C)3	28,623				HUMAN SERVICES
NORTH SHORE ANIMAL LEAGUE AMERICA INC 25 DAVIS AVE PORT WASHINGTON, NY 110503701	11-1666852	501(C)3	13,851				HEALTH

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COASTAL COMMUNITY CHURCH 10900 OCEAN GTWY BERLIN, MD 218113538	52-1945932	501(C)3	10,000				FAITH BASED PROGRAMS
DIAKONIA INC 12747 OLD BRIDGE RD OCEAN CITY, MD 218429243	52-1381317	501(C)3	5,132				HUMAN SERVICES

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PITTS CREEK PRESBYTERIAN CHURCH PO BOX 266 POCOMOKE CITY, MD 218510266	52-1268985	501(C)3	9,824				FAITH BASED PROGRAMS
TOWN OF SNOW HILL PO BOX 348 SNOW HILL, MD 218630348	52-6000807	GOVT	46,339				EDUCATION

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ROTARY CLUB OF SALISBURY FOUNDATION INC PO BOX 735 SALISBURY, MD 218030735	52-2238099	501(C)3	15,000				HUMAN SERVICES
VILLAGE OF HOPE INC 1001 LAKE ST SALISBURY, MD 218013141	52-1631603	501(C)3	5,000				HUMAN SERVICES

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OCEAN CITY VOLUNTEER FIRE CO INC PO BOX 27 OCEAN CITY, MD 218430027	52-1638260	501(C)3	5,000				HUMAN SERVICES
SALISBURY SCHOOL INC 6279 HOBBS RD SALISBURY, MD 218041417	52-0904771	501(C)3	20,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WHITEHAVEN HERITAGE ASSOCIATION INC 2740 CHURCH STREET QUANTICO, MD 218562501	52-1860855	501(C)3	5,000				CONSERVATION & HISTORIC PRESERVATION
LOWER SHORE LAND TRUST INC 100 RIVER ST SNOW HILL, MD 218631025	52-1701152	501(C)3	10,095				CONSERVATION & HISTORICAL PRESERVATION

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ALLEN HISTORICAL SOCIETY INC PO BOX 31 ALLEN, MD 218100031	52-2004423	501(C)3	5,000				ARTS/CULTURE
SPENCE BAPTIST CHURCH INC 4824 PAW PAW CREEK RD SNOW HILL, MD 218634150	52-1205137	501(C)3	8,727				FAITH BASED PROGRAMS

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MID-ATLANTIC SYMPHONY ORCHESTRA SOCIETY INC PO BOX 3381 EASTON, MD 216013381	52-2038928	501(C)3	5,000				ARTS/CULTURE
WORCESTER GOLD GIVING OTHER LIVES DIGNITY PO BOX 39 SNOW HILL, MD 218630039	52-2041906	501(C)3	5,000				HUMAN SERVICES

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DELMARVA DISCOVERY CENTER & MUSEUM INC 2 MARKET ST POCOMOKE CITY, MD 218510727	52-2118540	501(C)3	11,420				EDUCATION
MID SHORE PRO BONO 8 S WEST STREET SUITE 300 EASTON, MD 21601	16-1779280	501(C)3	5,000				HUMAN SERVICES

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WESLEY COLLEGE INC 120 N STATE ST DOVER, DE 199013835	51-0064335	501(C)3	8,619				EDUCATION
MARYLAND COASTAL BAYS FOUNDATION INC 8219 STEPHEN DECATUR HWY BERLIN, MD 218112662	52-2123356	501(C)3	5,000				ENVIRONMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OAKRIDGE BAPTIST CHURCH 329 TILGHMAN RD SALISBURY, MD 218042076	52-1205143	501(C)3	300,000				FAITH BASED PROGRAMS
WORCESTER COUNTY DEVELOPMENT CENTER INC PO BOX 70 NEWARK, MD 218410070	23-7300625	501(C)3	5,000				HUMAN SERVICES

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OCEAN CITY CHAMBER OF COMMERCE FOUNDATION INC 12320 OCEAN GTWY OCEAN CITY, MD 218429688	27-2151222	501(C)3	5,000				COMMUNITY DEVELOPMENT
OCEAN CITY DEVELOPMENT CORPORATION 108 DORCHESTER ST OCEAN CITY, MD 218424121	52-2222484	501(C)3	12,971				COMMUNITY DEVELOPMENT

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TRI-COUNTY COUNCIL FOR LOWER EASTERN SHORE OF MARYLAND 31901 TRI-COUNTY WAY STE 201 SALISBURY, MD 21804	52-2340238	GOVT	5,000				COMMUNITY DEVELOPMENT
OPERATION WE CARE INC 829 E WILLIAM ST SALISBURY, MD 218045028	45-3847035	501(C)3	5,530				HUMAN SERVICES

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WICOMICO COUNTY RECREATION PARKS AND TOURISM 500 GLEN AVE SALISBURY, MD 218045202	52-6001054	GOVT	190,000				CONSERVATION & HISTORIC PRESERVATION
SALISBURY UNIVERSITY PO BOX 2195 SALISBURY, MD 218022195	52-6002033	501(C)3	25,000				EDUCATION

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AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE NW WASHINGTON, DC 200168002	53-0196549	501(C)3	5,000				EDUCATION
TOWSON UNIVERSITY 8000 YORK ROAD TOWSON, MD 212042508	52-6002033	GOVT	20,000				EDUCATION

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AMERICAN RED CROSS DELMARVA CHAPTER GREATER CHESAPEAKE REGION 100 W 10TH ST STE 501 WILMINGTON, DE 198016604	53-0196605	501(C)3	5,000				HUMAN SERVICES
CHINCOTEAGUE ISLAND LIBRARY INC 4077 MAIN ST CHINCOTEAGUE, VA 233362407	54-1641227	501(C)3	5,000				EDUCATION

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EASTERN SHORE COMMUNITY COLLEGE FOUNDATION 29300 LANKFORD HWY MELFA, VA 234103001	54-1865751	501(C)3	5,000				EDUCATION
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY 150 STUDENT SERVICES BUILDING BLACKSBURG, VA 24061	54-6001805	GOVT	5,000				EDUCATION

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TELAMON CORPORATION 31901 TRI-COUNTY WAY STE 112 SALISBURY, MD 218041788	56-1022483	501(C)3	5,000				EDUCATION
SALVATION ARMY - RICHARD HAZEL YOUTH CENTER 407 OAK STREET SALISBURY, MD 218045574	58-0660607	501(C)3	143,851				YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST FRANCI DE SALES SCHOOL 500 CAMDEN AVE SALISBURY, MD 218015802	52-0554283	501(C)3	10,000				EDUCATION
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 501 ST JUDE PL MEMPHIS, TN 38105	62-0646012	501(C)3	10,000				HEALTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IPPS MENTORING PROGRAM INC PO BOX 214 DELMAR, DE 199400214	76-0828100	501(C)3	5,258				HUMAN SERVICES
WICOMICO COUNTY EDUCATION FOUNDATION INC 200 W MAIN ST SALISBURY, MD 218014907	81-4293847	501(C)3	10,000				EDUCATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HE HIMSELF MINISTRIES PO BOX 577 PRINCESS ANNE, MD 218536057	81-4411401	501(C)3	5,000				EDUCATION
CHILD LIBERATION FOUNDATION INC 138 E 12300 S STE 216 DRAPER, UT 840207976	82-0714897	501(C)3	72,000				HUMAN SERVICES

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CRISFIELD ARTS & ENTERTAINMENT DISTRICT INC PO BOX 107 CRISFIELD, MD 218170107	82-3988003	501(C)3	5,065				ARTS/CULTURE
WHAT'S UP CHINA INC 81 PROSPECT ST 5004 BROOKLYN, NY 112011473	82-5076065	501(C)3	15,000				HUMAN SERVICES

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WICOMICO COUNTY BOARD OF EDUCATION PO BOX 1538 SALISBURY, MD 218021538	52-6001052	GOVT	44,500				EDUCATION
WOR-WIC COMMUNITY COLLEGE 32000 CAMPUS DR MTC 101 SALISBURY, MD 218041485	52-1048147	GOVT	11,449				EDUCATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATION OF THE
EASTERN SHORE INC

Employer identification number
52-1326014

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	30	2,089,723	FULL STOCK PRICE-SALE
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 isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

Return Reference	Explanation
PART I, LINE 32B:	PUBLICLY TRADED SECURITIES ARE SOLD BY MORGAN STANLEY, FIDELITY OR TD AMERITRADE.

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

COMMUNITY FOUNDATION OF THE
EASTERN SHORE INC

Employer identification number

52-1326014

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE BY-LAWS OF THE CORPORATION DELEGATE, DURING THE INTERVALS BETWEEN THE MEETINGS OF THE BOARD OF DIRECTORS, ALL POWERS OF THE BOARD OF DIRECTORS TO THE EXECUTIVE COMMITTEE, EXCEPT THE POWER TO FILL VACANCIES IN THE NOMINATING COMMITTEE OR THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE FOUNDATION UPDATED ITS BY-LAWS SINCE THE PRIOR 990 WAS FILED. A SUMMARY OF THE CHANGES IS AS FOLLOWS: THE BOARD OF DIRECTORS AND ALL COMMITTEES MAY NOT UTILIZE A PROXY FOR VOTING OR TO ACHIEVE MEETING ATTENDANCE REQUIREMENTS. THE BOARD OF DIRECTORS OR COMMITTEES MAY TAKE REQUIRED OR PERMITTED ACTION(S) WITHOUT A MEETING IF THEY ACHIEVE UNANIMOUS CONSENT ON THE ACTION ITEM(S) FROM ALL DIRECTORS/COMMITTEE MEMBERS IN WRITING OR VIA ELECTRONIC TRANSMISSION, AND IT IS DOCUMENTED IN THE MINUTES OF THE PROCEEDINGS OF THE BOARD OR COMMITTEE. THE FOUNDATION ALSO UPDATED ITS ARTICLES OF INCORPORATION WITH THE STATE OF MARYLAND TO BE CONSISTENT WITH ITS BY-LAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CORPORATE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	CORPORATE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	CORPORATE MEMBERS ARE PRESENT BOARD MEMBERS AND PAST BOARD MEMBERS WHO HAVE NOT OPTED OUT OF CORPORATE MEMBER STATUS AND APPROVE CHANGES IN BYLAWS, ARTICLES OF INCORPORATION, BOARD MEMBERSHIP, APPOINTMENT OF MEMBERSHIP COMMITTEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 WAS REVIEWED BY MANAGEMENT, THE AUDIT COMMITTEE AND BY THE BOARD OF DIRECTORS PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY REQUIRED TO SIGN CONFLICT OF INTEREST AGREEMENT AND REQUIRED ANNUALLY TO DISCLOSE INTEREST THAT COULD RESULT IN CONFLICT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD PER THE EXECUTIVE EVALUATION AND COMPENSATION POLICY AND PROCEDURES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	UPON REQUEST AND AT WWW.CFES.ORG/ACCOUNTABILITY/

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AND AT WWW.CFES.ORG/ACCOUNTABILITY/

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	ACTIVITY FOR AGENCY FUNDS NOT ON THE FINANCIAL STATEMENTS -1,528,340.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE YEAR.