DLN: 93493113009001 OMB No. 1545-0047 Return of Organization Exempt From Income Tax

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

☐Yes **☑**No

☐ Yes ☐No

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▶ Do not enter social security numbers on this form as it may be made public. Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020 C Name of organization THE COMMUNITY FOUNDATION OF FREDERICK B Check if applicable: ☐ Address change COUNTY MARYLAND INC ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated Number and street (or P.O. box if mail is not delivered to street address) Room/suite 312 EAST CHURCH STREET ☐ Amended return □ Application pending City or town, state or province, country, and ZIP or foreign postal code FREDERICK, MD 21701 Name and address of principal officer: **H(a)** Is this a group return for ELIZABETH Y DAY subordinates? 312 EAST CHURCH STREET Are all subordinates FREDERICK, MD 21701 included? Tax-exempt status: **☑** 501(c)(3) **□** 501(c)() **◄** (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions)

D Employer identification number 52-1488711 E Telephone number (301) 695-7660 G Gross receipts \$ 26,455,057

Website: ► WWW.FREDERICKCOUNTYGIVES.ORG

K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

H(c) Group exemption number ▶

M State of legal domicile:

Summary

Activities & Governance

Expenses

1 Briefly describe the organization's mission or most significant activities: GENEROUS DONORS CREATE POSITIVE IMPACT IN THE LIVES OF FREDERICK COUNTY CITIZENS THROUGH GRANTS AND SCHOLARSHIPS. IN FY2020, GRANTS TOTALING \$5,615,648 BENEFITED 276 NONPROFITS SERVING THE COMMUNITY, SUPPORTING THEIR CRITICAL PROGRAMS AND PROVIDING SERVICES TO THOUSANDS OF RESIDENTS. SCHOLARSHIPS FOR POST-SECONDARY STUDY (INCLUDING VOCATIONAL TRAINING) TOTALING \$2,006,958 WERE AWARDED TO 359 STUDENTS. AS A RESULT, THE WELL-BEING, GROWTH, AND SUCCESS OF FREDERICK COUNTY CITIZENS AND OUR COMMUNITY-AT-LARGE WERE IMPROVED, AND ADVOCACY FOR NEW DONORS WAS ACCOMPLISHED.

2	Check this box $lacktriangledown Lul if the organization discontinued its operations or disposed of more than 25% of its net asset$	Ş
3	Number of voting members of the governing body (Part VI, line 1a)	

3 4 4 Number of independent voting members of the governing body (Part VI, line 1b)

5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

14 6 148 Total number of volunteers (estimate if necessary) . . .

Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 39 23,746

Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . 4,955,711 9,466,029 Program service revenue (Part VIII, line 2g) . 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8.907.653 6.977.317 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,863,364 16,443,346 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 6,431,210 7,622,606 Benefits paid to or for members (Part IX, column (A), line 4) . 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,113,001 1.255,405 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶475,521 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,179,313 1,070,014

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,723,524 9,948,025

19 Revenue less expenses. Subtract line 18 from line 12 . 5,139,840 6,495,321 Beginning of Current Year **End of Year**

Assets or d Balances 129,035,482 137,281,850 20 Total assets (Part X, line 16) . Total liabilities (Part X, line 26) . 10.920.882 12,212,186 125,069,664 118,114,600

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

Signature of officer Sign

ELIZABETH Y DAY PRESIDENT AND CEO Type or print name and title

Preparer's signature

PTIN Check \square if P00245169

Paid Preparer Use Only

Here

Firm's name ► ELLIN & TUCKER CHARTERED Firm's address ▶ 400 EAST PRATT ST SUITE 200

BALTIMORE, MD 21202

Net assets or fund balances. Subtract line 21 from line 20 .

Print/Type preparer's name

May the IRS discuss this return with the preparer shown above? (see instructions)

Cat. No. 11282Y

Date

2021-03-04

2021-03-04

self-employed Firm's EIN ▶ 52-0959934

Phone no. (410) 727-5735

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

☑ Yes ☐ No

Form	990 (2019)					Page 2						
Pa	statement	of Program Service	e Accomplis	hments								
	Check if Sche	dule O contains a respo	nse or note to	any line in this Part III		🗹						
1	Briefly describe the o	organization's mission:		•								
				PEOPLE WHO CARE WI	TH CAUSES THAT MATTER TO ENR	ICH THE QUALITY OF LIFE						
IN F	REDERICK COUNTY NO	W AND FOR FUTURE G	ENERATIONS.									
2	Did the organization undertake any significant program services during the year which were not listed on											
	the prior Form 990 o	☐ Yes 🗹 No										
	If "Yes," describe the											
3	Did the organization	cease conducting, or m	ake significant	changes in how it cond	ucts, any program							
	services?											
	If "Yes," describe the	ese changes on Schedul	e O.									
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 \$	1,432,405	including grants of \$	1,311,388) (Revenue \$)						
	See Additional Data					· 						
4b	(Code:) (Expenses \$	4,588,148	including grants of \$	4,304,260) (Revenue \$)						
	See Additional Data					, 						
4c	(Code:) (Expenses \$	2,242,050	including grants of \$	2,006,958) (Revenue \$)						
	See Additional Data											
4d	d Other program services (Describe in Schedule O.)											
	(Expenses \$	incl	uding grants of	\$) (Revenue \$)						
4e	Total program serv	vice expenses ▶	8,262,6	03								

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Pai	tiV 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 🕏	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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	5		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? <i>If "Yes," complete Schedule D,</i> Part 3	6	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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		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 "	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	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 2	11c		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	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	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b	Yes	
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	15		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	16		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)	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Nο

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Par	Checklist of Required Schedules (continued)					
			Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a					
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L,</i> Part I	25b		No		
6	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No		
.7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No		
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes			
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No		
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No		
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes			
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No		
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No		
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
8						
Par						
	Check if Schedule O contains a response or note to any line in this Part V	. ;				
			Yes	No		
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45					
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.					

1c

01111	Chatamanta Barandina Othan IDC Filings and Tay Compliance (continued)			rage 3			
	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No			
Ea	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No			
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b					
	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No			
	If "Yes," indicate the number of Forms 8282 filed during the year						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No			
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		No			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		No			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No			
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans						
	Enter the amount of reserves on hand						
	14a 14b		No				
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No			

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines				
Se	ction A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 23							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No				
6	Did the organization have members or stockholders?	6		No				
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?							
8	,							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
L6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt							
	status with respect to such arrangements?	16b						
	ection C. Disclosure							
L7	List the states with which a copy of this Form 990 is required to be filed▶ MD							
L8	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.							
	☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)							
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records: •GAIL FITZGERALD 312 EAST CHURCH STREET FREDERICK, MD 21701 (301) 695-7660							

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. 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 per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization should be organization from the organization from t	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (C) Position (do not check more than subject or the organization or any related organization or trustee) and the organization or			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
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■ 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, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ 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 below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (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) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	(F) Estimated amount of ot compensati from the organization related	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		, ,		ated	
	See Additional Data Table												
													—
													—

Pal	Section A. Officers, Directors, Trustees, key Employees, and Highest Compensated Employees (contin						.iriueu)							
	(A) Name and title	than o	one bo	ox, u an off	ot che unles fficer	eck mo ss pers r and a tee)	son	Repo compo froi orgai	(D) ortable ensation m the nization	from related organization	n I s	(F) Estima amount or compens from t	ated f other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		2/1099- ISC)	(W-2/1099- MISC)		organization and related organizations	
See	Additional Data Table	 	$\vdash \vdash \vdash$	\vdash	+	\vdash	+-	\vdash	 					
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		, I												
1b 9	Sub-Total	<u> </u>		<u> </u>	<u> </u>	<u>—</u>	▶	ш			<u> </u>	十		
	Total from continuation sheets to Pa						▶ _	_						
d 1	Total (add lines 1b and 1c)	<u> </u>	<u> </u>	<u></u>			▶		-	405,469		0		49,619
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bov€	e) who	rece	eived mo	re than	\$100,000			
-					—	—							Yes	No
3	Did the organization list any former of	officer, director	or trust	ee, k	ev e	emple:	ovee, c	or hi	ahest cor	mpensat	ted employee on		+	
_	line 1a? If "Yes," complete Schedule J	,		•	•	•			• •			3		No
4	For any individual listed on line 1a, is	the sum of rep	ortable ،	comp	ensa	atior	ı and c	other	compen	sation fr	rom the		+ +	
	organization and related organizations individual											4	Yes	
5	Did any person listed on line 1a receives rendered to the organization?								_			5		No
Se	ection B. Independent Contract				_	_		_						
1	Complete this table for your five higher from the organization. Report comper	est compensated										mpen	sation	
-	<u> </u>	(A)		,		1119	77141. 4.	1 77.1-	JIIII 6 2	Ī	(B)		(C)	
	Name a	and business addre)SS							D.	escription of services		Compen	sation

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

Form **990** (2019)

compensation from the organization \blacktriangleright 0

orm 9		Statement	of F	Revenue						Page 9
			dule	O contains a	a respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
, s	18	a Federated campa	aigns	· .	1a			revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s.	. [1 b					
š, Gr Amo	'	c Fundraising even		l	1c					
Sifts Iar 7	'	d Related organizae Government grants		ļ	1d					
ns, (imi	T,	All other contribution		ļ	1e					
atio er S	'	and similar amount above			1f	9,466,029				
ë ë	9	g Noncash contribution lines 1a - 1f:\$	ons in	cluded in	1g	842,642				
on a		h Total. Add lines	1a-1	f						
						Business Code	9,466,029			
	2a									
ne ne										
Program Service Revenue	b									
ice I	c									
Serv	d									
ram										
Prog	e									
	f	All other program	serv	rice revenue						
		Total. Add lines 2						1	<u> </u>	
	3	Investment income similar amounts)	inc: •	luding divide		nterest, and other		9		4,263,689
		Income from invest	tmer	nt of tax-exe	mpt bo		-			
	5	Royalties		(i) Rea		(ii) Personal	•			
		Current wants		(,)		(,	7			
		Gross rents Less: rental	6a				-			
	_	expenses	6b				_			
	C	Rental income or (loss)	6 c							
	C	Net rental income	e or i							
	72	Gross amount		(i) Secur	ities	(ii) Other	_			
		from sales of assets other	7a	12,	725,339					
	ь	than inventory Less: cost or					\dashv			
		other basis and sales expenses	7b	10,0	011,711	L				
	6	Gain or (loss)	7c	2,7	713,628	3				
		Net gain or (loss)					2,713,62	8		2,713,628
<u>e</u>	8a	Gross income from fu (not including \$	undra	ising events of						
/en		contributions reporte See Part IV, line 18								
Other Revenue	 E	Less: direct expen			8a 8b		\dashv			
her	l	: Net income or (los			ing ev	ents 🕨				
	9a	Gross income from	gam	ing activities.						
		See Part IV, line 19			9a					
	l	Less: direct expen : Net income or (los			9b	ies				
		(100	,	55		les >				
	10	aGross sales of inve returns and allowa	ento: ance:	ry, less s	10a					
	Ŀ	Less: cost of good	ls so	ld	10b					
	٥	Net income or (los			invent		_			
	11	Miscellaneo .a	us R	evenue		Business Code	-			
	l E	,								1
	۰									
	_ ا	All other revenue								
		Total. Add lines 1				🕨	<u> </u>			+
	12	! Total revenue. S	ee ir	nstructions						+
					-	- P	16,443,34	6	0	0 6,977,317

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must co		_		mn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			<u> U</u>
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	5,615,648	5,615,648		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,006,958	2,006,958		_
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	369,711	121,605	195,737	52,369
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	722,238	273,514	156,969	291,755
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	20,965	9,020	4,794	7,151
9 Other employee benefits	72,007	33,615	15,353	23,039
10 Payroll taxes	70,484	25,792	20,700	23,992
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	20,725	4,352	16,373	_
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	629,051		629,051	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	6,877	509	132	6,236
12 Advertising and promotion	28,679	9,806	18,436	437
13 Office expenses	55,653	18,205	16,545	20,903
14 Information technology	111,932	60,979	39,545	11,408
15 Royalties		,	•	
16 Occupancy	82,736	29,785	41,368	11,583
17 Travel	5,765	152	3,719	1,894
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	5,1.00		5,7 25	
19 Conferences, conventions, and meetings	2,299	504	716	1,079
20 Interest	,			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,286	10,183	15,274	2,829
23 Insurance	12,755	4,803	6,676	1,276
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.)	,	,	·	<u> </u>
a EVENTS	34,962	14,998	8,940	11,024
b ANNUAL REPORT & NEWSLET	15,582	4,175	9,849	1,558
c DUES & SUBSCRIPTIONS	12,613	5,371	4,448	2,794
d STRATEGIC INITIATIVES	11,319	10,000		1,319
e All other expenses	10,780	2,629	5,276	2,875
Total functional expenses. Add lines 1 through 24e	9,948,025	8,262,603	1,209,901	475,521
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				_

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

Form 990 (2019)

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Liabilities 22

Fund Balances

٥ 29

Assets 30 Intangible assets .

Grants payable .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Tax-exempt bond liabilities . .

End of year

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33

97,850

148,015

123,141,645

4,149,041

1,301,595

9,619,287

10.920.882

96,047,360

22,067,240

118,114,600

129,035,482

129,035,482

Page **11**

87,835

140,045

127,172,073

5,770,346

2,295,622

9,916,564

12.212.186

101,440,206

23,629,458

125,069,664

137,281,850

Form 990 (2019)

137,281,850

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

		99)		
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	1,195,846	2	3,749,448
3	Pledges and grants receivable, net	303,085	3	362,103
1	Accounts receivable not		1	

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . .

Assets Inventories for sale or use . .

Prepaid expenses and deferred charges .

Investments—program-related. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

10a Land, buildings, and equipment: cost or other 10a

basis. Complete Part VI of Schedule D 10b b Less: accumulated depreciation

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

634,645 494,600

Beginning of year

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? 3a

No

Form 990 (2019)

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. 3h

Additional Data

Software ID:

Software Version:

EIN: 52-1488711

Name: THE COMMUNITY FOUNDATION OF FREDERICK

COUNTY MARYLAND INC.

Form 990 (2019)

Form 990, Part III, Line 4a:

FINANCIAL INFORMATION. REQUIRED REPORTS ENSURE ACCOUNTABILITY.

STRATEGIC PRIORITY GRANTS - THE COMMUNITY FOUNDATION IDENTIFIES COMMUNITY NEEDS THROUGH PERIODIC ASSESSMENTS AND. BASED UPON THESE FINDINGS. DETERMINES STRATEGIC PRIORITIES FOR ITS DISCRETIONARY GRANTMAKING. QUALIFIED 501C3 ORGANIZATIONS AND GOVERNMENT/QUASI-GOVERNMENT ENTITIES

APPLYING FOR FUNDING PROGRAMS NOT NORMALLY PROVIDED THROUGH TAX REVENUE MAY COMPLETE APPLICATIONS FOR STRATEGIC FUNDING, APPLICANTS PARTICIPATE IN A RIGOROUS REVIEW PROCESS CONDUCTED BY THE COMMUNITY FOUNDATION'S GRANTS COMMITTEE. APPLICANTS MUST BE IN GOOD STANDING WITH ALL STATE AND FEDERAL REGISTRATIONS, AND MUST PROVIDE DESCRIPTIONS OF THEIR PROGRAMS, UNITS OF SERVICE AND EXPECTED OUTCOMES, AND DETAILED

IMPACT GRANTS - THE COMMUNITY FOUNDATION ADMINISTERS GRANTS FROM FIELD OF INTEREST, DONOR-ADVISED AND DESIGNATED FUNDS ESTABLISHED BY DONORS WHO WANT TO CREATE IMPACT AND SUPPORT THEIR FAVORITE CAUSES. FIELD OF INTEREST FUND FOUNDERS SPECIFY GENERAL AREAS FOR THE COMMUNITY. FOUNDATION TO DIRECT ITS GRANTMAKING, BUT NOT SPECIFIC NONPROFITS. DONOR-ADVISED FUND FOUNDERS RECOMMEND GRANTS FROM THEIR FUNDS, WITH THE COMMUNITY FOUNDATION BOARD OF TRUSTEES HAVING FINAL APPROVAL. GRANTS FROM DESIGNATED FUNDS SUPPORT THE COMMUNITY CAUSES IDENTIFIED IN THE

AGREEMENT EXECUTED WHEN THE DONOR ESTABLISHED THE FUND WITH THE COMMUNITY FOUNDATION. ALL GRANTEES MUST BE IN GOOD STANDING WITH ALL STATE AND FEDERAL REGISTRATIONS AND SOME MUST PROVIDE DESCRIPTIONS OF THE IMPACT OF THEIR PROGRAMS AND REPORTS TO ENSURE ACCOUNTABILITY, GRANTS

Form 990, Part III, Line 4b:

PROGRAMS, ELDER CARE, HISTORIC PRESERVATION, AND OTHER COMMUNITY CAUSES.

SUPPORT HEALTH AND HUMAN SERVICES, THE ARTS, FAITH-BASED ORGANIZATIONS, EDUCATIONAL INSTITUTIONS, THE ENVIRONMENT, ANIMAL WELL-BEING, YOUTH

SCHOLARSHIPS - THE COMMUNITY FOUNDATION IS ONE OF THE LARGEST PROVIDERS OF SCHOLARSHIPS IN FREDERICK COUNTY, AND WE ALSO ADMINISTER THE TRUMPOWER SCHOLARSHIP FOR CARROLL COUNTY RESIDENTS, TO INDIVIDUALS PURSUING EDUCATION PAST HIGH SCHOOL, INCLUDING TWO AND FOUR-YEAR COLLEGES AND UNIVERSITIES. TRADE AND TECHNICAL SCHOOLS, MASTERS AND DOCTORAL PROGRAMS, AND CERTIFICATIONS, STUDENTS MAY APPLY FOR

Form 990, Part III, Line 4c:

SCHOLARSHIPS DURING ANY YEAR OF THEIR ACADEMIC CAREERS, INCLUDING NON-TRADITIONAL STUDENTS WHO DID NOT BEGIN THEIR POST-SECONDARY STUDIES IMMEDIATELY FOLLOWING HIGH SCHOOL. THE COMMUNITY FOUNDATION'S SCHOLARSHIP COMMITTEE REVIEWS ALL APPLICATIONS AND SELECTS RECIPIENTS THAT BEST MATCH THE CRITERIA SET FORTH BY THE DONOR WHEN THE SCHOLARSHIP FUND WAS ESTABLISHED. SCHOLARSHIPS ARE AVAILABLE FOR ALMOST ANY AREA OF STUDY, SOME DO NOT CONSIDER FINANCIAL NEED AS CRITERIA, AND SOME ARE RENEWABLE FOR ONE OR MORE YEARS. ADDITIONALLY, SOME SCHOLARSHIPS ARE OFFERED FOR STUDENTS AGES 6 TO 17 FOR MUSIC, INSTRUMENTAL, DANCE AND VOCAL INSTRUCTION AND SOME ARE OFFERED FOR YOUTH AGES 11 TO 18 FOR ATHLETIC PROGRAMS.

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

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

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
NANCY THRASHER CHAIRMAN	1.00	Х		х				0	0	0	
MICHAEL H DELAUTER FIRST VICE CHAIRMAN	1.00	х		х				0	0	0	
RACHEL I MANDEL SECOND VICE CHAIRMAN	1.00	х		х				0	0	0	
JAMES SUMMERS	1.00	Х		х				0	0	0	

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TREASURER C MATT WILEY

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SECRETARY

THOMAS E LYNCH III

ALEJANDRO CANADAS

STACEY L COLLINS

GORDON M COOLEY

PAST CHAIRMAN

IAN P BARTMAN

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list compensation from the from related and a director/trustee) any hours organization organizations from the

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

	ally llouis	and a director/trustee/						Organización	organizacions	l lioni the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MICHAEL CUMBERLAND TRUSTEE	1.00	Х						0	0	0
TAITIA L ELLIOTT TRUSTEE	1.00	х						0	0	0
JEAN M JOYCE TRUSTEE	1.00	Х						0	0	0
AMARIS LITTLE	1.00	×						0	0	0

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JEAN M JOYCE
TRUSTEE
AMARIS LITTLE
TRUSTEE

......

VERONICA D LOWE

R SEAN MCADAM

DARRYN NAYLIN

NICOLE CHAFITZ ORR

RICHARD A PEARRELL

LINDA S THANE MORGAN

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related compensation from the any hours and a director/trustee) organization organizations from the

(W- 2/1099-

(W- 2/1099-

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20,541

17,589

168,486

123,528

organization and

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

	organizations below dotted line)	ndividual trustee or director	Institutional Trustee	(ey employee	lighest compensated imployee	-ormer	MISC)	MISC)	related organizations
GREGORY POWELL TRUSTEE	1.00	Х					0	0	0
DANIEL J SCHIFFMAN TRUSTEE	1.00	х					0	0	0
LOUANNE S WELGOSS TRUSTEE	1.00	Х					0	0	0
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TRUSTEE					l
LOUANNE S WELGOSS	1.00	X			ĺ
TRUSTEE		^			
GARY L ROLLINS	1.00	X			
TRUSTEE		^			
TOD P SALISBURY	1.00				

for related

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

KEVIN HESSLER

ELIZABETH Y DAY

PRESIDENT & CEO

GAIL M FITZGERALD

CHIEF FINANCIAL OFFICER

DANIEL K TREGONING

COLLEEN CHIDESTER

......

and Independent Contractors (A) Name and Title

nours per week (list any hours for related organizations below dotted line)
50.00

(B)

Average

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

(C)

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

Institutiona

compensation from the organization (W-2/1099-MISC)

(D)

Reportable Reportable 113,455

compensation from related organizations (W- 2/1099-MISC)

(E)

compensation from the organization and related organizations

11,489

Estimated

amount of other

DIRECTOR PHILANTHROPIC SERVICES

LAURA MCCULLOUGH

efile GRAPHIC print - DO NOT			<u> 1t - DO NOT</u>	PROCESS	As Filed Data -			DLN: 9	3493113009001			
SCI		ULE A		Public (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
	m 990			lete if the or	ganization is a sect 4947(a)(1) nonexe	ion 501(c)(3)	organization o		2019			
Depart	ment of	the Treasury	▶ Go		Attach to Form 9 gov/Form990 for in	990 or Form 99	0-EZ.	ormation.	Open to Public Inspection			
Nam	e of th	nue Service ne organiza NITY FOUNDATI	tion ON OF FREDERIC	K				Employer identific	<u> </u>			
COUN	TY MAR	YLAND INC						52-1488711				
	rt I				is (All organization it is: (For lines 1 thro			See instructions.				
1			•		sociation of churches	•		(Δ)(i).				
2		·		,	L)(A)(ii). (Attach Sch			()(-)-				
3			ospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		·	,	·	-			-	nter the hospital's			
•	Ш		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, s	tate, or local go	overnment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7	✓		ation that normal $0(b)(1)(A)(v)$			s support from a	governmental u	nit or from the gener	al public described in			
8		A communi	ty trust describ	ed in section	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9					scribed in 170(b)(1) e instructions. Enter				ege or university or a			
10		from activit investment	ies related to it income and un	s exempt fund related busine	ctions—subject to cer	tain exceptions,	and (2) no more	is, membership fees, than 331/3% of its su sees acquired by the c	•			
11					exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ly supported or	ganizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a s 12e, 12f, and 12g.				
a		Type I. A so	supporting orga	nization opera to regularly a	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by of the supporting orga				
b		Type II. A manageme	supporting org	anization supe rting organiza	tion vested in the sar			organization(s), by havinge the supported orga				
c		Type III f	unctionally int	egrated. A s				nd functionally integra	ted with, its			
d		Type III n	on-functional integrated. The	ly integrated e organization	I. A supporting organi	ization operated fy a distribution	in connection wi	th its supported orgar an attentiveness req				
e		Check this	box if the organ	nization receiv		nation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported o		· · · · · · · · · ·	-						
g	Provi	de the follow	ing information	about the su	pported organization(s).						
	(i) Name of supported organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
						Yes	No					
Tota					structions for	Cat. No. 11285			 90 or 990-EZ) 2019			

	the organization without charge						
4	Total. Add lines 1 through 3	5,069,519	4,539,653	6,047,669	4,955,711	9,466,029	30,078,581
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)						1,094,989
6	Public support. Subtract line 5 from line 4.						28,983,592
S	ection 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	5,069,519	4,539,653	6,047,669	4,955,711	9,466,029	30,078,581
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,554,892	2,743,582	2,886,406	4,038,142	4,263,689	16,486,711
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						46,565,292
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	or the organization	's first, second, thi	ird, fourth, or fifth	tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					. Ď]
s	ection C. Computation of Public						
14	Public support percentage for 2019 (lin	<u> </u>		olumn (f))		14	62.240 %
15	Public support percentage for 2018 Sc	, , ,		. , ,		15	62.320 %
	22 1/20/2 support test_2010 If the	, ,					

	income from similar sources						
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						
11	assets (Explain in Part VI.) Total support. Add lines 7 through						
	10						46,565,292
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	or the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) or	rganization,
	check this box and stop here					🕨	
S	ection C. Computation of Public						
14	Public support percentage for 2019 (lin	ne 6, column (f) d	ivided by line 11,	column (f))		14	62.240 %
15	Public support percentage for 2018 Sc		15	62.320 %			
16a	33 1/3% support test—2019. If the	organization did	not check the box	on line 13, and li	ne 14 is 33 1/3% or	more, check thi	is box
	and stop here. The organization quali	fies as a publicly :	supported organiz	ation			▶ 🗹
b	33 1/3% support test—2018. If th	_		•		•	
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganization			▶ ⊔
17a	10%-facts-and-circumstances test is 10% or more, and if the organizatio						
İ	in Part VI how the organization meets						
	organization						▶ 🗆
b	10%-facts-and-circumstances tes	st—2018. If the o	rganization did no	t check a box on	line 13, 16a, 16b, d	or 17a, and line	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization						. □
1 2	supported organization					and see	🟲 🗀
10	instructions						▶□
l	The decicine is a second secon	· · · · · · · · · · · ·	<u> </u>				or 990-EZ) 2019

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(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						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	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.						
С	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						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

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the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,	
	describe the designation. If historic and continuing relationship, explain.	1

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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? If "Yes," provide detail in Part VI. 6

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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a 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? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b 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? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3			
Pa	rt IV Supporting Organizations (continued)						
_			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?						
		11a					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-					
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit						
	organization.	2					
S	ection C. Type II Supporting Organizations						
_			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of						
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection D. All Type III Supporting Organizations		v				
_			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing						
	documents in effect on the date of notification, to the extent not previously provided?	1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).						
_		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax						
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3					
S	ection 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 instruction)	ions):					
	The organization satisfied the Activities Test. Complete line 2 below.						
	b						
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No			
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a					
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's						
	involvement.	2b					
3	Parent of Supported Organizations. Answer (a) and (b) below.						
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h					

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

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.	

7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh 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	(i)	(ii) Underdistributions	(iii) Distributable

8	Distributions to attentive supported organizations to wh details in $\bf Part\ VI)$. 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:			_

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) (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				

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:		
<u></u> \$		
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		

e From 2018.

d Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 39, 31, and 31 from 31.		
4 Distributions for 2019 from Section D, line 7:		
<u> \$ </u>		
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.		

	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:		
а	Excess from 2015		
b	Excess from 2016		
	Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

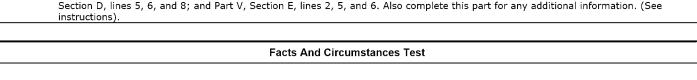
Additional Data

Software ID: **Software Version:**

EIN: 52-1488711

Name: THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND INC

chedule A (Form 990 or 990-EZ) 2019 Page
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).



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DLN: 93493113009001

2019

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Intern	al Revenue Service	► Go to <u>www.irs.gov/For</u>	<u>m990</u> for instructions and t	the latest info	rmation.	Ins	pection
	me of the organ	nization DATION OF FREDERICK			Employer id	entification	number
	JNTY MARYLAND INC				52-1488711		
Pa		izations Maintaining Donor Adv te if the organization answered "Y			or Accounts.		
	•		(a) Donor advised for	unds	(b) Fund	ls and other a	ccounts
1	Total number at	end of year		142			623
2		of contributions to (during year)		2,259,170			6,999,944
3	Aggregate value	of grants from (during year)		1,122,173			6,963,216
4	Aggregate value at end of year						122,772,522
5		ation inform all donors and donor advis property, subject to the organization's e					Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and openses and not for the benefit of the donors.	or or donor advisor, or for any	other purpose		rmissible	Yes 🗌 No
Pa	rt III Conser	rvation Easements.					103 🗀 110
	Comple	te if the organization answered "Y	es" on Form 990, Part IV,	line 7.			
1	Purpose(s) of co	onservation easements held by the org	anization (check all that apply).			
	☐ Preservation	on of land for public use (e.g., recreation	on or education) 🔲 Pre	eservation of ar	n historically imp	oortant land a	rea
	☐ Protection	of natural habitat	☐ Pre	eservation of a	certified historic	structure	
	☐ Preservation	on of open space					
2		2a through 2d if the organization held elast day of the tax year.	a qualified conservation contri	bution in the fo		ation at the End of	f the Year
а	Total number of	conservation easements			2a		
b	Total acreage re	estricted by conservation easements .			2b		
С	Number of conse	ervation easements on a certified histo	ric structure included in (a) .		2c		
d		ervation easements included in (c) acq in the National Register	uired after 7/25/06, and not o	n a historic	2d		
3	Number of cons tax year ►	servation easements modified, transfer	red, released, extinguished, or	terminated by	the organizatio	n during the	
4	Number of state	es where property subject to conservat	ion easement is located >				
5		ization have a written policy regarding			of violations,		_
		nt of the conservation easements it holiter teer hours devoted to monitoring, inspe			enconvation oac	Yes	□ No
6	>		ecting, handling of violations, a	and emorcing c	onservation eas	ements during	g the year
7	Amount of expe ► \$	enses incurred in monitoring, inspecting	g, handling of violations, and e	enforcing conse	rvation easemer	nts during the	year
8		ervation easement reported on line 2(ol(h)(4)(B)(ii)?			.70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet, a	scribe how the organization reports cor and include, if applicable, the text of th n's accounting for conservation easeme	e footnote to the organization				
Par		izations Maintaining Collection te if the organization answered "Y			ner Similar A	ssets.	
1a	art, historical tr	ion elected, as permitted under SFAS 1 easures, or other similar assets held fo XIII, the text of the footnote to its fina	r public exhibition, education,	or research in			orks of
b	historical treasu following amour	ion elected, as permitted under SFAS 1 ires, or other similar assets held for pu nts relating to these items:	blic exhibition, education, or r	esearch in furth	nerance of public	c service, pro\	vide the
((i) Revenue includ	ded on Form 990, Part VIII, line 1			> \$_		
(i	ii)Assets included	l in Form 990, Part X			> \$		
2	If the organizati	ion received or held works of art, histo nts required to be reported under SFAS	rical treasures, or other simila	r assets for fina		ide the	
а	Revenue include	ed on Form 990, Part VIII, line 1			> \$ _		
b	Assets included	in Form 990, Part X			▶ \$_		
For	Paperwork Redu	uction Act Notice, see the Instruction	ons for Form 990.	Cat. No.	. 52283D S ch	edule D (Fo	rm 990) 2019

d Equipment .

Sche	edule D (Form 990) 2019						Page 2
Par	t III Organizations Maintain	ing Collections of	Art, Histo	rical Treas	sures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, items (check all that apply):	accession, and other i	ecords, checl	k any of the	following that are a	a significant use of i	ts collection
а	Public exhibition		d	☐ Loā	n or exchange pro	grams	
b	Scholarly research		е	☐ Oth	ner		
C	Preservation for future generat	tions					
4	Provide a description of the organizate Part XIII.	tion's collections and o	explain how t	hey further t	he organization's e	exempt purpose in	
5	During the year, did the organization assets to be sold to raise funds rathe						∕es □ No
Pa	rt IV Escrow and Custodial A Complete if the organizati X, line 21.		on Form 99	0, Part IV,	line 9, or report	ed an amount on	Form 990, Part
1 a	Is the organization an agent, trustee included on Form 990, Part X?						.
	,					· · · · · · · · · · · · · · · · · · ·	′es 🗌 No
b	If "Yes," explain the arrangement in	Part XIII and complet	e the followin	g table:		Amoun	t
С	Beginning balance				. 1 c		
d	Additions during the year				1d		
е	Distributions during the year						
f	Ending balance				1f		
2a	Did the organization include an amou	ınt on Form 990, Part	X, line 21, fo	r escrow or	custodial account li	iability? 🗌 ነ	′es 🗌 No
b	If "Yes," explain the arrangement in	Part XIII. Check here	if the explana	ation has bee	en provided in Part	XIII □	
Pa	rt V Endowment Funds.						
	Complete if the organizati					I(d) Thurs we see head	(Ca) Faura vanue ha ali
1a	Beginning of year balance	(a) Current	year (b) 605,973	Prior year 11,336,475		(d) Three years back 4 11,675,35	
	Contributions	· -	500,478	58,041		<u> </u>	
	Net investment earnings, gains, and lo	<u> </u>	254,955	694,137	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	
	Grants or scholarships		99,885	482,680	510,59	9 702,16	7 334,918
	Other expenditures for facilities		,		,	1	
_	and programs		97,392			17,39	9
	Administrative expenses		54.400	44.405.070	44 206 47		4
g	End of year balance		864,129	11,605,973	· ' '	5 11,570,02	11,675,359
2	Provide the estimated percentage of	•	balance (line	1g, column ((a)) held as:		
а	Board designated or quasi-endowme						
b	Permanent endowment ► 86.800) %					
C	Temporarily restricted endowment						
-	The percentages on lines 2a, 2b, and						
3а	Are there endowment funds not in th organization by:	e possession of the o	rganization th	at are neid a	and administered re	or the	Yes No
	(i) unrelated organizations						3a(i) No
	(ii) related organizations					[:	Ba(ii) No
b	If "Yes" on 3a(ii), are the related org		•				3b
4	Describe in Part XIII the intended use		's endowmen	t funds.			
Pa	rt VI Land, Buildings, and Eq Complete if the organizati		on Form 99	0, Part IV.	line 11a. See Fo	orm 990, Part X. I	ine 10.
	Description of property (a)	Cost or other basis	(b) Cost or oth				(d) Book value
		(investment)					
1a	Land				1		
b	Buildings						
	Leasehold improvements			389,20	18	312,098	77,110

245,437

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

62,935

140,045

182,502

	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, F (a) Description of security or category (including name of security)	Part IV, li (b) Book value	ne 11b.See Form 990, (c) Metho Cost or end-o	od of va	aluation:
(1) Financial					
	held equity interests				
(A)					
В)					
C)					
D)					
E)					
F)					
G)					
H)					
otal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII	Investments—Program Related.		11- C F 000	Do at N	/ line 12
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of investment	Part IV, II	(b) Book value	(c)	Method of valuation:
				Cost	or end-of-year market value
1)					
2)					
3)					_
4)					
5)					
6)					
7)					
8)					
9)					
otal. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, P.	art IV lin	11d Soc Form 990 Pa	urt V lin	20.15
	(a) Description	art IV, III	e 11d. See 10/11/990, Fa	II C A, III	(b) Book value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
				. •	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P.	art IV. lir	e 11e or 11f.See Form	990	Part X, line 25
l.	(a) Description of liability			(b) E	3ook
1) Federal i	income taxes			val	
	IES UNDER SPLIT-INTEREST AGREEMENTS			2,071	`
3) FUNDS H 4)	IELD FOR OTHERS (FAS 136)			7,845	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5)					
6)					
<i>^</i> 7)					
8)					
9)					
(10)	41)				
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the or		9,916 ements	

2

а

b

3

4

b

C

Part XII

5

1

2

C

d

е 3

4

5

Schedule D (Form 990) 2019

Page 4

1,067,531

14,958,527

1,484,819

16,443,346

d e

Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.)

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Add lines **4a** and **4b**

Donated services and use of facilities . .

Prior year adjustments

Other losses

Add lines 2a through 2d .

Subtract line 2e from line 1 .

Other (Describe in Part XIII.) . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

2a 2b

2c

2d

2a

2b

2c

1.272.397 629,051 855,768

-204.866

166,726

2e 3 4c

						- 1			
s included on Form 990, Part VIII, line 12, but not on line 1:						ĺ			
nent expenses not included on Form 990, Part VIII, line 7b	4a				629	,051			
Describe in Part XIII.)	4b				855	,768			
s 4a and 4b							4c		
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)							5		
Reconciliation of Expenses per Audited Financial Statem	ents	With	Exp	en	ses p	er R	eturi	n.	
Complete if the organization answered 'Yes' on Form 990, Part	: IV, li	ne 12	2a.						
	,						-		

- 1 9,054,783 2e 3
 - 166,726 8,888,057

4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a	629,051		
b	Other (Describe in Part XIII.)					
c	Add lines 4a and 4b				4c	1,059
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18.) .		5	9,948
Pai	t XIII Supplemental Info	ormation		•		
		art II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b. Also complete this part to provide			V, line	4; Part X, line 2; Pa
	Return Reference		Exp	planation		
ee /	Additional Data Table					

Schedule D (Form 990) 2019

chedule D (Forn	ule D (Form 990) 2019 Page	
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 52-1488711

Name: THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND INC

Supplemental Information

applemental information		
Return Reference	Explanation	
PART V, LINE 4:	THE FOUNDATION HAS A TRUSTEE-APPROVED SPENDING POLICY THAT DISTRIBUTES 5% OF THE FUND'S FA IR MARKET VALUE AS OF JUNE 30 OF THE PREVIOUS FISCAL YEAR FOR ALL FUNDS. ENDOWMENTS SPEND 5% AS LONG AS PRINCIPAL ORTAINED THROUGH CONTRIBUTIONS IS NOT INVADED.	

Supplemental Information				
Return Reference	Explanation			
PART X, LINE 2:	THE FOUNDATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TA X POSITIONS, WHICH INCLUDE MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNR ELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MAN AGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD.			

Supplemental Information			
Return Reference	Explanation		
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN CSV 13,602. RELATED ORGANIZATION INCOME 182,935. CHANGE IN PV OF FUTURE INTEREST 1,075,860.		

Supplemental Information			
Return Reference	Explanation		
PART XI, LINE 4B - OTHER ADJUSTMENTS:	FUNDS HELD FOR OTHERS 855,768.		

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RELATED ORGANIZATION EXPENSES 166,726.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	FUNDS HELD FOR OTHERS 430,917.

eme dital file print	- DO NOT	PROCESS /	As Filed Data	-		DLN: 9349	93113009001
SCHEDULE F (Form 990)	State	ement of A	Activities	Outside the Uni	ted States	ОМВ	No. 1545-0047
(Form 990)	► Comp	lete if the organiz		Yes" to Form 990, Part IV, I	ine 14b, 15, or 16.		2019
		• Go to www irs		to Form 990. Instructions and the latest in	oformation .	Or	oen to Public
Department of the Treasury Internal Revenue Service	·	GO to WWW.mang	g0 v /10/11/1990 10/1	matractions and the latest i	normation.	In	spection
Name of the organization					Employ	er identifica	tion number
THE COMMUNITY FOUNDA COUNTY MARYLAND INC	I ION OF FRE	DERICK			52-1488	3711	
Part I General Ir Form 990,			Outside the	United States. Comple	te if the organiz	ation answei	red "Yes" on
1 For grantmakers	Does the o	rganization mai	ntain records to	substantiate the amount	of its grants and		
other assistance, t	ne grantees'	eligibility for th	ne grants or assi	stance, and the selection	criteria used		
to award the grant	s or assistan	ice?				🔲	Yes 🗌 No
2 For grantmakers outside the United		Part V the orga	anization's proce	edures for monitoring the	use of its grants	and other as	sistance
3 Activites per Region	(The following	ng Part I, line 3 t	table can be dupl	icated if additional space is	needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in program service, do specific type of service(s) in the r	escribe for	Total expenditures and investments in the region
CENTRAL AMERICA A CARIBBEAN	ND THE	0	0	ENDOWMENT INVESTMENTS OFF SHORE			7,631,399
3a Sub-total		0) C				7,631,399
b Total from continuation	on sheets to	0	,	,			,
Part I							

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
	· · · · ·	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	∐ Yes	✓ No

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable any additional information. See instructions. dule F, Supplemental Information	method); Part III (accounting
	Return Reference	Explanation
PART III AC	CCOUNTING METHOD:	

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Internal Revenue Service

Treasury

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

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

► Go to <u>www.irs.gov/Form990</u> for the latest information.

OMB No. 1545-0047

DLN: 93493113009001

Open to Public

Inspection

THE COMMUNITY FOUNDATION OF	FEDERALON					Linbioye	er identification nu	iiiibei	
HE COMMUNITY FOUNDATION OF OUNTY MARYLAND INC	FFREDERICK					52-1488	3711		
Part I General Informa	tion on Grants	and Assistance				•			
Does the organization maint the selection criteria used to						e, and		☑ Yes	□ No
Describe in Part IV the orga	•	_	-						
Part II Grants and Other A that received more the			nd Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Pa	rt IV, line 21, for	any recipi	ent
(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) Descript noncash assis		Purpose of ssistance	grant
1) See Additional Data									
2)									
3)									
4)									
5)									
6)									
7)									
8)									
9)									
10)									
11)									
12)									
2 Enter total number of sectio	on 501(c)(3) and go	overnment organization:	s listed in the line 1 table				<u> </u>		126
3 Enter total number of other	organizations liste	d in the line 1 table .		<u> </u>			<u> </u>		0
or Paperwork Reduction Act Notice	, see the Instructio	ns for Form 990.		Cat. No. 5005	 5P		Schedule I ((Form 990)	2019

Page 2

Schedule I (Form 990) 2019

(5) (6)

(7) Part IV

Schedule I (Form 990) 2019

(3)

(4)

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

Additional Data

Software Version: **EIN:** 52-1488711 Name: THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND INC (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash organization if applicable grant cash

47-1798824

52-1532556

12,500

20,000

(e) Amount of non-(f) Method of valuation assistance other) or government

501(C)(3)

501(C)(3)

(g) Description of

(h) Purpose of grant

(book, FMV, appraisal,

non-cash assistance

or assistance

TRADE CERTIFICATIONS

AND MENTAL HEALTH & CRISIS INTERVENTION

FOR PLATOON 22

SHADY GROVE

UNRESTRICTED

HOSPITAL

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

Software ID:

22 NEEDS A FACE INC

FREDERICK, MD 21701

ROCKVILLE, MD 20850

8420 GAS HOUSE PIKE SUITE

ADVENTIST HEALTH CARE INC

9901 MEDICAL CENTER DR

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) ADVOCATES FOR HOMELESS 52-1501120 E01(C)(2) 82 824 LCASE MCD

(f) Method of valuation

(g) Description of

(h) Purpose of grant

COORDINATION MODEL

FOR LOW-INCOME

SENIORS IN SINGLE-UNIT HOUSING

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

OF FREDERICK COUNTY MD

8222 GLENDALE DR

FREDERICK, MD 21702

INC

(b) EIN

ADVOCATES FOR HOMELESS	22-1391139	1 301(0)(3)[02,024		CASE MOR,
FAMILIES INC					TRANSPORTATION,
216 ABRECHT PL					CHILDCARE ASSIST,
FREDERICK, MD 21701					EMERGENCY FINANCIAL
					ASSIST, AFTER-SCHOOL
					AND SUMMER
					ACTIVITIES, RENT &
					UTILITIES.

UNRESTRICTED 501(C)(3) 5,683 ADVOCATES FOR THE AGING 46-5336766 SERVICE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance ALL SAINTS EPISCOPAL 52-0610441 501(C)(3) 6.466 BUILDING FUND. CHURCH UNRESTRICTED 106 WEST CHURCH STREET FREDERICK, MD 21701 AMERICAN NATIONAL RED 53-0196605 501(C)(3) 11.957 FINANCIAL EMERGENCY CROSS SUPPORT AND DIRECT

SERVICES FOR

RESIDENTS OF FREDERICK COUNTY, UNRESTRICTED

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

431 18TH ST NW

WASHINGTON, DC 20013

(b) EIN (a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) ANIMAL PLACE 68-0200668 501(C)(3) 5,000 FOOD FOR THOUGHT PROGRAM PO BOX 1118 GRASS VALLEY, CA 95945

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

ARC OF FREDERICK COUNTY INC 620-A RESEARCH DR FREDERICK, MD 217038619	52-6055211	501(C)(3)	157,559		FREDERICK COUNTY SERVICES, CENTER- BASED EMPLOYMENT TRAINING PROGRAMS, OUTINGS & ACTIVITIES FOR CHILDREN WITH SPECIAL NEEDS, STAFFING AND
					GENERAL OPERATIONS
					DURING COVID-19
					RELATED CLOSURES.

UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (a) Description of if applicable (book, FMV, appraisal, non-cash assistance or assistance organization arant cash or government assistance other) 23-7376868 501(C)(3) 5.000 SALARIES FOR ASCENSION EPISCOPAL CHILDREN & YOUTH CHURCH 23 N COURT ST MINISTRY WESTMINSTER, MD 21157 ASIAN AMERICAN CENTER OF 86-1140556 501(C)(3) 36.349 STAFFING FOR

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

ASIAN AMERICAN CENTER OF FREDERICK 1080 WEST PATRICK STSUITE 16 FREDERICK, MD 21703

COMMUNITY HEALTH
NEEDS, MEDICAL,
HOUSING &
TRANSPORTATION
SUPPORT FOR CLIENTS
UNDERGOING CANCER
TREATMENTS, COVID19 EMERGENCY RELIEF

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) BIRTHING CIRCLE INC. 81-2549648 501(0)(3) 6 500l DOLLA PROJECT AND

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

501(C)(3)

3605 FIELDSTONE RD RANDALLSTOWN, MD 21133	01-23-30-0	301(0)(3)	0,500			FOR PROGRAMS TO IMPROVE BIRTH OUTCOMES AND LIVES OF INFANTS & FAMILIES
		1	i	•	i	

UNRESTRICTED FOR

FREDERICK COUNTY.

WEEKEND & SUMMER

FOOD BACKPACKS AND FOOD DISTRIBUTIONS DURING COVID-19 EMERGENCY

77,579

BLESSINGS IN A BACKPACK 26-1964620 INC PO BOX 3508

FREDERICK, MD 21705

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CAMP NEW FRIENDS

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

501(C)(3)

(c) IRC section

BOYS & GIRLS CLUB OF FREDERICK COUNTY INC	26-3424855	501(C)(3)	51,500		STEM LAB, SUMMER SCHOLARSHIPS, ART
413 BURCK ST					PROGRAM,
FREDERICK, MD 21701					CONVERSION OF SPACE
					TO FULLTIME DAYCARE
					CENTER FOR ESSENTIAL
					PERSONNEL,
					OPERATIONS DURING
					COVID-19 RELATED
					CLOSURES,
	1				UNRESTRICTED

10,000

111 MICHIGAN AVENUE NW WASHINGTON, DC 20010

BRAINY CAMPS

(a) Name and address of

(b) EIN

27-1547370

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 501(C)(3) 31.132 BROADFORDING BIBLE 23-7205826 UNRESTRICTED BRETHREN CHURCH 13523 BROADFORDING CHURCH RD

EMERGENCY RELIEF TO

GREATER BRUNSWICK

RESIDENTS IN THE

IAREA

HAGERSTOWN, MD 21740 65-1284873 501(C)(3) 6,458 BRUNSWICK ECUMENICAL IBRUNSWICK FOOD BANK AND FINANCIAL

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

ASSISTANCE COMMITTEE ON NEEDS INC

BRUNSWICK, MD 21716

7 SOUTH MARYLAND AVENUE

organization or government if applicable grant cash assistance or downward of the grant cash assistance or government cash assistance or downward of the grant cash other) INSTITUTE MICRO

(f) Method of valuation

(g) Description of

(h) Purpose of grant

CRANT DROCRAM TO

(d) Amount of cash

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

(c) IRC section

(b) EIN

(a) Name and address of

12 W DOTOMAC CT

BRUNSWICK, MD 21716 BRUNSWICK, MD 21716 BRUNSWICK BRUN
--

CALVARY UNITED METHODIST CONCERT SERIES, PRESCHOOL SCHOOL SECTION OF SEVENUE FROM COVID-19 CRISIS

CALVARY UNITED METHODIST CONCERT SERIES, PRESCHOOL SCHOOL
organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance

(f) Method of valuation

(g) Description of

(h) Purpose of grant

UNRESTRICTED

(d) Amount of cash

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

E04(6)(3)

501(C)(3)

(c) IRC section

(a) Name and address of

CARROLL MANOR FIRE

COMPANY 2795 ADAMS ST ADAMSTOWN, MD 21710 (b) EIN

F2 4222F04

52-1293774

CARE NET PREGNANCY	52-1322581	501(C)(3)	10,/38	1	<u>'</u>	DIAPERS, WIPES, RASH
CENTER OF FREDERICK						CREAM, CAR SEATS FOR
COUNTY						LOW INCOME MOTHERS
707 NORTH MARKET ST						WITH CHILDREN,
FREDERICK, MD 21701						UNRESTRICTED

40 700

11,750

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 30-0430736 501(C)(3) 28.730l GOLDEN YEARS DATA CENTRO HISPANO DE FREDERICK INC COLLECTION PLAN & 5 WILLOWDALE DR PROGRAM VAN RENTAL,

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FAMILY INDEPENDENCE

FREDERICK, MD 21702 PROGRAMS FOR VULNERABLE POPULATIONS DURING COVID-19 CRISIS. 501(C)(3) 13,844 CHILDREN OF INCARCERATED 27-3552072 PARENTS PARTNERSHIP INC PO BOX 791 FREDERICK, MD 21705

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

UNRESTRICTED UNRESTRICTED, RESOURCES FOR WOMEN AND CAREGIVERS OF IMPACTED CHILDREN, CONTINUING IEDUCATION FOR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CHILDREN'S HOSPITAL 52-1640402 501(C)(3) 61,405 LODGING ASSISTANCE AND FAMILY FOUNDATION

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

BRADDOCK HEIGHTS, MD

21714

801 ROEDER RD 3 SILVER SPRING, MD 20910					RESOURCES FOR PATIENTS FIGHTING CHILDHOOD CANCER & MEDICAL EXPENSES
CHURCH OF THE TRANSFIGURATION 6909 MARYLAND AVE PO BOX 87	52-1549171	501(C)(3)	250,417		UNRESTRICTED

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) CITY OF FREDERICK 52-6000789 FREDERICK COUNTY 26.060 l BEST PLACES TO WORK ECONOMIC DEVELOPMENT I AND CITY OF 101 NORTH COURT ST FREDERICK DAY EVENTS, EMERGENCY

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FINANCIAL ASSISTANCE FOR RENT, MORTGAGE & UTILITY EXPENSES FOR SMALL BUSINESSES IN CITY OF FREDERICK

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

FREDERICK, MD 21701

(b) EIN

SEVERELY IMPACTED BY COVID-19 CLOSURES. 82-3087890 501(C)(3) 12,951 EXTRACURRICULARS CITY YOUTH MATRIX 5710 KENT DR AND EDUCATION, NEW MARKET, MD 21774 TRANSPORTATION. ALICE FAMILIES WITH HOME ACTIVITY SUPPLIES AND MONTHLY FOOD INSECURITY ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance COMMUNITY OPTIONS INC 22-2964056 501(C)(3) 9.0001 RE-TRAIN STAFF IN 174 THOMAS JOHNSON DR ALTERNATE SERVICE PROVISION MODELS. PURCHASE PERSONAL

SUITE 202 FREDERICK, MD 21702

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

1255 23RD ST NW SUITE 200 WASHINGTON, DC 20037

PROTECTIVE **IEOUIPMENT &** CLEANING SUPPLIES COUNCIL ON FOUNDATIONS 13-6068327 501(C)(3) 8.250 UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 26-1168347 501(C)(3) 8.0001 CR FREEDOM CENTER INC IROOF REPAIR FOR 4730 IJAMSVILLE RD IMEN'S HOUSE AND IJAMSVILLE, MD 21754 PORCH AT

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

91 HOWARD CT FREDERICK, MD 21702

ICROSSROADS FREEDOM CENTER 501(C)(3) 6.975 CROSSED BRIDGES LLC 83-2589088 UNRESTRICTED

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) DAYBREAK ADULT DAY 52-1598993 501(C)(3) 23,447 SUBSIDIES FOR ADULT SERVICES MEDICAL DAY CARE,

(f) Method of valuation

(g) Description of

(h) Purpose of grant

COVID-19, UNRESTRICTED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

RESPITE SERVICES
7819 ROCKY SPRINGS RD
FREDERICK, MD 21702

EQUIPMENT TO
SUPPORT SAFE COVID19 REOPENING PLAN,
PHONE SYSTEM
UPGRADE

52-1481592 501(C)(3) 37,030 ART CLASSES FOR DELAPLAINE VISUAL ARTS EDUCATION CENTER CHILDREN, 40 S CARROLL STREET SCHOLARSHIPS TO FREDERICK, MD 21701 ELEMENTARY AGE CHILDREN TAKING ART INSTRUCTION. OPERATIONAL SUPPORT, EXHIBIT PRODUCTIONS. GENERAL OPERATING EXPENSE SUPPORT WHILE CLOSED DUE TO

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 52-1682341 501(C)(3) 81.020 FLOWERS OVER DOWNTOWN FREDERICK PARTNERSHIP INC FREDERICK PROJECT 19 E CHURCH ST IAND DOWNTOWN FREDERICK, MD 21701 HOLIDAY LIGHTS DR J FLMER HARP MEDICAL 52-1076100 501(C)(3) 11.672 SCHOLARSHIPS FOR STUDENTS IN

MIDDLETOWN, MD

CAREERS IN MEDICAL/HEALTH

FIELDS

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

DR J ELMER HARP MEDICA CENTER INC 400 EAST MAIN ST MIDDLETOWN, MD 21769

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-0627772 501(C)(3) 22.287 MAINTENANCE & EVANGELICAL LUTHERAN CHURCH IPRESERVATION OF 35 FAST CHURCH ST BUILDINGS.

5.000

UNRESTRICTED

SENIOR LIVING

CAPITAL CAMPAIGN

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

501(C)(3)

FREDERICK, MD 21701

FAHRNEY-KEEDY MEMORIAL
HOME INC
8507 MAPI EVILLE RD

BOONSBORO, MD 21713

52-0610464

organization or government

if applicable grant cash assistance (book, FMV, appraisal, other)

FAMILY PARTNERSHIP OF FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

FREDERICK COUNTY

Or assistance or assistance

(f) Method of valuation

(g) Description of

(h) Purpose of grant

THE ENDANGERED

SPECIES(THEATRE)
PROJECTS IN
FREDERICK, MD

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

248 W 35TH ST 10TH FLOOR

NEW YORK, NY 10001

(b) EIN

FREDERICK COUNTY 8420 GAS HOUSE PIKE STE EE FREDERICK, MD 21701					& 2020 PROGRAMS, STAFF DEVELOPMENT & TRAINING, CAPACITY BUILDING STRATEGIC PLANNING
FRACTURED ATLAS INC	11-3451703	501(C)(3)	5,000		FREE RANGE HUMANS &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1126146 501(C)(3) 5.210 FREDERICK ARTS COUNCIL IESSENTIAL STAFF &

INC IGENERAL OPERATIONS 15 W PATRICK STREET DURING COVID-19 FREDERICK, MD 21701 FREDERICK CHURCH OF THE 52-0651674 501(C)(3) 22.146

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

FREDERICK, MD 21701

IRELATED CLOSURES GENERAL FUND. BRETHREN BUILDING FUND. 201 FAIRVIEW AVENUE DEACON FUND

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization arant cash or government assistance other) 52-1231768 501(C)(3) 48.631 STUDENT SUCCESS FREDERICK COMMUNITY COLLEGE FOUNDATION INC. PROGRAM, ASSIST 7932 OPOSSUMTOWN PIKE CURRENT STUDENTS FREDERICK, MD 21702 WITH EMERGENCY ER AND FOOD ATED TO

(f) Method of valuation

(h) Purpose of grant

MAINTENANCE OF THE

CAMP, UNRESTRICTED

CAMP AND FOR

PROGRAMS AT THE

(a) Description of

l i	l i			SHELTER AND FOOD
	1			AID RELATED TO
	1			COVID-19 CRISIS,
	1			SCHOLARSHIPS,
				UNRESTRICTED

6.438

(d) Amount of cash

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

501(C)(3)

(c) IRC section

FREDERICK COUNTY 4-H CAMP

FREDERICK, MD 21703

3702 BASFORD RD

CENTER

(a) Name and address of

(b) EIN

47-2371933

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance grant cash or assistance or government assistance other) EDEDEDICK COLINE E2 C000043 COL (T 44 600 LIGITO AV CURRORT FOR

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

PREDEKICK COUNTY DEPARTMENT OF SOCIAL SERVICES 1888 NORTH MARKET ST FREDERICK, MD 21701	52-6000943	GOVI	11,600		FOSTER CHILDREN AND FRAGILE SENIORS, BUILDING ACCESS RAMPS
FREDERICK COUNTY HUMANE	52-6013207	501(C)(3)	5.059		EMERGENCY

SOCIETY 217 W PATRICK STREET

ASSISTANCE PROGRAM, SPAYING OF FREDERICK, MD 21701 ADOPTABLE ANIMALS FOR LOW-INCOME FAMILIES, UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 23-7241926 501(C)(3) 18,173 HISTORIC FREDERICK COUNTY

LANDMARKS FOUNDATION INC 1110 ROSEMONT AVE FREDERICK, MD 21701					PRESERVATION
FREDERICK COUNTY PUBLIC LIBRARIES	52-0591537	501(C)(3)	91,466		THURMONT LIBRARY, BOOKS, CHILDREN'S

TIU EAST PATRICK ST FREDERICK, MD 21701

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

PROGRAM, TRAINING, MATERIALS AND ACTIVITIES FOR THE MARYLAND ROOM, MAINTENANCE, UNRESTRICTED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable or assistance grant cash non-cash assistance or government assistance other) FREDERICK COUNTY PUBLIC 52-6000941 501(C)(3) 29,999 WALKERSVILLE HS **SCHOOLS BASEBALL PROGRAM &** 101 SOLITH EAST ST UNRESTRICTED, MEDIA CENTER BOOKS FOR MONOCACY ELEMENTARY, URBANA HS EQUIPMENT FOR

59,792

ATHLETES, GOV
THOMAS JOHNSON
HIGH SCHOOL
ACADEMY OF THE ARTS
DANCE STUDIO
UPGRADES, PROGRAMS
FOR STUDENTS WITH
DYSLEXIA, BRUNSWICK
HS PIANOS, STUDENT
ENRICHMENT
PROGRAMS,
AGRICULTURE
EDUCATION AND
ACTIVITIES, ACADEMIC

AND EXTRA-CURRICULAR PROGRAMS AND ACTIVITIES AT CATOCTIN HS, ELEMENTARY SCHOOL INSTRUMENTAL MUSIC LIBRARY, MUSIC EQUIPMENT, SUPPLIES & CERTIFICATION EXAMS FOR STUDENTS IN CULINARY ARTS AT

CTC

IN NEED

EQUIPMENT FOR
CITIZENS CARE AND
MONTEVUE ASSISTED
LIVING, MEAL TRAYS
AND CART TO PROVIDE
SAFE IN-ROOM MEALS
DUE TO COVID-19,
CHILD ADVOCACY
CENTER TRAINING
COSTS FOR STAFF AND
OR MDT PARTNERS,
MEDICAL EXPENSES
AND HOUSING
EXPENSES FOR THOSE

52-6000943

GOVT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) FREDERICK HEALTH HOSPICE 52-0591612 501(C)(3) 73,370 UNRESTRICTED, CAMP JAMIE EXPENSES, KLINE 1 FREDERICK HEALTH WAY FREDERICK, MD 21701 HOSPICE HOUSE FREDERICK HEALTH HOSPITAL 52-0591612 501(C)(3) 1,005,495 GOOD SAMARITAN, INC EMERGENCY SERVICES. 400 WEST SEVENTH ST MEDICAL MANAGEMENT FREDERICK, MD 217014593 PROGRAM, HURWITZ BREAST CANCER FUND, PERINATAL MOOD & ANXIETY DISORDERS SUPPORT & OUTREACH

PROGRAM, MENTAL
HEALTH TREATMENT TO
PREGNANT AND
POSTPARTUM WOMEN
OF FREDERICK COUNTY,
CHRONIC CARE
MANAGEMENT
PROGRAM,
UNRESTRICTED

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

400 WEST SEVENTH ST FREDERICK, MD 2170:

organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) FREDERICK RESCUE MISSION 52-0813371 501(C)(3) 120,472 CHANGED LIFE INC RECOVERY PROGRAM, 419 WEST SOUTH STPO BOX CASE MANAGER 3389 EXPENSES, FAITH FREDERICK, MD 21701 lHOUSE CASE MANAGER

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AND SPECIALIST EXPENSES, TRANSPORTATION EXPENSES, SUMMER CAMP ENRICHMENT EXPENSES, COVID-19 RELATED EXPENSES. KITCHEN SUPPLIES. FOOD DISTRIBUTION CENTER EXPENSES, TRANSITIONAL HOUSING. UNRESTRICTED

CENTER, AND HEALTH CENTER EXPENSES

(d) Amount of cash

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

(c) IRC section

501(C)(3) 76.756 FRIENDS FOR NEIGHBORHOOD 52-1036628 INCREASE FOOD PROGRESS INC DISTRIBUTION 100 S MARKET ST CAPACITY FOR THE FREDERICK, MD 21701 FOOD BANK DURING COVID-19 CRISIS. SCHOOL BASED HEALTH

(b) EIN

(a) Name and address of

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 52-1759639 501(C)(3) 19.529 FRIENDS OF BAKER PARK INC ICULLER LAKE PROJECT PO BOX 4146 I AND BOCCE COURTS

PO BOX 4146
FREDERICK, MD 21705

FRIENDS OF CARROLL CREEK 46-1297552 501(C)(3) 12,800

KINETIC ART PROMENADE

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

1509 HOMESTEAD AVE FREDERICK, MD 21702

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FRIENDS OF THE CHILD 20-5149362 501(C)(3) 30,500 SUPPORTING FAMILIES ADVOCACY CENTER AND CHILDREN SERVED

(f) Method of valuation

(g) Description of

(h) Purpose of grant

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

4301 CONNECTICUT AVE NW

WASHINGTON, DC 20008

SUITE M-2

(b) EIN

4210 SPRINGVIEW CT JEFFERSON, MD 21755					BY THE CHILD ADVOCACY CENTER STORAGE UNIT FOR COVID-19 EMERGENCY RELIEF
GIRL SCOUT COUNCIL OF THE NATION'S CAPITAL	54-0732966	501(C)(3)	7,870		GIRL SCOUTS IN FREDERICK COUNTY

organization or government if applicable grant cash assistance or government cash cother) non-cash assistance or a

(f) Method of valuation

(g) Description of

(h) Purpose of grant

FOR RESIDENTS,

WALKERSVILLE FOOD

BANK, UNRESTRICTED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

SERVICES INC

WALKERSVILLE, MD 21793

PO BOX 655

(b) EIN

CHRIST REV PHILIP N CURRAN 21					CEMETERY
FULTON AVENUE PO BOX 236 WALKERSVILLE, MD 21793					
GLADE VALLEY COMMUNITY	20-1946411	501(C)(3)	6,230		EDUCATIONAL SUPPORT

organization or government if applicable grant cash assistance or downward for government specific for government by the second of the second for government for government by the second of the second for government for grant cash assistance or assistance for assistance for grant cash other) by the second for government for grant cash assistance for government for grant cash assistance for grant cash other) for government for grant cash assistance for grant cash assistance for government for grant cash assistance for grant cash assistance for government for grant cash assistance for government for grant cash assistance for government for govern

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

UNRESTRICTED

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

(c) IRC section

(b) EIN

(a) Name and address of

EVANGELICAL LUTHERAN

CHURCH 1415 W 7TH ST FREDERICK, MD 21701					
GOODWILL INDUSTRIES OF THE MONOCACY VALLEY INC 400 EAST CHURCH STREET FREDERICK, MD 21701	23-7047548	501(C)(3)	16,596		CAPITAL IMPROVEMENT FUND, PROGRAMS THAT TRAIN & EDUCATION PERSONS WITH DISABILITIES, VETERANS OF YOUTH EMPOWERMENT PROJECT,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-0607994 501(C)(3) 8.223 UNRESTRICTED GRACE UNITED CHURCH OF CHRIST 25 FAST SECOND STREET

UNRESTRICTED AND

CEMETERY

62.256

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

501(C)(3)

25 EAST SECOND STREET FREDERICK, MD 21701 GRACEHAM MORAVIAN CHURCH

8231-A ROCKY RIDGE RD THURMONT, MD 21788 52-0607996

or government assistance other) 52-1820647 501(C)(3) 41.007 TOOLS, EQUIPMENT & HABITAT FOR HUMANITY OF FREDERICK COUNTY SUPPLIES FOR A BRUSH 117 E CHURCH ST WITH KINDNESS FREDERICK, MD 21701 PROGRAM, HOME REPAIRS FOR THOSE IN

cash

(f) Method of valuation

(book, FMV, appraisal,

(g) Description of

non-cash assistance

(h) Purpose of grant

ADVOCACY SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE & SEXUAL ASSAULT, UNRESTRICTED

or assistance

(d) Amount of cash

grant

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

(c) IRC section

if applicable

NEED, CAPACITY BUILDING. UNRESTRICTED 501(C)(3) 87,810 HEARTLY HOUSE INC 52-1186250 RENTAL ASSISTANCE, COMMUNITY OUTREACH CAMPAIGN, NEW PHONE SYSTEM, SURVIVOR BASIC NEEDS, EXAM ACCOMPANIMENT AND

PO BOX 857 FREDERICK, MD 21705

(a) Name and address of

organization

(b) EIN

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) HEIFER INTERNATIONAL 35-1019477 501(C)(3) 10,000 UNRESTRICTED PO BOX 8058 E DOCK AD 7300300E0

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

UNRESTRICTED

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

(c) IRC section

(b) EIN

(a) Name and address of

LITTLE ROCK, AR /20038058					
HISTORICAL SOCIETY OF FREDERICK COUNTY INC 24 EAST CHURCH ST FREDERICK, MD 21701	52-6050333	501(C)(3)	50,588		MAINTENANCE & PRESERVATION OF BUILDINGS, MATERIALS, TRAINING AND ACTIVITIES THAT PROMOTE HISTORIC RESEARCH AND PROGRAMS THAT COVER HISTORIC TOPICS,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 501(C)(3) 31,092 HOMEWOOD FOUNDATION INC. 52-1892689 UNRESTRICTED FOR PO BOX 250 CRUMLAND FARMS, THE WILLIAMSPORT, MD 21795 BENEVOLENCE FUND. ALZHEIMER UNIT FOR SERVICES TO PERSONS

WITH ALZHEIMER'S 52-0591608 501(C)(3) 51.736 SCHOLARSHIPS AND HOOD COLLEGE 401 ROSEMONT AV FINANCIAL AID, MATH FREDERICK, MD 21701 DAY, SUMMER CONCERT SERIES, CAMPUS

IGROUNDS BEAUTIFICATION, UNRESTRICTED

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

HOUSING AUTHORITY OF THE	52-6001395	501(C)(3)	88,910		YOUNG MEN RISING
CITY OF FREDERICK			·		PROGRAM, ASSISTANCE
209 MADISON ST					WITH
FREDERICK, MD 21701					TRANSPORTATION,
					CHILDCARE,
					EDUCATION EXPENSES,
					SCHOOL READINESS
					PROGRAM, RISE
					PROGRAM EXPENSES,
					PRESCHOOL
					DEADINECE DROJECT

CHURCH PROGRAMS

READINESS PROJECT, UNRESTRICTED 501(C)(3) 294,404

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

HOWARD CHAPEL RIDGEVILLE

UNITED METHODIST CHURCH 1970 LONG CORNER RD MOUNT AIRY, MD 21771

52-1079627

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) I BELIEVE IN ME INC 82-2072961 501(C)(3) 6,400 MENTORING HOTLINE &

(f) Method of valuation

(g) Description of

(h) Purpose of grant

LEGOD INCECUDITY

BUILDING. UNRESTRICTED

FREDERICK, MD 21705					ASSISTANCE FOR UNDERPRIVILEGED YOUTH, FOOD FOR DISTRIBUTIONS DURING COVID-19, UNRESTRICTED
INTERFAITH HOUSING	52-1708782	501(C)(3)	12.325		RENTAL SUPPORT.

ALLIANCE INC PROGRAMS TO ASSIST 5301 BUCKEYSTOWN PIKE STE LOW & MODERATE 320 INCOME FREDERICK FREDERICK, MD 21704 COUNTY RESIDENTS WITH HOUSING. TECHNOLOGY CAPACITY

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

DO DOV 43EE

(b) EIN

(h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other)

501(C)(3)

9,572

VOLUNTEER LENGAGEMENT CAPACITY BUILDING, UNRESTRICTED

SCHOLARSHIP AND

FINANCIAL AID FUND

MARS HILL UNIVERSITY

MARS HILL, NC 28754

PO BOX 370

56-0554207

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

MARYLAND 4-H CLUB 52-6056016 501(C)(3) 20,000 FOUNDATION INC 8020 GREENMEAD DR COLLEGE PARK, MD 20815	UNRESTRICTED FOR MONTGOMERY COUNTY 4-H CLUB
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501(C)(3) MARYLAND FFA FOUNDATION 52-1354382 21.656 INC

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

209183241

UNRESTRICTED AND FOR CHAPTER CLOSEST PO BOX 3241 TO POOLESVILLE, MD SILVER SPRING, MD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (a) Description of organization if applicable (book, FMV, appraisal, non-cash assistance or assistance arant cash or government assistance other) MARYLAND FOOD BANK 52-1135690 501(C)(3) 29.500 SENIOR PANTRY 2200 HALETHORPE FARMS RD PROGRAM EXPENSES BALTIMORE, MD 21227 AND EMERGENCY FOOD LASSISTANCE TO LOW-INCOME, FOOD INSECURE RESIDENTS

OF FREDERICK COUNTY CRISIS

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

WESTMINSTER, MD 211574390

DURING COVID-19 5.748 MCDANIEL COLLEGE 52-0591694 501(C)(3) UNRESTRICTED AND 2 COLLEGE HILL SCHOLARSHIP FUND

if applicable organization grant (book, FMV, appraisal, or government assistance other) MENTAL HEALTH 52-0968521 501(C)(3) 79.250 PARENT COACHING ASSOCIATION OF FREDERICK EXPENSES, HEALTHY COUNTY INC FAMILIES PROGRAM, MHA'S RESPONSE TO 226 SOUTH JEFFERSON ST FREDERICK, MD 21701 COVID-10 TO ENSURE CONTINUITY OF

cash

(f) Method of valuation

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

UNRESTRICTED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

SERVICES FOR THE COMMUNITY, EMPLOYEE EDUCATION EXPENSES, AND UNRESTRICTED MISSION OF MERCY INC 86-0704883 501(C)(3) 67,984 DENTAL CARE. 22 S MARKET ST SUITE 6D MEDICATIONS AND FREDERICK, MD 21701 MEDICAL CARE FOR WOMEN, OPIOID /CONTROLLED

SUBSTANCE USE SAFETY AND PATIENT EDUCATION, HOSPITAL SHARED PATIENT PARTNERSHIP.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1804509 501(C)(3) 40.000 SCHOLARSHIP FOR MONTGOMERY COUNTY PUBLIC SCHOOLS INEEDY STUDENTS AT IPOOLESVILLE HS

8501 HUNGERFORD DR 149 ROCKVILLE, MD 20850 52-1320691 501(C)(3) 32.000l UNRESTRICTED MONTGOMERY UNITED METHODIST CHURCH

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

28325 KEMPTOWN RD DAMASCUS, MD 20872

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 52-1200821 501(C)(3) 19.477 MOUNTAIN VIEW UNITED INEEDS OF THE CHURCH

METHODIST CHURCH AND MISSION WORK 11501 MOUNTAIN VIEW RD DAMASCUS, MD 20872

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

MOUNT AIRY, MD 21771

MT AIRY VOLUNTEER FIRE 52-0422267 501(C)(3) 16.985 IPHYSICAL FITNESS COMPANY EQUIPMENT. 702 N MAIN ST UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) NATIONAL LUTHERAN HOME 53-0196624 501(C)(3) 10.000 UNRESTRICTED FOR THE AGED

9701 VIERS DR ROCKVILLE, MD 20850

NATIONAL OPERA 38-6089684 501(C)(3) 7.500 SCHOLARSHIP FUND ASSOCIATION INC. PO BOX 60869 CANYON, TX 790160869

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance or government assistance other) 52-0683373 501(C)(3) 5.833 NEW HOPE UNITED UNRESTRICTED METHODIST CHURCH OF GREATER BRUNSWICK 7 SOUTH MARYLAND AVENUE

DUE TO COVID-19, UNRESTRICTED

PO BOX 217 BRUNSWICK, MD 21716

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

501(C)(3) 7.000 NEW SPIRE ARTS 46-3479474 OPERATING EXPENSES

7420 HAYWARD RD STE 203

WHILE PERFORMANCE FREDERICK, MD 21702 VENUES ARE CLOSED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 501(C)(3) 7.000 OTHER VOICES INC 52-2046378 OPERATING EXPENSES 244 S JEFFERSON STSUITE B WHILE PERFORMANCE VENUES ARE CLOSED

FREDERICK, MD 21701 DUE TO COVID-19. PEOPLE FOR THE ETHICAL 52-1218336 501(C)(3) 37,500 TREATMENT OF ANIMALS (PETA) ICRUELTY

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

UNRESTRICTED CAMPAIGN TO END IRACEHORSE CRUELTY. 501 FRONT ST INVESTIGATION NORFOLK, VA 23510 I DEPARTMENT. UNRESTRICTED

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) PHOENIX FOUNDATION OF 83-0874099 501(C)(3) 14,800 IYOUTH RECOVERY PROGRAMS, BRIDGING ROGRAM.

MARYLAND PO BOX 4193 FREDERICK, MD 21705					THE GAP PROUNTED
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE 5100 WISCONSIN AVE NW	52-1394893	501(C)(3)	10,000		UNRESTRICT

WASHINGTON, DC 20016

CTED CTED SUITE 400

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) PLANNED PARENTHOOD OF 52-0607930 501(C)(3) 8,000 STI SCREENING AND SERVICES

MARYLAND INC 330 N HOWARD ST BALTIMORE, MD 21201					PROGRAM
PLEASANT VALLEY UNITED METHODIST CHURCH	54-1103871	501(C)(3)	5,669		UNRESTRICTED

10849 WHITE HALL RD SMITHSBURG, MD 21783

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance PLEASANT VIEW CHURCH OF 36-2167026 501(C)(3) 5.515 UNRESTRICTED THE BRETHREN 6213 PICNIC WOODS RD PO BOX 154 JEFFERSON, MD 21755 UNRESTRICTED

501(C)(3) 10,000 PREGNANCY RESOURCE 59-3427729 CENTER OF SOUTHWEST FLORIDA

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

26951 COUNTRY CLUB DR BONITA SPRINGS, FL 34134

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) PRESERVATION AND 47-4247955 501(C)(3) 20,910 UNRESTRICTED ENHANCEMENT CLIND OF

MOUNT OLIVET CEMETERY 515 S MARKET ST FREDERICK, MD 21701				

338 S JEFFERSON ST

FREDERICK, MD 21701

5,800 IFOOD & SHELTER TO PROJECT LIFELINE INC 83-4466348 501(C)(3)

SUPPORT THE

CRISIS

IRECOVERY COMMUNITY DURING COVID-19

(h) Purpose of grant (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other)

501(C)(3)

SAINT JOHN'S CATHOLIC PREP

BUCKEYSTOWN, MD 21717

PO BOX 909

52-0954961

RELIGIOUS COALITION FOR EMERGENCY HUMAN NEEDS 27 DEGRANGE ST FREDERICK, MD 21701	52-1449375	501(C)(3)	88,512		HOUSING STABILIZATION EXPENSES, HOMELESS SHELTER EXPENSES, HOMELESSNESS PREVENTION FOR WOMEN AND FAMILIES FINANCIAL ASSISTANCE,
					IDDESCRIPTION

TPRESCRIPTION EXPENSE, HOMELESS

SCHOLARSHIP FUNDS

AND UNRESTRICTED

SHELTER, SHELTER BEDS, EXTRAORDINARY NEEDS RELATED TO COVID-19, AND UNRESTRICTED

12,266

(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) ST JOHN REGIONAL CATHOLIC 52-1752206 501(C)(3) 29,472 MEDICAL & LIVING

(a) Name and address of

SCHOOL 8414 OPOSSUMTOWN PIKE FREDERICK, MD 21702		, , , ,	,		EXPENSES FOR FAMILY IN NEED, SCHOLARSHIPS
SALVATION ARMY 223 W FIFTH ST PO BOX 1003 FREDERICK, MD 21702	22-2406433	501(C)(3)	28,048		EMERGENCY FOOD AND SHELTER PROGRAMS, DIRECT SERVICES PROVIDED IN

FREDERICK COUNTY MD, PATHWAY OF HOPE PROGRAM, UNRESTRICTED

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SAMARITAN'S PURSE 58-1437002 501(C)(3) 5.000 UNRESTRICTED PO BOX 3000 BOONE, NC 28607 SECOND CHANCES GARAGE 27-1336325 501(C)(3) 48.000l SUBSIDIZED CAR REPAIRS FOR WOMEN INC

PROGRAM,
FREDERICK, MD 21701

PROGRAM FOR WOMEN,
YOUTH
APPENTICESHIP
PROGRAM, PROGRAM
CAR PLACEMENT &
VEHICLE REPAIRS
PROJECT EXPENSES,
AND EXPENSES DURING
COVID-19 RELATED
CLOSURES

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SETON CENTER INC 52-1182284 501(C)(3) 36,993 DEPAUL DENTAL 16840 S SETON AVE PROGRAM AND DENTAL EMMITSBURG, MD 21727 SERVICES, UTILITY, IFOOD AND OTHER EMERGENCY FINANCIAL NEEDS OF RESIDENTS

UNRESTRICTED

IN NORTHERN FREDERICK COUNTY 47-2272768 501(C)(3) 35,250 NEW HORIZONS SHIP OF FREDERICK COUNTY PO BOX 1629 FREDERICK SUMMER PROGRAM EXPENSES FREDERICK, MD 21702

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

AND ACADEMY LIFE SKILLS CURRICULUM, EMERGENCY SHELTER PROGRAM FOR HOMELESS FAMILIES.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) SOCIETY OF ST VINCENT DE 45-5454041 501(C)(3) 6.000 RENT, UTILITY, FOOD AND OTHER PAUL ST JOHN'S CONFERENCE EMERGENCY FINANCIAL INC 112 FAST SECOND ST NEEDS OF RESIDENTS FREDERICK, MD 21701 OF FREDERICK COUNTY, UNRESTRICTED SPANISH SPEAKING 52-0889386 501(C)(3) 34.139 CASE MGR. COMMUNITY OF MD INC TRANSPORTATION. 329 S JEFFERSON ST CRITICAL SERVICES PARTNERSHIP WITH

FREDERICK COUNTY
PUBLIC SCHOOLS
PROGRAM,
EMPLOYMENT

ASSISTANCE FOR LOW-INCOME RESIDENTS, TO SUSTAIN ESSENTIAL PROGRAMS DURING COVID019 CRISIS, UNRESTRICTED

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

SPANISH SPEAKING COMMUNITY OF MD INC 329 S JEFFERSON ST FREDERICK, MD 21701 52-0889386

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government RICTED

MAINTENANCE

SPECIAL OPERATIONS FUND 901 N STUART ST SUITE 200	52-1765222	501(C)(3)	9,000		UNRESTR
ARLINGTON, VA 22203					

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

116 FAST 2ND ST FREDERICK, MD 21701

ST JOHN'S CEMETERY INC. 52-1746331 501(C)(3) 25.371 PRESERVATION &

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) STEPHEN SILLER TUNNEL TO 02-0554654 501(C)(3) 10.000 UNRESTRICTED TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306

THE BISHOP MUSEUM OF 59-0598726 501(C)(3) 40.000 UNRESTRICTED SCIENCE AND NATURE

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

PO BOX 9265

BRADENTON, FL 34206

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) THE CLAGGETT CENTER 52-0623151 501(C)(3) 17,500 A NON-CONGREGATE 3035 BUCKEYSTOWN PIKE QUARANTINE & ADAMSTOWN MD 21710 ITSOLATION SHELTER

(f) Method of valuation

(g) Description of

(h) Purpose of grant

RESIDENTS LIVING

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

ADAMSTOWN, MD 21710					FOR COUNTY FIRST RESPONDERS AND HEALTHCARE WORKERS DURING COVID-19 CRISIS
THE FREDERICK CENTER INC PO BOX 3231 FREDERICK, MD 217053231	46-1705400	501(C)(3)	12,370		YOUTH PROGRAMS, MENTAL HEALTH NEEDS OF THE LGBTQ+ COMMUNITY DURING COVID-19 CRISIS, MENTAL/SOCIAL SUPPORT FOR

if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LIFT & CARY SYSTEM.

INC				CAMP POSSIBILITIES
620-B RESEARCH CT				SCHOLARSHIP, NEEDS
FREDERICK, MD 21703				OF THE
·				DEVELOPMENTALLY
				DISABLED

12.642

501(C)(3) THE RANCH 52-1055741 6.143 UNRESTRICTED

(d) Amount of cash

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

501(C)(3)

(c) IRC section

(a) Name and address of

THE MONOCACY FOUNDATION

7902 FINGERBOARD RD FREDERICK, MD 21704

(b) EIN

52-1953383

organization or government if applicable grant cash assistance or downward dependence or government state of the control of th

(f) Method of valuation

(a) Description of

(h) Purpose of grant

ALICE REPORT, UNRESTRICTED

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

FREDERICK, MD 21701

(b) EIN

FOUNDATION PO BOX 2384 KELLER, TX 76244					
UNITED WAY OF FREDERICK COUNTY INC 629 NORTH MARKET ST	52-0607973	501(C)(3)	66,234		STUFF THE BUS, COVID-19 EMERGENCY RELIEF CAMPAIGN,

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) LINITY/EDCITY OF MADYLAND E2 2107212 E01(C)(2) 22 271 IVIDG CDOWING WITH

COLLEGE PARK FOUNDATION INC 1221 SYMONS HALL COLLEGE PARK, MD 20742	52-219/313	501(C)(3)	22,2/1		GRAINS FOR KIDS IN FREDERICK COUNTY, UNRESTRICTED
LINIVERSITY OF POCHESTER	16-0743209	501(C)(3)	71 312		PIANO CONCERTS

UNIVERSITY OF ROCHESTER 16-0/43209 201(C)(3) /1,31Z IPIANO CONCERTS PO BOX 270032 300 EAST RIVER RD

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

ROCHESTER, NY 14627

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 52-6043801 501(C)(3) 7,852 UNRESTRICTED WALKERSVILLE UNITED

WARETCHIEF ARVANCE INC	00 0704605	504(6)(2)	45.000		LINIDEGERACES
22 MAIN ST WALKERSVILLE, MD 21793					
METHODIST CHURCH					

WAREFIGHTER ADVANCE INC 501(C)(3) 15.000l IUNRESTRICTED 82-0791635

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

PO BOX 222

PATUXENT RIVER, MD 20670

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) WEINBERG CENTER FOR THE 52-1900511 501(C)(3) 5.730 TIVOLI SOCIETY, ARTS INC FAMILIES NEED FUND 20 WEST PATRICK ST PROGRAM EXPENSES. FREDERICK, MD 21701 I CAPITAL IMPROVEMENTS. UNRESTRICTED

6.644

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

HOLISTIC THERAPIES

EXPENSES, TRAUMA INFORMED YOGA TO FEMALE PATIENTS, SERVICES TO INDIVIDUALS WITH SUBSTANCE ABUSE DISORDERS AND UNRESTRICTED

MUSIC THERAPY

FOR MEN IN RECOVERY.

(d) Amount of cash

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

501(C)(3)

(c) IRC section

WELLS HOUSE INC GALE RECOVERY 427 EAST PATRICK ST FREDERICK, MD 21701

(a) Name and address of

(b) EIN

52-1061150

if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WHITE COAT WASTE PROJECT 46-0856543 501(C)(3) 10,000 UNRESTRICTED PO BOX 26029

(d) Amount of cash

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

UNRESTRICTED

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

(c) IRC section

(b) EIN

(a) Name and address of

WASHINGTON, DC 20001					
YMCA OF FREDERICK COUNTY 1000 NORTH MARKET ST FREDERICK, MD 21701	52-0607953	501(C)(3)	96,898		CONVERT CAMP WEST MAR AS AN EMERGENCY FAMILY SHELTER FOR HOMELESS FAMILIES DURING COVID-19 CRISIS, CHILD CARE SITES FOR CHILDREN OF ESSENTIAL WORKERS DURING COVID-19 CRISIS, KIDS UNLIMITED PROGRAMS, CAMP SCHOLARSHIPS.

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49311	L3009	001
Sch	edule J	Co	0	MB No.	1545-0	0047		
(For	n 990)	For certain Office	hest					
		Complete if the organization	Compensa anization answ	ited Employees rered "Yes" on Form 990, Part IV,	, line 23.	20)
D			▶ Attach	to Form 990. instructions and the latest inform		Open		
•	tment of the Treasury al Revenue Service	P do to <u>www.ms.go</u>	<i>101</i>	matructions and the latest infor	nation.		ectio	
	ne of the organization of	ation DATION OF FREDERICK			Employer identifica	ition nu	ımber	
	JNTY MARYLAND INC				52-1488711			
Pa	rt I Questi	ons Regarding Compensat	tion				T	
1 a				the following to or for a person liste			Yes	No
		·	III to provide an	y relevant information regarding the				
		s or charter travel	님	Housing allowance or residence for	•			
	_	companions nification and gross-up payments		Payments for business use of perso Health or social club dues or initiation				
		nary spending account		Personal services (e.g., maid, chauf				
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lir	ne la?			
3				d to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant	▽	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonquali	ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	ir res to any t	or lines 4a-c, list the persons and	i provide trie app	nicable amounts for each item in Pan	L III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	•	ed on Form 990, Part VII, Section ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b		anization?				5b		No
•	,	,	- A li 1- did	bb				
6		ontingent on the net earnings of		the organization pay or accrue any				
a	-	1?				6a		No
b		anization?				6 b		No
7	•	•	n A. line 1a did t	the organization provide any nonfixe	d			
•				rt III		7		No
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
						8		No
9				presumption procedure described in		9		
For F	<u>``</u>	ction Act Notice, see the Inst			50053T Schedule		1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990. Part VII.

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 ELIZABETH Y DAY PRESIDENT & CEO	(i)	163,486	5,000	0	7,270	13,271	189,027	0
RESIDENT & CEO	(ii)	0	0	0	0	0	0	0



efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493113009001 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 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 Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND INC 52-1488711 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles 7 Boats and planes . . 8 Intellectual property . . . Securities-Publicly traded . Χ 22 839,978 FAIR MARKET VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 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 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2								
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.									
Return Reference	Explanation								
PART I, LINE 32B:	PUBLICLY TRADED STOCK IS PLACED IN AN ACCOUNT AND SOLD BY A BROKERAGE FIRM.								
	Schedule M (Form 990) (2019)								

efile GRAPH	IC print -	DO NOT PROCESS	As Filed Data -		DL	N: 93493113009001		
SCHEDUL (Form 990 or EZ)	990-	Complete to pr Form 990	ovide information fo or 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or 9 r responses to specific quest ide any additional information n 990 or 990-EZ. 90 for the latest information	ions on on.	OMB No. 1545-0047 2019 Open to Public Inspection		
Name! Betherofg THE COMMUNITY F COUNTY MARYLAN 990 Schedule	Employer ide 52-1488711	ntification number						
Return Reference	, Jupp.			Explanation				
FORM 990, PART VI, SECTION B, LINE 11B	THE AUDIT COMMITTEE, TREASURER, AND EXECUTIVE COMMITTEE REVIEW THE FORM 990, AND THEN FORW ARD IT TO THE BOARD OF TRUSTEES FOR ITS REVIEW AND APPROVAL PRIOR TO FILING.							

Return Reference	Explanation
PART VI,	OFFICERS, TRUSTEES, AND KEY EMPLOYEES MUST COMPLETE A QUESTIONNAIRE OUTLINING THEIR INTERE STS AND RELATIONSHIPS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. THE GOVERNANCE COMMIT TEE AND STAFF REVIEW THE INFORMATION CONTAINED THEREIN AND ARE WATCHFUL AT BOARD MEETINGS FOR VOTES THAT MAY CONSTITUTE A CONFLICT MAKING SURE THAT THE INTERESTED PARTY ABSTAINS FR OM VOTING. THE ABSTENTION IS NOTED IN THE MEETING MINUTES.

Return Explanation
Reference

FORM 990,	THE HUMAN RESOURCES COMMITTEE SETS A SALARY RANGE FOR EACH POSITION. THE RANGE IS BASED ON
PART VI,	INFORMATION OBTAINED BY COMMITTEE MEMBERS FROM THE COUNCIL ON FOUNDATIONS SALARY SURVEY,
SECTION B,	LOCAL AND REGIONAL SURVEYS AND DISCUSSIONS OF COMMITTEE MEMBERS WHO ARE BUSINESS MEMBERS A
LINE 15	ND HUMAN RESOURCE PERSONNEL FROM OTHER BUSINESSES.

Return Explanation
Reference

FORM 990, COPIES ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AS WELL AS UPON REQUEST. ALL DONORS FOU PART VI, NDING FUNDS RECEIVE A COPY OF THE ARTICLES OF INCORPORATION AND BYLAWS AT THE TIME THE FUN SECTION C, LINE 19

Return Explanation

Reference

FORM 990, PART XI, LINE 9:

CHANGE IN PRESENT VALUE OF REMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER INTERESTS 1,075,860. CHANGE IN CASH SURRENDER VALUE OF PREMAINDER VALUE OF PREMAIN

990 Schedule O, Supplemental Information

Return Explanation

ı	Reference	·
ı	PART XII.	THE PROCESS REGARDING THE PREPARATION OF THE AUDITED FINANCIAL STATEMENTS IS UNCHANGED FROM THE

LINE 2C

PRIOR YEAR.

SCHEDULE R
(Form 990)

As filed Data Related

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019

DLN: 93493113009001

Open to Public Inspection

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

Part I Identification of Disregarded Entities. Complete	if the organ	nization answe	red "Yes	s" on Form	990, Part	IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary acti	(b) Primary activity Lec		(c) Legal domicile (state or foreign country)		ome	(e) ne End-of-year asset		sets (f) Direct control entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons. Comple	ete if the orga	nization	answered	"Yes" on F	orm 990	, Part I	IV, line 34 be	ecause	it had one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co	l) de section	Public (if sect	(e) charity status ion 501(c)(3))	Dir	(f) rect controlling entity	Section (13) co	g) 512(b introlle iity?
AANTIIS COMMUNITY FOUNDATION HOLDING COMMON THE	22014225 51	NAMOTAL			E04(0)(0)		1 TNE 40				Yes	No
(1)THE COMMUNITY FOUNDATION HOLDING COMPANY INC 312 EAST CHURCH STREET FREDERICK, MD 21701 52-2028247				MD	501(C)(3)		LINE 12	A, 1			Yes	
(2)THE AUSHERMAN FAMILY TRUST 7420 HAYWARD ROAD FREDERICK, MD 21702	COMMUNITY	JPPORT TO THE Y FOUNDATION ICK COUNTY MD	MD		501(C)(3)		LINE 12A, I					No
52-7165889 (3)THE PLEASANTS SUPPORTING CHARITABLE TRUST 24012 FREDERICK ROAD CLARKSBURG, MD 20871 82-3576661				MD	501(C)(3)		LINE 12	A, I			Yes	
02.337,0001												
For Paperwork Reduction Act Notice, see the Instructions for Form	990			t. No. 50135	iv .				Scho	edule R (Form	990) 24	010

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene		(k) Percenta ownersh
			\perp		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						zation ans	wered "Yes	s" on F	Form 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L	(c) egal micile		(d) controlling Type entity (C co	(e) e of entity rp, S corp,	(f) Share of total income	Share	(g) of end- year	-of- Perce	ntage ership	Sec (13	(i) ction 5) conti entity
related organization		(state	or foreign untrv)			r trust)		a	assets			_	~~
related organization		(state	or foreign untry)			r trust)		ē	assets			Y	es
related organization		(state				r trust)		6	assets			Y	es
related organization		(state				r trust)		ē	assets			Y	es
related organization		(state				r trust)		2	assets			Y	es
related organization		(state				r trust)			assets			Y	es
related organization		(state				r trust)			assets			Y	es
related organization		(state				r trust)			assets			Y	es

Schedule R (Form 990) 2019		Pag	ge 3						
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.									
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No						
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?									
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No						
b Gift, grant, or capital contribution to related organization(s)	1b		No						
c Gift, grant, or capital contribution from related organization(s)	1c		No						
d Loans or loan guarantees to or for related organization(s)	1d		No						
e Loans or loan guarantees by related organization(s)	1e		No						
f Dividends from related organization(s)	1f		No						
g Sale of assets to related organization(s)	1 g	\neg	No						
h Purchase of assets from related organization(s)	1h		No						
i Exchange of assets with related organization(s)	1 i		No						
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No						
k Lease of facilities, equipment, or other assets from related organization(s)	1k		N ₁						
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No						
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No						
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes							
o Sharing of paid employees with related organization(s)	10	Yes	_						
	\sqcup								

i Exchange of assets with related organization(s)				111	NO
${f j}$ Lease of facilities, equipment, or other assets to related organization(s) \cdot				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s) \ldots \ldots				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
o Sharing of paid employees with related organization(s)				1o Yes	
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1q Yes	
r Other transfer of cash or property to related organization(s)				1r	No
f s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered re	elationships and tra	nsaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount involved	1
(1)THE COMMUNITY FOUNDATION HOLDING COMPANY INC	Q	69,011	CASH AMOUNT		

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

Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (a) Name, address, and EIN of entity (b) (c) (d) (e) Are all partners (f) (g) (h) (i) Code V-UBI (j) **(k)** Percentage Primary activity Legal Predominant Share of Share of Disproprtionate General or allocations? ownership domicile income section total end-of-year amount in box managing (state or (related, 501(c)(3) income assets partner? unrelated, organizations? of Schedule foreign excluded from country) K-1 (Form 1065) tax under sections 512-514) Yes No Yes No Yes No

Schedule R (Form 990) 2019			Page 5
Part VII	Supplemental Info	emental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	