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Form 990

832001 12-18-08

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

OMB No 1545-0047

Open to Public Inspection

2008 JUL 1, For the 2008 calendar year, or tax year beginning and ending JUN 30, C Name of organization D Employer identification number Check if applicable use IRS FREDERICK COMMUNITY COLLEGE FOUNDATION, label or Address change INC. print or Name change type 52-1231768 Doing Business As Initial return See Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-ation 932 OPOSSUMTOWN PIKE 301-846-2479 Instruc-Amended return 2,113,082 City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-FREDERICK, MD 21702 H(a) Is this a group return pendina F Name and address of principal officer.WILLIAM R. TALLEY, Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? ____ Yes _ I Tax-exempt status: X 501(c) (3) (insert no.) If "No," attach a list (see instructions) J Website: ► WWW.FREDERICK.EDU **H(c)** Group exemption number ▶ **≥K** Type of organization **X** Corporation Trust L Year of formation 1981 M State of legal domicile MD Association Other ▶ Part I Summary PROVIDE SUPPORT TO FREDERICK Briefly describe the organization's mission or most significant activities: TO**Activities & Governance** COMMUNITY COLLEGE. Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets. 23 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 50 6 Total number of volunteers (estimate if necessary) 0. Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** $\overline{1,45}7,173.$ 712,743 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 285,918 48,421. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,986 16,355. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 ,521,949. 028,647 12 Tota revenire rack lines 8 through 11 (must equal Part VIII, column (A), line 12) 475,907. 253,851 Grants and elimination of the part (Part X, column (A), lines 1-3)
Benefits paid to or for members (Flat) (X, column (A), line 4) 13 14 Salares, other compensation per benefits (Part IX, column (A), lines 5-10) 15 260,000. 16a Professional fundraising fees (Parl Ox column (A), line 11e) b Total fundasing expenses (Part IX, column (D), line 25)

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 281,039. 198,932. 445,784 17 699,635 934,839. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 587,110. 329,012. Revenue less expenses. Subtract line 18 from line 12 Beginning of Year End of Year 6,629,573 5,559,953. Total assets (Part X, line 16) 20 3,258. 23,084. 21 Total liabilities (Part X, line 26) 6,626,315. 5,536,869. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of penjury, 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 125/2010 1 au Sign Here TALLEY, JR., TREASURER WILLIAM R. Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's Paid signature employed ightharpoonupPreparer's CLIFTON GUNDERSON LLP Firm's name (o. Use Only 9515 DEERECO RD - SUITE 500 self-employed). address, and TIMONIUM, MARYLAND 21093-2184 Phone no \triangleright (410)453-0900 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	.990 (2008) INC. 52-	1231768	Page 2
Pai	t III Statement of Program Service Accomplishments (see Instructions)		
1		COLLEGE AND OTHE	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	X No
3	If "Yes", describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
4	If "Yes", describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 285,707. including grants of \$ 285,707.) (Revenue SCHOLARSHIPS PROVIDED TO FREDERICK COMMUNITY COLLEGE STUDEN))
4b	(Code:) (Expenses \$ 190,200. including grants of \$ 190,200.) (Revenue PROGRAM SUPPORT TO FREDERICK COMMUNITY COLLEGE.	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue s	\$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	(Expenses \$\frac{\text{including grants of \$}}{\text{Total program service expenses}} \$\frac{\text{475}}{\text{907}}\$. (Must equal Part IX, Line 25, column (B).)		
	invost equal Part IA, Line 25, Column (B).)	Form 99	90 (2008)

INC.

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Form.990 (2008) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4_		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21; 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		<u>X</u>
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	_X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<u>X</u>
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	37	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Х	
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 questions 24b-24d and complete Schedule K			v
	If "No", go to question 25	24a	-	X
ь	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
L	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	055		х
00	prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	000		х
97	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26_	 	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	27		x
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		990	
		COLLI	330	2000)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			İ
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	Ì		
	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-		į
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ł
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
			000 (

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance	<u>-</u>				3
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	5			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	,	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	ınstru	ctions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by th	his return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	•		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
b	If "Yes," enter the name of the foreign country.	_				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	ind .			
	Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		İ	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		<u>X</u>
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	Regar	ding Prohibited			
	Tax Shelter Transaction?	_	-	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	r gifts			
	were not tax deductible?		_	6ь		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	e than	\$75?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	person	al			
	benefit contract?			7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	C as re	quired?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec	tion 50	09(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring oi	ganıza	tion, have			
	excess business holdings at any time during the year?			8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
	Did the organization make any taxable distributions under section 4966?			9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u>X</u>
10	Section 501(c)(7) organizations. Enter: N/A	1 1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10ь				
11	Section 501(c)(12) organizations. Enter: N/A	j 1				
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l i	'	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
				Form	990 (2008)

N	•	•						
IN	u		_					

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sectio</u>	n A. Governing Body and Management						
_						Yes	No
Fo	or each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describ	e the	cırcumstanı	ces,			
pr	ocesses, or changes in Schedule O. See instructions.						
1a En	iter the number of voting members of the governing body	1a		23			
	iter the number of voting members that are independent	1b		23 21			
2 Di	d any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other				
	ficer, director, trustee, or key employee?	•	-		2	Х	
3 Di	d the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervis	ion			
	officers, directors or trustees, or key employees to a management company or other person?		·		3		X
4 Di	d the organization make any significant changes to its organizational documents since the prior Fo	orm 99	0 was filed	າ [4	Х	
5 Dr	d the organization become aware during the year of a material diversion of the organization's asse	ets?			5		X
6 Do	pes the organization have members or stockholders?				6		X
7a Do	pes the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the				
go	overning body?				7a		_X_
b Ar	e any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons	7		7b		X
8 Di	d the organization contemporaneously document the meetings held or written actions undertaken	during	g the year				
by	the following:						
a Th	e governing body?				8a	X	
b Ea	ch committee with authority to act on behalf of the governing body?				8b	Χ	
	pes the organization have local chapters, branches, or affiliates?				9a		X
b if	"Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliate	es,			
	d branches to ensure their operations are consistent with those of the organization?				9b		
10 W	as a copy of the Form 990 provided to the organization's governing body before it was filed? All or	rganıza	ations must	t			
	scribe in Schedule O the process, if any, the organization uses to review the Form 990				10	X	
	there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be r	reache	d at the				
	ganization's mailing address? If "Yes," provide the names and addresses in Schedule O				11		<u>X</u>
Sectio	n B. Policies				1		
40. D.				Г		Yes	No
	bes the organization have a written conflict of interest policy? If "No," go to line 13			-	12a	Х	
	e officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise		_	η,	
	conflicts?			-	12b	Х	
	ses the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe	ł		v	
	Schedule O how this is done			}	12c	Х	<u>X</u>
	pes the organization have a written whistleblower policy?			}	13	Х	
	bes the organization have a written document retention and destruction policy?				14		
	d the process for determining compensation of the following persons include a review and approv		naepenaen	τ	- 1		
	rsons, comparability data, and contemporaneous substantiation of the deliberation and decision: e organization's CEO, Executive Director, or top management official?				45-		v
	her officers or key employees of the organization?			1	15a		$\frac{X}{X}$
	escribe the process in Schedule O. (see instructions)				15b		
	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment :	with a		1		
	kable entity during the year?	illelit v	willi a	İ	16a		Х
	Yes," has the organization adopted a written policy or procedure requiring the organization to eva	aluate i	its narticina	ation	108		
	joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org				1		
	empt status with respect to such arrangements?	janizat	1011 0	Ī	16b		
	n C. Disclosure				190		
	at the states with which a copy of this Form 990 is required to be filed ►MD						
			(0)(3)0 00(1)	ا ما ما ما ما ما م	_		
17 Lis		T (501	(0)(3)5 011141	avallable	for		
17 Lis 18 Se	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-blic inspection. Indicate how you make these available. Check all that apply	T (501)	(C)(O)S Offig)	avallable	for		
17 Lis 18 Se	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501)	c)(S)S Offiy)	avallable	for		
17 Lis 18 Se pu	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-blic inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request					ncıal	
17 Lis 18 Se pu 19 De	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-blic inspection. Indicate how you make these available. Check all that apply					ncıal	
17 Lis 18 Se pu 	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-blic inspection. Indicate how you make these available. Check all that apply Own website	conflict	t of interest	policy, an	d fina		
17 Lis 18 Se pu 19 De sta 20 Sta	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-blic inspection. Indicate how you make these available. Check all that apply. Own website	conflict	t of interest	policy, an	d fina		

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not co	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,		Pos				Reportable	Reportable	Estimated
	hours per	<u> </u>	heci	k all	that	арр	ily) I	compensation from	compensation from related	amount of other
	week	Individual frustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DR. CAROL W. EATON		 								
COLLEGE PRESIDENT	2.00	X						0.	197,458.	22,685.
JAMES S. COX JR.										
CHAIR	2.00	X		X				0.	0.	0.
DALE T. SUMMERS						İ				
VICE-CHAIRMAN	0.50	X		Х				0.	0.	0.
DAVID L. HOFFMAN										
TREASURER	0.50	X		X		<u> </u>		0.	0.	0.
WILLIAM R. TALLEY, JR.										
SECRETARY/ASST TREASURER	0.50	X		Х		<u> </u>		0.	0.	0.
GEORGE LITTRELL III, CFM										
DIRECTOR	0.50	X						0.	0.	0.
SUSAN M. MATHURIN								_		
DIRECTOR	0.50	X						0.	0.	0.
JEROME K. MAULTSBY	0 50									
DIRECTOR	0.50	X					ļ	0.	0.	0.
FRANK G. NISENFELD, M.D. DIRECTOR	0 50	v							_	0
JENNIE SUE PEARSON	0.50	X	_		_			0.	0.	0.
DIRECTOR	0.50	X						0.	0.	0.
BRIAN E. RIPPEON, CPA	0.50	Λ		\vdash	\vdash		\vdash	0.		U •
DIRECTOR	0.50	Х						0.	0.	0.
A. DARYL ROUTZAHN		-								
DIRECTOR	0.50	Х						0.	0.	0.
STEPHEN J. SCHMIDT										
DIRECTOR	0.50	X		İ				0.	0.	0.
SCOTT M. SPRINGMANN						<u> </u>				
DIRECTOR	0.50	Х						0.	0.	0.
RUSTY E. STRINE				ļ						
DIRECTOR	0.50	X						0.	0.	0.
CHAD S. TYLER										
DIRECTOR	0.50	X	L					0.	0.	0.
DAVID C. WEAVER, ESQ.										
DIRECTOR	0.50	X			<u> </u>		<u> </u>	0.	0.	0.

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FREDERICK COMMUNITY COLLEGE FOUNDATION, Form, 990 (2008) INC. 52-1231768 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) (C) (D) (E) Name and title Position Average Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other Individual frustee or director week the organizations compensation Highest compensated employee Former organization (W-2/1099-MISC) from the Institutional frustee (W-2/1099-MISC) organization Key employee and related organizations BRIAN N. YOUNG DIRECTOR 0.50 X 0. 0. 0. DR. ROBERT J. YOUNG DIRECTOR $0.50 \times$ 0. 100,803. 7,592. F. BUFTER DAVID DIRECTOR 0.50 | X0 0. 0. MARTY N. MERCER-AKRE DIRECTOR 0.50 | X0. 0. 0. BRAD W. YOUNG 0. DIRECTOR 0.50 | XО. 0. DIANE W. GORDY DIRECTOR 0.50 | X0. 0 0. DR. RICHARD L. HANEY X 0. EXECUTIVE DIRECTOR 27.00 166,012. 18,172. Ō. 464,273. 48,449. 1b Total Total number of individuals (including those in 1a) who received more than \$100,000 in reportable 0 compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on X 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to Х the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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Form, 990 (2008) INC. 52-1231768 Page 9 Part VIII Statement of Revenue (D) (A) (C) Revenue Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues 17,874. Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,439,299. 62,245. 9 Noncash contributions included in lines 1a-1f \$_ 1457173. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 46,623. 46,623. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 570000. assets other than inventory b Less: cost or other basis 568202. and sales expenses 1,798. c Gain or (loss) 1,798 1,798. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ ____ 17,874. of contributions reported on line 1c) See 12,118. Part IV, line 18 22,931. b Less direct expenses c Net income or (loss) from fundraising events -10,813. -10,813.9 a Gross income from gaming activities See Part IV. line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE FEE INC 900099 27,168. 27,168. d All other revenue 27,168. e Total. Add lines 11a-11d 1521949. 0 0. 64,776. 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 832009 02-02-09

INC.

52-1231768 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C) are

	All other organizations must compl	ete column (A) but are	not required to comple	ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	186,700.	186,700.		***************************************
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	289,207.	289,207.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				·
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits			-	
10	Payroll taxes				····
11	Fees for services (non-employees):				
a	Management				
b	Legal	7,500.		7,500.	
ب 2	Accounting	7,500.		7,300.	
d	Lobbying Professional fundrations convices. See Bort IV, line 17.	260,000.			260,000.
e f	Professional fundraising services See Part IV, line 17 Investment management fees	42,423.		42,423.	200,000.
	Other	76,795.		76,795.	
9 12	F	10,155.		10,193.	
13	Advertising and promotion Office expenses	27,776.		10,744.	17,032.
14	Information technology	21,110.		10,744.	17,032.
15	Royalties				
16	Occupancy				
17	Travel	514.		514.	
18	Payments of travel or entertainment expenses			311.	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	ADMINISTRATIVE FEE	27,168.		27,168.	
b	DISCOUNTS ON PLEDGES	8,106.		8,106.	
С	HOSTING EXPENSE	4,643.		4,643.	
d	OTHER FUNDRAISING	4,007.			4,007.
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	934,839.	475,907.	177,893.	281,039.
26	Jaint Casts. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				····
83301	0 12-18-08				Form 990 (2008)

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Pa	rt X	Balance Sheet							<u> </u>
					(A) Beginning of year		End	(B) of year	
	1	Cash · non-interest-bearing				1			
	2	Savings and temporary cash investments			129,594.	2		79,4	
	3	Pledges and grants receivable, net			97,834.	3	4	07,8	339.
	4	Accounts receivable, net				4			
	5	Receivables from current and former officers, di	rectors	, trustees, key					
		employees, or other related parties. Complete P	art II of	Schedule L		5			
	6	Receivables from other disqualified persons (as	define	d under section					
		4958(f)(1)) and persons described in section 495	58(c)(3)	(B). Complete			Ė		
		Part II of Schedule L				6			
ţ	7	Notes and loans receivable, net			- · - · - · · · · · · · · · · · · · · ·	7			
Assets	8	Inventories for sale or use				8			
⋖ .	9	Prepaid expenses and deferred charges			······	9			
	10a	Land, buildings, and equipment: cost basis	10a	-					
	b	Less: accumulated depreciation. Complete					İ		
		Part VI of Schedule D	10b			10c			
	11	Investments - publicly traded securities			5,088,188.	11			
	12	Investments - other securities. See Part IV, line 1	11		961,556.	12	4,2	11,3	<u> 318.</u>
	13	Investments - program-related. See Part IV, line	11			13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			352,401.	15		61,3	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	6,629,573.	16	5,5	59,9)53 <u>.</u>
	17	Accounts payable and accrued expenses			262.	17		4	107.
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
es	21	Escrow account liability. Complete Part IV of Sci	hedule	D		21			
Liabilities	22	Payables to current and former officers, director	rs, trust	ees, key employees,					
iat		highest compensated employees, and disqualifi	ed pers	sons. Complete Part II			:		
_		of Schedule L		22					
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	· -	23			
	24	Unsecured notes and loans payable	0.006	24					
	25	Other liabilities. Complete Part X of Schedule D			2,996.	25		22,6	<u>) / / .</u>
	26	Total liabilities. Add lines 17 through 25			3,258.	26		23,0) 84.
		Organizations that follow SFAS 117, check he	ere 🟲	X and complete					
ses		lines 27 through 29, and lines 33 and 34.			1 004 615			22 (
lan	27	Unrestricted net assets			1,024,615.	27	<u></u>	22,0)//•
Ва	28	Temporarily restricted net assets			2,247,290.	28	1,/	14,4	188.
Net Assets or Fund Balances	29	Permanently restricted net assets		.	3,354,410.	29	3,1	00,3	304.
Ĭ.		Organizations that do not follow SFAS 117, cl	heck h	ere ▶ ∟ and					
8 0	20	complete lines 30 through 34.					: !		
set	30	Capital stock or trust principal, or current funds				30			
As	31	Paid-in or capital surplus, or land, building, or eq	• •	ľ	····	31			
Se	32	Retained earnings, endowment, accumulated in	come,	or otner tunas	6,626,315.	32	5 5	26 0	260
	33 34	Total net assets or fund balances			6,629,573.	33 34	5,5	36,8 59,9	152
Dat		Total liabilities and net assets/fund balances Financial Statements and Reporting			0,029,313.	34		<u> </u>	,,,,,
	4741	r mancial Statements and Reporting						Yes	No
1	Δοσο	ounting method used to prepare the Form 990:	Ca	sh X Accrual	Other			1	1
2a		the organization's financial statements compiled					2a		х
b		the organization's financial statements complied the organization's financial statements audited b		·	2000untant :		2b		X
		es" to lines 2a or 2b, does the organization have a	-	•	eshility for avereight of the	audit	<u> </u>	+	+
·		w, or compilation of its financial statements and s		·		- audit,	' 2c		}
3a		result of a federal award, was the organization rec		<u>-</u>		ام کینظ		+	
		and OMB Circular A-133?	40110U	to andergo an addit of add	and all det fortil ill tille ollig	io Aud	''' 3a		Х
ь		es," did the organization undergo the required aud	dit or ai	udits?			3b		†
	12-18							m 990	(2008)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

2008 Open to Public Inspection

475,907.

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Name of the organization FREDERICK COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 52-1231768

The organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)						
1 🔲	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)).				
2 🗌	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲			tal service organization		n section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)			
4			operated in conjunction							he hospital	's nam	ie,
	city, and state									•		
5 X	An organizati	on operated for the	benefit of a college or ui	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in		
	_	(b)(1)(A)(iv). (Comple	_	•			_					
6			ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7		=	eives a substantial part					or from the	general c	oublic desc	rıbed ı	n
	-	b)(1)(A)(vi). (Comple							3			
8 🗌			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33			rom contri	butions, n	nembershi	o fees, an	d gross red	ceints	from
<u> </u>	-	-	nctions · subject to certa							-		
		· ·	axable income (less sect									
		509(a)(2). (Complete	*		,,			y tho orgo	. III COLLOTT C	inci dano c	· · · · · · · ·	Ū
10			perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	1). (see ins	tructions)			
11	-		perated exclusively for the	•				- '			of one	or
	-		itions described in secti		-							·
		,	organization and compl		•		-,. 000 00.		-,(-,: -::			
	a Type I		- '	с П Тур	-		tegrated		dП	Type III • 0	Other	
е 🔲			t the organization is not			•	-	r more disc	nualified r	• •		n
•			han one or more publicly									• •
f			ten determination from t		_				/(α)(1) ΟΙ 3	ection 505	(4)(2)	
•		rganization, check th		ine mo ine	шизату	pe i, Type	ii, or Type	- 111				Γ
•		•	rganization accepted ar	av aift or co	antribution	from any	of the foll	owing per	eone?			
g	-		rectly controls, either al			-					Yes	No
			upported organization?	one or tog	ettiet with	persons	Jeschbed	iii (ii) ailu (iii) below,	11g(i)	163	140
	_		n described in (i) above?	1						11g(ii)		
	•	•	person described in (i) of		2					11g(iii)		
h			about the organizations			anada				119(11)	l	
••	riovide tile it	Showing information	about the organizations	ine organ	ization su	pports.						
			(iii) Type of	(IV) Is the c	raanization	(v) Did you	u notify the	(vi) Is	the			
	of supported	(ii) EIN	organization	in col (i) lis				l organizatio	on in col	nA (iiv)		T
orga	inization		(described on lines 1-9	governing				(i) organız U S	ea in the	ջոր	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
FREDE	RTCK		(-		_		 				
		52-0743590	2	x		x		x		47	5,9	07.
<u> </u>	.,	0.1000	2	 -	_			 			<u> </u>	-
				Ì			,					
		<u> </u>		 -			<u> </u>	-				
			<u> </u>					 		···		
				† 	 -	 	 -		 			

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Total

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

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 250,444. 893,680. 867,361. 712,743. include any "unusual grants.") 4,181,401. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 250,444. 893,680. 867,361. 712,743. 4 Total. Add lines 1 · 3 1,457,173 4,181,401. 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) 918,552. 6 Public Support. Subtract line 5 from line 4 3,262,849. Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 250,444 893,680. 867,361 712,743. 7 Amounts from line 4 1,457,173 4,181,401. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 114,023. 282,142. 616,029. 103,344 46,623 and income from similar sources. 1,162,161. 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 16,102. 19,708. 20,721 29,286. assets (Explain in Part IV) 27,168. 112,985. 11 Total support. Add lines 7 through 10 5,456,547. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 59.80 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 42.24 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ► X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule fo	r Organizations	Described in	Section 509(a)	(2) (Complete onl	y if you checked the bo	ox on line 9 of Part I)
Section A. Public Support		,	 -			
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	t					
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit t the organization without charge	0					
6 Total. Add lines 1 · 5						
7a Amounts included on lines 1, 2, ar	,d					
3 received from disqualified person						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 5 10c, 11, and 12 for the year or \$5,000),					
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 business	es					
acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on	ss					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12					1	
14 First five years. If the Form 990 is	for the organization's	s first, second, thii	rd, fourth, or fifth to	ax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here				- · · · - · · · · · · · · · · · · · · ·		<u> </u>
Section C. Computation of Pu						
15 Public support percentage for 200			column (f))		15	%
16 Public support percentage from 2					16	%
Section D. Computation of In	_ :				 r	
17 Investment income percentage for					17	%
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2008. If						7 is not
more than 33 1/3%, check this bo						▶
b 33 1/3% support tests - 2007. If	-					and
line 18 is not more than 33 1/3%,						
20 Private foundation. If the organiz	ation did not check a	box on line 14, 19	i <u>a, or 19b, check th</u>		nstructions chedule A (Form 99	0 or 990-EZ) 2008

FREDERICK COMMUNITY COLLEGE FOUNDATION, Schedule A (Form 990 or 990-EZ) 2008 INC. 52-1231768 Page 4 Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: ADMINISTRATIVE FEE INCOME

Schedule D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

FREDERICK COMMUNITY COLLEGE FOUNDATION,

Employer identification number 52-1231768

Pa	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds may b	pe used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor or other impermissible p	private benefit? Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or pl	leasure) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of cert	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a co	nservation easement on the last day
	of the tax year.		·
			Held at the End of the Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
¢	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the taxable
	year ►		
4	Number of states where property subject to conservation eas	sement is located	-
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, violations,	
	enforcement of the conservation easements it holds?		└ Yes
6	Staff or volunteer hours devoted to monitoring, inspecting, an		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		└── Yes └── No
9	In Part XIV, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describe	s the organization's accounting for
D.	conservation easements	A.A. Historical Toponome and	Other Circiles Access
Ра	ort III Organizations Maintaining Collections of	•	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 6.	
4.	If the account of the state of		halanaa ahaat wadoo of oot bostawaal
ıa	If the organization elected, as permitted under SFAS 116, not	•	
	treasures, or other similar assets held for public exhibition, ed	·	bublic service, provide, in Part AIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to i	•	
	or other similar assets held for public exhibition, education, or	r research in furtherance of public service	ce, provide the following amounts relating to
	these items:		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
^	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		iai gain, provide
_	the following amounts required to be reported under SFAS 11	o relating to these items:	~ ¢
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		* \$

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

Schedule D (Form 990) 2008

	dule D (Form 990) 2008 INC •								Page 2		
Pa	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):										
3	Using the organization's accession and other i	records, check any of the	e following tha	at are a signif	icant use o	of its col	lection ite	ms (check	all		
	that apply):										
а	Public exhibition	d 🗀	Loan or exc	hange progra	ams						
b	Scholarly research	e 🗀	Other								
С	Preservation for future generations										
4	Provide a description of the organization's coll	ections and explain how	they further t	he organizati	on's exem	pt purpo	ose in Par	t XIV.			
5	During the year, did the organization solicit or	receive donations of art,	historical trea	sures, or oth	er sımılar a	assets					
	to be sold to raise funds rather than to be mail	ntained as part of the org	anization's co	ollection?				Yes	☐ No		
Pa	Trust, Escrow and Custodial A reported an amount on Form 990, Part	_	plete if organ	zation answe	ered "Yes"	to Form	n 990, Par	t IV, line 9	, or		
1a	is the organization an agent, trustee, custodia		or contribution	ns or other as	sets not in	ncluded					
	on Form 990, Part X?		,					Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following	o table:								
-	in 100, explain the arrangement in 1 arrangement	na complete the following	g tubio.					Amount			
С	Beginning balance					1c		THIOCIN			
	Additions during the year					1d					
	Distributions during the year					1e					
f	Ending balance					1f	-				
	Did the organization include an amount on For	m 990 Part X line 212					Γ.	Yes	No		
	If "Yes," explain the arrangement in Part XIV.	111 330, 1 art 7, 1110 21:					L	03			
Pai		organization answered "Y	es" to Form 9	990. Part IV. I	line 10.						
<u> </u>	······································		Prior year	(c) Two year		1) Three \	ears back	(e) Four	ears back		
1a	Beginning of year balance	4863525.	1 1101 year	1 (0) 1110 you	15 Cuon 10	<i>y</i> 111100 y	ours buok	(C) (Out)	Out o Duok		
b	Contributions	529,544.		 							
^											
٦	c Investment earnings or losses d Grants or scholarships $ \begin{array}{c c} -869,457.\\ 132,925.\\ \end{array} $										
	e Other expenditures for facilities										
•	e Other expenditures for facilities and programs 14,644.										
f	26 920										
	End of year balance	4349204.		 							
9 2	Provide the estimated percentage of the year			3				1			
a	Board designated or quasi-endowment	9.63 %									
b	Permanent endowment 85.08	<u> </u>									
c	Term endowment ► 5.29 %										
-	Are there endowment funds not in the possess		hat are held a	and administs	ared for the	organi	zation				
O.	hy:	Sion of the organization t	nat are neid a	ina aaniiniste	sied for the	olyani	Lation	Б	res No		
	(i) unrelated organizations							3a(i)	X		
	(ii) related organizations							3a(ii)	- X		
	If "Yes" to 3a(ii), are the related organizations is	leted as required as Sah	adula D2					3b			
4	Describe in Part XIV the intended uses of the	·						30			
,	rt VI Investments - Land, Buildings), Part X, line	10.						
	Description of investment	(a) Cost or other basis (investment)		t or other (other)	(c) De _l	preciatio	on	(d) Book	value 		
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other										
Tota	I. Add lines 1a-1e (Column (d) should equal For	m 990, Part X, column (B), line 10(c))						0.		

Schedule D (Form 990) 2008

4,211,318. Total. (Col (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments - Program Related. See Form 990, Part X, line 13

(c) Method of valuation: (b) Book value (a) Description of investment type Cost or end-of-year market value Total (Col (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
	·

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25.

		(a) De	scription of liability			(b) Amount
Federa	l incor	me taxes				
DUE	то	FREDERICK	COMMUNITY	COLLEGE		22,677.
						
			-		-	
					-	
				 .		
				_		
——— Γotal.	Colun	nn (b) should equal F	orm 990. Part X. col	(B) line 25.)	-	22,677.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

832053 12-23-08

Sche	dule D (Form 990) 2008 INC •		•	52-	1231768	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Finar	ncial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,521	.949.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			,839.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			,110.
4	Net unrealized gains (losses) on investments		4		-1,587	
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8		-89	,025.
9	Total adjustments (net). Add lines 4-8		9		-1,676	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		-1,089	
	t XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per	Retur		
1	Total revenue, gains, and other support per audited financial statements			1		,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
- а	Net unrealized gains on investments	2a	-1,587,531			
b	Donated services and use of facilities	2b	429,381			
c	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV)	2d	25,340			
e	Add lines 2a through 2d		·	2e	-1.132	810.
3	Subtract line 2e from line 1			3	-1,132 $1,413$,433.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				•	
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,422			
b	Other (Describe in Part XIV)	4b	42,422			
	Add lines 4a and 4b		· L	4c	108	,516.
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	1,521	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expenses pe			
1 1	Total expenses and losses per audited financial statements			1	1,370	,069.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
a	Donated services and use of facilities	2a	429,381			
b	Prior year adjustments	2b				
c	Losses reported on Form 990, Part IX, line 25	2c		1		
	Other (Describe in Part XIV)	2d	48,271	.		
	Add lines 2a through 2d		<u></u>	2e	477	,652.
3	Subtract line 2e from line 1			3	892	,417.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					,
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	42,422	•		
	Other (Describe in Part XIV)	4b				
	Add lines 4a and 4b			4c	42	,422.
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5		,839.
	₹ XIV Supplemental Information				<u> </u>	·
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	Llines	1a and 4: Part IV, lines	1b and	2b: Part V. line	4: Part
	rt XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	,	ra allo 1,1 all 17, illio		20,1 0.1 1, 10	7, 1 0
	RT V, LINE 4: THE MAJORITY OF THE ENDOWMEN	r FU	JNDS PROVIDE			
SCI	OLARSHIP FUNDING AND THE REMAINING MINORI	TY C	F THE ENDOW	MENT	FUNDS	
PRO	OVIDE PROGRAM SUPPPORT FOR FREDRICK COMMUN	ITY	COLLEGE.			
PA	RT XI, LINE 8 - OTHER ADJUSTMENTS:					
CH	ANGE IN VALUE OF CHARITABLE REMAINDER TRUS	Г: -	-89025.			
						_
					_·-	
PA	RT XII, LINE 2D - OTHER ADJUSTMENTS:					
					1 1 5 /5 1	1001 0000

23-08

FREDERICK COMMUNITY COLLEGE FOUNDATION, 52-1231768 Page 5 INC. Schedule D (Form 990) 2008 Part XIV Supplemental Information (continued) ELIMINATION OF AFFILIATE FROM COMBINED FINANCIAL STATEMENTS: 25340. PART XII, LINE 4B - OTHER ADJUSTMENTS: CHANGE IN VALUE OF CHARITABLE REMAINDER TRUST: 89025. SPECIAL EVENT EXPENSES: -22931. PART XIII, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES: 22931. ELIMINATION OF AFFILIATE FROM COMBINED FINANCIAL STATEMENTS: 25340.

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008 Open To Public Inspection

Name of the organization

FREDERICK COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 52-1231768

Part I Fundraising Activities	Complete if the organization answ	/ered "\	'es" to	Form 990, Part IV, I	ine 17.	
1 Indicate whether the organization ra	sed funds through any of the follow	ıng actı	vities.	Check all that apply		
a X Mail solicitations	e X Solicita	ation of	non•g	overnment grants		
b Email solicitations				nment grants		
c Phone solicitations	g X Specia			_		
d X In-person solicitations	g <u></u> - opcoid	i landic	iioii ig	cvenis		
2 a Did the organization have a written	or oral agreement with any individua	al (inclu	dina o	fficers, directors, trus	stees or	
	Part VII) or entity in connection with					□ No
b If "Yes," list the ten highest paid inc	-			-		
	e organization. Form 990-EZ filers ar		-			
	o organization. I offi 550 EZ litera di	1	quilot	to complete this tal	Jie.	
19 Maria afra di natical		(iii)	Did	<i>(</i> -2, 0,	(v) Amount paid	(vi) Amount paid
(i) Name of Individual	(ii) Activity	fundi have c	aiser	(iv) Gross receipts	to (or retained by)	to (or retained by)
or entity (fundraiser)		or con	trol of	from activity	fundraiser listed in col. (i)	organization
COMMUNITY COUNSELING	PLANNING, ADVICE	-				
SERVICE CO., LLC	AND CONSULTING.	Yes	No X	565,013.	260,000.	305,013.
SERVICE CO., LLC	AND CONSULTING.			303,013.	200,000.	303,013.
•		+				<u> </u>
				_		
						- <u>-</u> -
		<u> </u>				
			<u> </u>	_	• • •	
Total	•	•		565,013.	260,000.	305,013.
3 List all states in which the organizati	on is registered or licensed to solicit	funds	or has		empt from registrati	
MD						oog.
						
					-	
		·				
	-					
						-
	·				-	
	<u>-</u>				-	<u> </u>
LHA For Privacy Act and Paperwork R	aduation Act Notice and the last-		fo- F	orm 000 - 4	Sahadula C /Farra C	00 or 000 E71 0000
LIPA FOR PRIVACY ACT and Paperwork H	eauction Act Hotice, See the INSTI	uctions	IUIF	טוווו ששט. כ	Scriedale (I (Form 9	90 or 990-EZ) 2008

52-1231768 Page 2 INC. Schedule G (Form 990 or 990-EZ) 2008 Fundraising Events, Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other Events (a) Event #1 (d) Total Events NONE (Add col. (a) through WINE GALA col. (c)) (total number) (event type) (event type) Revenue 29,992. 29,992. Gross receipts 17,874. 17,874. Less: Charitable contributions 12,118 12,118. Gross revenue (line 1 minus line 2) Cash prizes Non-cash prizes **Direct Expenses** Rent/facility costs 22,931. 22,931. Other direct expenses 22,931. Direct expense summary. Add lines 4 through 7 in column (d) -10,813. 9 Net income summary. Combine lines 3 and 8 in column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/Instant (d) Total gaming (Add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Non-cash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine lines 1 and 7 in column (d) Yes No 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? 9a b if "No," Explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2008 INC . 5	<u>2-123176</u>	58 P	age 3
	-	Yes	No
13 Indicate the percentage of gaming activity operated in.			
a The organization's facility	%		
b An outside facility	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and recoil	rds·	1	
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	ıt		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address:			
No. 110			
Name Name			
Address ►			
Address			
16 Gaming manager information:			
To Saliming Harlagor Morniation.			
Name ▶			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee Independent contractor	Ì		
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to		1	
retain the state gaming license?	17a		ļ
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year ▶ \$		1	<u> </u>

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE							OMB No 1545-0047	
(Form 990)		Grants and Govern	Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	e to Organizations luals in the U.S.	,		. 5008	
Department of the Treasury Internal Revenue Service	▼ Comp	Complete if the organization	in answered "Yes,	," on Form 990, P.	ganization answered "Yes," on Form 990, Part IV, lines 21 or 22.		Open to Public	
ation	COMMUNITY	COLLEGE	FOUNDATION,	m 990.			Employer identification number	<u></u>
I.I.C. Part General Information on Grants and Assistance	and Assistance						22-1231/08	.1
Does the overstation maintain records	to etaletactachia of		ott occetataers	Hidiole 'sectory	ofor the greate or see	the greate or secretaines the greatest alimitality for the greate as secretaines the coloration	00;	1
	to substantiate the Istance?		or assistance, the	grantees eligibility	y ioi tile graffis of ass	istance, and the serec	X Yes No	٥
힜	ocedures for moni	toring the use of grant	funds in the United	d States.				ł
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "\	es" on Form 990, Part	t IV, line 21, for any	r
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	\$5,000 Check this	s box if no one recipier	t received more th	an \$5,000. Use Pa	art IV and Schedule I-	(Form 990) if addition	nal space is needed	\dashv
(a) Name and address of organization or government	(P) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
FREDERICK COMMUNITY COLLEGE							TO PROVIDE HVAC EQUIPMENT	₽
7932 OPOSSUMTOWN PIKE	, c		•	6		equi pment	& TO FREDERICK COMMUNITY	
FREDERICK, MD 21/02	52-0743590		0.	62,220.	62,220.ESTIMATED VALUE	OTHER	COLLEGE.	1
FREDERICK COMMUNITY COLLEGE							TO PROVIDE SUPPORT FOR	
7932 OPOSSUMTOWN PIRE	1		,	•			FREDERICK COMMUNITY	
FREDERICK, MD 21702	52-0743590		124,480.	0.			COLLEGE'S PROGRAMS.	- [
								I
								- 1
								
	and government or	ganizations					A	•1
۳	SI	1000	7				**************************************	9
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	iction Act Notice,	see the instructions	for Form 990.				Schedule I (Form 990) 2008	<u> </u>

Page 2

52-1231768

INC.

Schedule I (Form 990) 2008 INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	09	285 707	o		
AWARDS FOR LEADERSHIP, INNOVATION, AND CITIZENSHIP		3,500.	.0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE FO	FOUNDATION	WORKS WIT	н тне согг	TION WORKS WITH THE COLLEGE FINANCIAL	
AID OFFICE TO ENSURE THAT SCHOLARSHIP		PIENTS MEE	T THE CRIT	RECIPIENTS MEET THE CRITERIA OF EACH	
INDIVIDUAL SCHOLARSHIP AS SET FORTH	BY	DONORS. REQU	REQUEST FORMS STATING	STATING	
INTENDED USE AND WITH VARIOUS LEVELS O	ELS OF RE	F REQUIRED SIG	SIGNATURES ARE	E REQUIRED TO	
REQUEST RESTRICTED FUNDS FROM THE	FOUNDATION.	ON. USUALLY	LY THE FUNDS	S ARE	
DEPOSITED INTO RESTRICTED COLLEGE	ACCOUNTS.	•			

Schedule I (Form 990) 2008

832102 12-18-08

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

Name of the organization

Part 1 Questions Regarding Compensation

FREDERICK COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 52-1231768

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	X Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision			
	of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Χ	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		<u>X</u>
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		<u>X</u>
þ	Any related organization?	5b		X
_	If "Yes," to line 5a or 5b, describe in Part III.			
6	, , , , , , , , , , , , , , , , , , , ,			
	contingent on the net earnings of:			v
	The organization?	6a		<u>X</u>
þ	Any related organization?	6b		X
_	If "Yes" to line 6a or 6b, describe in Part III.			
1	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	_7_		<u>X</u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
	initial contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	g l		X

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

Schedule J (Form 990) 2008

INC.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 If additional space is needed

For each individual whose compensation must be reported in 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

Page 2

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

									j
			(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
	(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	Compensation	Nontaxable benefits	(B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
		ε		0.		0	0	0	0
DR.	CAROL W. EATON	Œ	166,	19,84	10,738.	12,14	10,541.	220,143.	83,438.
		Ξ			0				0
DR.	RICHARD L. HANEY	⊞	119,	44,627.	1,552.	8,914.	9,258.	184,184.	59,917.
		ε							
		Ξ							
		Ξ							
		(ii)							
		()							
		(ii)							
		•							
		(ii)							
		(3)							
		(ii)							
		(3)							
		(ii)							
		Ξ							
		⊞							
		Ξ							
		⊞							
		Ξ							
		3							
		Ξ							
		⊞							
		Ξ							
		Ξ							
		Ξ							
		≘							
		Ξ							
		⊞							
		Ξ							
		(1)							

Schedule J (Form 990) 2008

SCHEDULE M (Form 990)

NonCash Contributions

To be completed by organizations that answered

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

"Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

FREDERICK COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 52-1231768

Par	t 1 Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of	Revenues reported on Form 990, Part VIII, line 1g	Method of det revenue		g	
		applicable	CONTRIBUTIONS		Tevendo			
1	Art - Works of art				<u> </u>			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles						_	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous					,		
13	Qualified conservation contribution							
	(historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate - Residential				·			
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles					·····		
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (HVAC EQUIPMEN)	X	1		ESTIMATED VA			
26	Other (PLANTS/FLOWER)	X	1		ESTIMATED VA			
27	Other (START/STOP ST)	X	1		ESTIMATED VA			
28	Other ► (GIFT CARD)	X	1	·	ESTIMATED VA	LUE		
29	Number of Forms 8283 received by the organi							
	for which the organization completed Form 82	83, Part IV, I	Donee Acknov	vledgment 29	•	_		r
						£	Yes	No
30a	During the year, did the organization receive b							
	at least three years from the date of the initial	contribution	, and which is	not required to be used for e	exempt purposes for			v
	the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.				. Al		v	İ
31	Does the organization have a gift acceptance					31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to	solicit, process, or sell nonc	asn	00		v
	contributions?					32a		X
	If "Yes," describe in Part II	-1		and the second section of the section of the second section of the	-L11			ĺ
33	If the organization did not report revenues in o	olumn (c) to	r a type ot pro	perty for which column (a) is	спескеа,			ĺ
	describe in Part II				· · · · · · · · · · · · · · · · · · ·		1	<u> </u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

FREDERICK COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 52-1231768

FORM 990, PART VI, SECTION A, LINE 2: TWO OF THE FOUNDATION BOARD
DIRECTORS ARE BROTHERS.
FORM 990, PART VI, SECTION A, LINE 4: THE FOUNDATION'S BY-LAWS WERE
CHANGED TO ALLOW THE CHAIRMAN TO SERVE ONE ADDITIONAL YEAR AND THE BOARD OF
DIRECTORS WOULD BE AUTHORIZED TO WAIVE TERM LIMITS AND RE-APPOINT MEMBERS.
FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO BEING FILED, THE FORM 990
IS POSTED ON AN INTRANET SITE THAT ALL BOARD MEMBERS HAVE ACCESS TO. THEY
ARE NOTIFIED VIA EMAIL THAT THE FORM IS POSTED AND ASKED TO REVIEW THE
FORM.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO SIGN A
CONFLICT OF INTEREST POLICY ANNUALLY AND TO REPORT ANY ITEMS THAT MAY BE A
CONFLICT. WE TRACK RECEIPT OF THE SIGNED FORMS. THE BOARD CHAIR AND CHIEF
EXECUTIVE OFFICER REVIEW THE SIGNED FORMS AND NOTE ANY POTENTIAL CONFLICT.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART VI, SECTION B, LINE 13:
A WHISTLEBLOWER POLICY IS CURRENTLY BEING DEVELOPED.
FORM 990, PART XI, LINE 2B:
FREDERICK COMMUNITY COLLEGE FOUNDATION, INC. IS COMBINED WITH THE
FOUNDATION FOR THE FCC FUND, INC. FOR AUDITED FINANCIAL STATEMENT
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008 832211 12-18-08

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

FREDERICK COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 52-1231768

PURPOSES. SCHEDULE D PARTS XI, XII, AND XIII RECONCILE THE COMBINED
AUDITED FINANCIAL STATEMENTS TO THE CHANGES IN NET ASSETS, REVENUE, AND
EXPENSES FOR FREDERICK COMMUNITY COLLEGE FOUNDATION, INC.
SCHEDULE G, PART I, LINE 2B, COLUMN (V): PAYMENTS WERE MADE TO COMMUNITY
COUNSELLING SERVICE CO., LLC (CCS) TO PROVIDE PROFESSIONAL FUND-RAISING
SERVICES TO ASSIST THE FOUNDATION IN PLANNING, ORGANIZING AND
INITIALIZING A MAJOR FUND-RAISING CAMPAIGN DURING FISCAL YEAR ENDED JUNE
30, 2009. DURING FY 09 CAMPAIGN CASH PROCEEDS TOTALED \$565,013. AT NO
TIME DID CCS HAVE ANY ACCESS TO CONTRIBUTIONS OR OTHER RECEIPTS OF A
SOLICITATION. THE CAMPAIGN WILL BE A MULTI-YEAR CAMPAIGN WITH NO FURTHER
PAYMENTS TO CCS.

OMB No 1545-0047 Schedule R (Form 990) 2008 Employer identification number 52-1231768 Open to Public Inspection Direct controlling Direct controlling entity entity Œ N/A End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ PUBLIC PUBLIC Total income Exempt Code section 501(C)(3) 9 9 501(C)(3) Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ටු ► See separate instructions. FREDERICK COMMUNITY COLLEGE FOUNDATION, MARYLAND MARYLAND LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DISTRIBUTION OF REAL ESTATE Primary activity Primary activity COMMUNITY COLLEGE <u>@</u> CONTRIBUTIONS Identification of Related Tax-Exempt Organizations FEDERICK COMMUNITY COLLEGE - 52-0743590 Identification of Disregarded Entities 52-2187026, 7932 OPPOSSUMTOWN PIKE, Name, address, and EIN Name, address, and EIN of related organization of disregarded entity INC. FOUNDATION FOR THE FCC FUND, 7932 OPPOSSUMTOWN PIKE Name of the organization FREDERICK, MD 21702 Department of the Treasury Internal Revenue Service SCHEDULE R FREDERICK, (Form 990) Parti Part₩

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52-1231768

Schedule R (Form 990) 2008

ixable as a Partnership	
Organizations Ta	
dentification of Related	
Part	

•										
(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, investment, unrelated)		(F) Share of total Income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes No	Code V-UBI camount in box 20 of Schedule K-1 (Form 1065)	(J) General o managing partner? S) Yes No
										-
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust	poration or	Trust							
(A) Name, address, and EIN of related organization	<u>≅</u> c	Ę	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp. or trust)		(F) Share of total Income	(G) Share of end-of-year assets	(H) Percentage ownership
332162 12-23-08			36				_	S	Schedule R (Form 990) 2008	990) 2008

Schedule R (Form 990) 2008

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52-1231768

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Schedule R (Form 990) 2008 Amount involved Yes × 13 19 ē 4 10 19 후 두 ¥ = 10 4 **e** F F = ¥ + 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (B)
Transaction type (a-r) 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? 37 k Performance of services or membership or fundraising solicitations for other organization(s) 1 Performance of services or membership or fundraising solicitations by other organization(s) Name of other organization(s) a Receipt of (i) interest (ii) annuties (iii) royalties (iv) rent from a controlled entity j Lease of facilities, equipment, or other assets from other organization(s) i Lease of facilities, equipment, or other assets to other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets r Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) b Gift, grant, or capital contribution to other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV p Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) **Transactions With Related Organizations** Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Exchange of assets 832163 12-23-08 0 ≘ <u>8</u> ପ୍ର ₹ ত্র 롈

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52-1231768

Schedule R (Form 990) 2008 INC.

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Part VI Unrelated Organizations Taxable as a Partnership

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

inal was not a related organization, see instructions regarding exclusion for certain investment partnerships	clusion for certain investment partners						
(y)	(B)	<u>(</u>)	<u>@</u>	Œ		<u>©</u>	£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
		country)	Yes No			of Schedule K-1 (Form 1065)	
					-	_	-
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Schedule R (Form 990) 2008

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

-			
., , , , ,	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	► X
-	complete Part II unless you have already been granted an automatic 3-month extension on a previously file		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		
A corpor Part I on	ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com ly	plete	▶ □
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an come tax returns.	exter	sion of time
noted be (not auto you mus	clic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of the work of the file Form 990-T). However, you cannot file Form 8868 electronic matic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or continuity to the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file gov/efile and click on e-file for Chanties & Nonprofits	cally if	(1) you want the additional ated Form 990-T. Instead,
Type or	Name of Exempt Organization	Emp	loyer identification number
print	FREDERICK COMMUNITY COLLEGE FOUNDATION,		
File by the	INC.	5	2-1231768
due date fo filing your return See	Number, street, and room or suite no If a P.O. box, see instructions. 7932 OPOSSUMTOWN PIKE		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions FREDERICK, MD 21702		***
□ Fo	rm 990	27 169	
• The b	VERNA BERNOI ooks are in the care of ▶ 7932 OPOSSUMTOWN PIKE - FREDERICK, MD 2	170	2
Telep	hone No. ► 301-624-2818 FAX No. ►		· · · · · ·
If the	organization does not have an office or place of business in the United States, check this box		▶ □
If thic	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If thi If thi s for part of the group, check this box \blacktriangleright and attach a list with the names and EINs of all		r the whole group, check this
box ►		memb	ers the extension will cover.
1 re	equest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt $FEBRUARY 15$, 2010 , to file the exempt organization return for the organization named a for the organization's return for: calendar year or X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009	ıl	
1 re	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: calendar year or	ll bove.	The extension
1 re	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: calendar year or X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 his tax year is for less than 12 months, check reason: Initial return Final return his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	bove.	The extension Change in accounting period
1 re	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: calendar year or X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 his tax year is for less than 12 months, check reason: Initial return Final return	ll bove.	The extension
1 re	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: calendar year or x tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 his tax year is for less than 12 months, check reason: Initial return Final return his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions.	bove.	The extension Change in accounting period
1 re is is is is a second of the second of	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: calendar year or X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 his tax year is for less than 12 months, check reason: Initial return Final return his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nrefundable credits. See instructions. his application is for Form 990-PF or 990-T, enter any refundable credits and estimated a payments made. Include any prior year overpayment allowed as a credit liance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	ll bove.	The extension · Change in accounting period
1 re s s s s s s s s s	FEBRUARY 15, 2010 , to file the exempt organization return for the organization named a for the organization's return for: calendar year or X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 his tax year is for less than 12 months, check reason: Initial return Final return his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nrefundable credits. See instructions. his application is for Form 990-PF or 990-T, enter any refundable credits and estimated a payments made. Include any prior year overpayment allowed as a credit	ll bove.	The extension · Change in accounting period

Caution. If you are going to make an electronic fund withdrawal with this Form 6006, see Form 6453-EO and Form 6679-EO for paymen

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)