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· EXTENSION GRANTED

# Form 990-PF

### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2010

|                              |   | ar year 2010, or tax year beginning , a                                  | and ending            |          |  |            |                            |                                    |
|------------------------------|---|--|-----------------------|----------|--|------------|----------------------------|------------------------------------|
|                              | • |  | turn of a former publ | ic ch    | antv                                   | Ī          | Final return               |                                    |
| G                            | HECK a                                  |  | ress change           | ٦        | ¬ '                                    | change     |                            |                                    |
| Non                          |   | oundation Amended return Add   | less change           |          | Livanie                                |            | oyer identification num    | ber                                |
| IVali                        | ile oi io                               | undauon  |                       |          |  |            | -1330518                   |                                    |
| тī                           | H 31                                    | HAZEL FARM PROPERTY FOUNDATION   | ON                    |          |  |            | hone number (see page 1    | 0 of the instructions)             |
|                              |   | nd street (or P.O. box number if mail is not delivered to street address |                       | Roon     | n/suite                                |            | -430-1455                  |                                    |
|                              |   | OX 990   |                       |          |  |            | mption application is pend | ing, check here                    |
|                              |   | n, state, and ZIP code   |                       |          |  | D 1. Fo    | reign organizations, check | here 🕨                             |
| *                            |   | SBURY MD 21803-0   | 990                   |          |  | 2. Fo      | reign organizations meetii | ng the                             |
|                              |   | ype of organization: X Section 501(c)(3) exempt private                  | foundation            |          |  |            | % test, check here and at  |                                    |
| _                            |   |  | le private foundation |          |  | E If priva | ate foundation status was  | terminated under                   |
| I Fa                         | ir marl                                 | ket value of all assets at J Accounting method:                          | X Cash A              | ccrua    | al                                     | sectio     | n 507(b)(1)(A), check her  | ∍ ▶ ∐                              |
| en                           | d of ye                                 | ear (from Part II, col. (c),   |                       |          |  |            | foundation is in a 60-mont |                                    |
| line                         | e 16) I                                 | ▶ \$ 4,200,328 (Part I, column (d) must                                  | be on cash basis.)    |          |  | under      | section 507(b)(1)(B), che  | ck here                            |
| Pa                           | ırt E                                   | Analysis of Revenue and Expenses (The total of                           | (a) Revenue and       |          | (h) Nation                             |            | (a) Advisted not           | (d) Disbursements<br>for chantable |
|                              |   | amounts in columns (b), (c), and (d) may not necessarily equal           | expenses per<br>books |          | (b) Net inco                           |            | (c) Adjusted net income    | purposes                           |
|                              |   | the amounts in column (a) (see page 11 of the instructions) )            |                       | _        |  | - ,,       |                            | (cash basis only)                  |
|                              | 1                                       | Contributions, gifts, grants, etc., received (attach schedule)           | 1,25                  | 0        |  |            |                            |                                    |
|                              | 2                                       | Check ► X if the foundation is <b>not</b> required to attach Sch. B      | <u></u>               |          |  |            |                            |                                    |
|                              | 3                                       | Interest on savings and temporary cash investments                       | 121 42                | -        | - 1                                    | 20 000     | 121 421                    |                                    |
| •                            | 4                                       | Dividends and interest from securities                                   | 121,42                | _        |  | 20,808     | 121,421<br>6,000           |                                    |
| 9                            | 5a                                      | Gross rents  | 6,00                  | -        |  | 6,000      | 0,000                      |                                    |
| ® e                          | b                                       | Net rental income or (loss) 6,000  | -380,06               |          |  |            |                            |                                    |
| ∬∬. ®<br>Revenue             | 6a                                      | Net gain or (loss) from sale of assets not on line 10 STMT 1             | -380,00               | -        |  |            |                            |                                    |
| Ę,<br>EV                     | b                                       | Gross sales price for all assets on line 6a 565, 268                     |                       | +        |  | 10,893     |                            |                                    |
| œ                            | 7                                       | Capital gain net income (from Part IV, line 2)                           |                       |          |  | 10,093     | 0                          |                                    |
|                              | 8<br>9                                  | Net short-term capital gain  |                       | -        | ······································ |            |                            |                                    |
|                              | 10a                                     | Gross sales less returns & allowances                                    |                       | +        | ······································ |            | <del></del>                |                                    |
|                              | b                                       | Less: Cost of goods sold   |                       | 1        |  |            |                            |                                    |
|                              | c                                       | Gross profit or (loss) (attach schedule)                                 |                       | _        |  |            |                            |                                    |
|                              | 11                                      | Other income (attach schedule)   |                       | _        |  |            |                            |                                    |
|                              | 12                                      | Total. Add lines 1 through 11  | -251,39               | 14       | 1                                      | 37,701     | 127,421                    |                                    |
|                              | 13                                      | Compensation of officers, directors, trustees, etc.                      |                       | 0        |  |            |                            |                                    |
| Se                           | 14                                      | Other employee salaries and wages  | 42,99                 | 7        |  |            |                            | 42,997                             |
| enses                        | 15                                      | Pension plans, employee benefits   | 2,68                  | 34       |  |            |                            | 2,684                              |
| Exp                          | 16a                                     | Legal fees (attach schedule) SEF STMT 2                                  | 6,94                  | 9        |  |            | 6,949                      | <u> </u>                           |
| iii                          | ь                                       | Accounting fees (attach schedule)  |                       |          |  |            |                            |                                    |
| ĕ                            | С                                       | Other professional fees (attach schedule)                                |                       |          |  | _          |                            |                                    |
| <u>ra</u>                    | 17                                      | Interest   0 NOV 0.7 2011   0  |                       |          |  |            |                            |                                    |
| <u>is</u>                    | 18                                      | Taxes (attach schedule) (see page 14 of the instructions) \$2MT 3        | 7,75                  | 56       |  |            |                            | 7,756                              |
| 듵                            | 19                                      | Depreciation (attach-schedule) and depletion                             |                       | _        |  |            |                            |                                    |
| Þ                            | 20                                      | Occupancy OGDEN, UI  | 39,29                 | 8        |  |            |                            | 39,298                             |
| <b>₽</b>                     | 21                                      | Travel, conferences, and meetings  |                       | _        |  |            |                            |                                    |
| Operating and Administrative | 22                                      | Printing and publications  |                       | _ -      | <del></del>                            |            |                            | 7.6.303                            |
| g                            | 23                                      | Other expenses (att. sch.)   | 30,66                 | 55       | <del></del>                            | 14,344     | 14,344                     | 16,321                             |
| atir                         | 24                                      | Total operating and administrative expenses.                             |                       |          |  | 14 244     | 24 202                     | 100 050                            |
| ē                            |   | Add lines 13 through 23  | 130,34                |          |  | 14,344     | 21,293                     | 109,056                            |
| Q                            | 25                                      | Contributions, gifts, grants paid  | 130.3                 | 0        |  | 34 344     | 21 202                     | 100.056                            |
|                              | 26                                      | Total expenses and disbursements. Add lines 24 and 25                    | 130,34                | <u> </u> |  | 14,344     | 21,293                     | 109,056                            |
|                              | 27                                      | Subtract line 26 from line 12:   | 201 5                 | ای       |  |            |                            |                                    |
|                              | a<br>  .                                | Excess of revenue over expenses and disbursements                        | -381,74               | 23       |  | 23 357     |                            |                                    |
|                              | b                                       | Net investment income (if negative, enter -0-)                           |                       |          |  | 23,357     | 106,128                    | <u> </u>                           |
|                              | <u> </u>                                | Adjusted net income (if negative, enter -0-)                             | <u> </u>              | 1        |  |            | 100,120                    | 5 000 PE (2010                     |

| Cash non-interest-bearing  |          | المسكن  | Polonge Chapte Attached schedules and amounts in the description column  | Beginning of year |             | end of      | year                                  |
|--|----------|---------|--|-------------------|-------------|-------------|---------------------------------------|
| 2 Saverage and temporary cash investments  | _        | Pari II | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) | (a) Book Value    |             | _           |                                       |
| 2 Savings and temporary cash investments   69,869   61,121   61,121   2 Nacounts receivable ▶   Less: allowance for doubtful accounts ▶   2 Necessary to the complete flow of th  | Т        | 1       | Cash—non-interest-bearing  | 5,163             | 10,         | 446         | 10,446                                |
| Accounts receivable  |          | 2       | Savings and temporary cash investments   | 69,869            | 61,         | 121         | 61,121                                |
| Less: allowance for doubtful accounts ►  4 Pelegies receivable ►  Less: allowance for doubtful accounts ►  5 Grants receivable ← street with the control of  | 1        | 3       |  |                   |             |             | ·                                     |
| Pladoges receivable   Less allownee for doubtful accounts  | -        |         | Lance allowers for doubtful assesses   |                   |             |             |                                       |
| Less: allowance for doubtful accounts > Grants reschables Receivables due from officers, directors, fusices, and other disqualified persons (attach schedule) (see page 15 of the instructions).  One robe and luses research (at. schedule) * Less: allowance for doubtful accounts > University of the instructions of the instructions of the control of the instructions of the instructions of the control of the control of the instructions of the control of the |          | 4       | · · · · · · · · · · · · · · · · · · ·  |                   |             |             |                                       |
| 5   Grants receivable  |          | •       |  |                   |             | Ì           |                                       |
| Receivables due from officean, directors, flustees, and other disqualified persons (affacts schedule) (see page 15 of the instructions)   Total receivable depends of the control of th    | ١        | 5       |  |                   | <del></del> |             |                                       |
| desqualified persons (attach schedule) (see page 15 of the instructions)   To the rease ad loss reseable (at schedule)   Eless: allowance for doubtful accounts   No.    | 1        | -       |  |                   |             |             |                                       |
| Instructions   Color of the service of the servi    |          | 0       |  |                   |             |             |                                       |
| 7 Other roles and basis accorded (bit schools)   Less, allowance for doubtful accounts   |          |         |  |                   |             |             |                                       |
| Less: allowance for doubtful accounts   0  | ١        |         | instructions)  |                   |             | -           | <del></del>                           |
| Investments—Corporate slock (statch schedule)   SEE STMT 5   117,498   117,498   110,292   |          | 7       |  |                   |             |             |                                       |
| Investments—corporate stock (attach schedule)   SEE STMT   5   117, 498   117,498   110,292  |          |         |  |                   |             |             |                                       |
| Investments—corporate stock (attach schedule)   SEE STMT   5   117, 498   117,498   110,292  | ets      | 8       | Inventories for sale or use  |                   |             |             |                                       |
| Investments—corporate stock (attach schedule)   SEE STMT   5   117, 498   117,498   110,292  | SS       | 9       |  |                   |             |             |                                       |
| 1  | ۹        | 10a     |  |                   |             |             |                                       |
| 11 investments—end, buildings, and equipment base  |          | b       | Investments—corporate stock (attach schedule) SEE STMT 5   |                   |             |             |                                       |
| 1  |          | С       | Investments—corporate bonds (attach schedule) SEE STMT 6   | 2,948,409         | 2,476,      | 899         | 2,643,596                             |
| Less accomplated dependancy (attach sch ) ► STMT 7   | 1        | 11      | Investments—land, buildings, and equipment basis   1,374,873   |                   |             |             |                                       |
| Investments—other (attach schedule)  |          |         | Less accumulated depreciation (attach sch ) ► STMT 7   | 1,276,470         | 1,374,      | 873         | 1,374,873                             |
| Investments—other (attach schedule)  |          | 12      |  |                   |             |             |                                       |
| Less accumulated deprecation (attach sixt)   |          | 13      | Investments—other (attach schedule)  |                   |             |             |                                       |
| tess accumulated deprocation (attach sch.) ►  15 Other assets (describe ► SEE STATEMENT 8 ) 5,000  16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I).  17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (adcl lines 17 through 22) 23 Total liabilities (adcl lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, furst principal, or current funds 28 Pard-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 32 Total liabilities and net assets/fund balances (see page 17 of the instructions) 33 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4  |          | 14      |  |                   |             |             |                                       |
| 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I).  17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶ SEE STATEMENT 9 ) 1,7777 1,948 23 Total liabilities (add ines 17 through 22) 1,7777 1,948 25 Temporarily restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4 4, 420, 632 4, 038, 889 31 Total at assets or fund balances (see page 17 of the instructions) 4 4, 420, 632 4, 038, 889 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4 4, 420, 632 4, 038, 889 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4 4, 420, 632 4, 038, 889 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4 4, 420, 632 4, 038, 889 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 5 Enter amount from Part I, line 27a 5 Capital stock, furth balances are the included in line 2 (tiemize) ▶ 5 Add lines 1, 2, and 3 5 Decreases not included in line 2 (tiemize) ▶ 6 Total net assets or fund balances are not of year (tine 4 minus line 5) Part III, column (b), line 30 6 4, 038, 889  | - 1      |         |  |                   |             |             |                                       |
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| 17   Accounts payable and accrued expenses   18   Grants payable   Gran    |          |         |  |                   |             |             | · · · · · · · · · · · · · · · · · · · |
| 17 Accounts payable and accrued expenses  18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities ((add lines 17 through 22) 23 Total liabilities ((add lines 17 through 22) 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 26 Permanently restricted 27 Temporarily restricted 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) 4, 420, 632 4, 038, 889  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 ((temize)) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 ((temize)) 5 Total net assets or fund balances end of year (line 4 minus line 5)—Part II, column (b), line 30 (6 4, 038, 889) 5 Total net assets or fund balances and of year (line 4 minus line 5)—Part II, column (b), line 30 (6 4, 038, 889)   |          |         |  | 4,422,409         | 4,040,      | 837         | 4,200,328                             |
| 18  Grants payable   19  Deferred revenue   20  Loans from officers, directors, trustees, and other disqualified persons   21  Mortgages and other notes payable (attach schedule)   22  Other liabilities (describe   | $\dashv$ | 17      |  |                   |             |             |                                       |
| 19   Deferred revenue   20   Loans from officers, directors, trustees, and other disqualified persons   21   Mortgages and other notes payable (attach schedule)   22   Other liabilities (describe  |          |         |  |                   |             |             |                                       |
| Total liabilities (descine)  | es       |         |  |                   |             |             |                                       |
| Total liabilities (descine)  | ≣        |         | Leans from officers directors trustees and other disqualified persons  |                   |             |             |                                       |
| Total liabilities (descine)  | <u>ت</u> |         | • •  |                   |             | $\neg \neg$ |                                       |
| Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.  27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the endor-year figure reported on prior year's return)  Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize)  4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize)  5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 4,038,889   | Ĕ        |         | Mortgages and other notes payable (attach schedule)  | 1 777             | 1           | 948         |                                       |
| Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here   |          |         | •  |                   |             |             |                                       |
| and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here IX and complete lines 27 through 31.  28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the einstructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize)  4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize)  5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 4 4,038,889   | $\dashv$ | 23      |  | 1,,,,             |             | 710         |                                       |
| 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Capital stock trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see page 17 of the instructions) 31 Total liabilities and net assets/fund balances (see page 17 of the einstructions) 32 Part III Analysis of Changes in Net Assets or Fund Balances 31 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 6 4,038,889   | ,,       |         |  |                   |             |             |                                       |
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| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | ē        |         |  |                   |             |             |                                       |
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| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | Ę        |         | •  |                   |             |             |                                       |
| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | 픠        |         | ·  |                   |             |             |                                       |
| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | 9        | 27      |  |                   | -           |             |                                       |
| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | ţ        |         |  | 4 400 630         | 4 020       | 000         |                                       |
| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | ŝŝ       | 29      |  | 4,420,632         | 4,038,      | 889         |                                       |
| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | ĕ        | 30      | Total net assets or fund balances (see page 17 of the  |                   |             |             |                                       |
| of the instructions)  Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 , 422, 409  4 , 040, 837  4 , 420, 632  2 -381,743  3 4 4,038,889   | et       |         |  | 4,420,632         | 4,038,      | 889         |                                       |
| Part III Analysis of Changes in Net Assets or Fund Balances  1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  6 4,038,889   | ~        | 31      | Total liabilities and net assets/fund balances (see page 17  |                   |             |             |                                       |
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  6 4,038,889  |          |         |  | 4,422,409         | 4,040,      | 837         | L                                     |
| end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  1 4,420,632  2 -381,743  3 4,038,889  |          |         |  | <del></del>       |             |             | Γ                                     |
| 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 2 -381,743 3 4 4,038,889  | 1        |         | *  |                   |             |             | 4 420 622                             |
| 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  3 4 4,038,889   |          |         | · · · · · · · · · · · · · · · · · ·  |                   |             |             |                                       |
| 4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ►  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  4 4,038,889  |          |         | ** *** * * * * * * * * * * * * * * * * *   |                   |             | _           | -301,/43                              |
| 5 Decreases not included in line 2 (itemize) ►  6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  |          |         | •  |                   |             |             | 4 030 000                             |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30  |          |         |  |                   |             |             | 4,030,089                             |
| O Total fiet assets of fulle balances at cita of year (line 1 mines line of 1 are in) setamin (e)) line of   | 5        |         |  |                   |             | -           | 4 038 880                             |
|  | _6       | Tota    | net assets or fund balances at end of year (line 4 minus line 5)—Part II, column   | o), line 30       | <del></del> | 0           |                                       |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18.

|                | 1990-PF-(2010) THE HAZEL FARM PROPERTY FOUNDATION 20-1330518   |          | F        | age 4       |
|----------------|--|----------|----------|-------------|
| P <sub>x</sub> | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions  | ;)       |          |             |
| 1a             | Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1.  |          |          |             |
|                | Date of ruling or determination letter: 12/19/06 (attach copy of letter if necessary—see instructions)   |          |          |             |
| b              | Domestic foundations that meet the section 4940(e) requirements in Part V, check  N/A  |          |          |             |
|                | here ▶ and enter 1% of Part I, line 27b  |          |          |             |
| C              | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of   |          |          |             |
|                | Part I, line 12, col. (b).   |          |          |             |
| 2              | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |          |          | 0           |
| 3              | Add lines 1 and 2  |          |          |             |
| 4              | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  |          |          | 0           |
| 5              | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-  |          |          | 0           |
| 6              | Credits/Payments:  |          |          |             |
| a              | 2010 estimated tax payments and 2009 overpayment credited to 2010  |          |          |             |
| p              | Exempt foreign organizations—tax withheld at source  |          |          |             |
| C              | Tax paid with application for extension of time to file (Form 8868)  6c  |          |          |             |
| d              | Backup withholding erroneously withheld 6d 6d  |          |          |             |
| 7              | Total credits and payments. Add lines 6a through 6d  |          |          |             |
| 8              | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8   |          |          |             |
| 9              | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed  |          |          |             |
| 10             | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  |          |          |             |
| 11             | Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11  |          | _        |             |
|                | rt VII-A Statements Regarding Activities   |          |          |             |
| 1a             | , , , and the state of the stat | <u> </u> | Yes      | No          |
|                | participate or intervene in any political campaign?  | 1a_      | <b></b>  | X           |
| b              | the transfer of the control of the c | 1        |          |             |
|                | of the instructions for definition)?   | 1b       |          | X           |
|                | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials  |          |          | 1           |
|                | published or distributed by the foundation in connection with the activities.  |          |          |             |
| C              | Did the foundation file Form 1120-POL for this year?   | 1c       |          | X           |
| d              | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:   |          |          |             |
|                | (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$   |          |          |             |
| е              | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed  |          |          | 1           |
| ^              | on foundation managers.  \$  |          | ,        |             |
| 2              | Has the foundation engaged in any activities that have not previously been reported to the IRS?  | 2        |          | X           |
| 2              | If "Yes," attach a detailed description of the activities.   |          |          |             |
| 3              | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of  |          | . ;      |             |
| 4-             | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes   | 3        | L        | <u> </u>    |
| 4a             | Did the foundation have unrelated business gross income of \$1,000 or more during the year?  | _4a      |          | X           |
| ь<br>5         | If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  | 4b       |          |             |
| J              | Was there a liquidation, termination, dissolution, or substantial contraction during the year?   | 5        |          | X           |
| 6              | If "Yes," attach the statement required by General Instruction T.  Are the requirements of cocking 500(c) (relative to posture 4044 through 4045) as in find a life.   |          |          |             |
| •              | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:  |          |          |             |
|                | By state legislation that offectively amonds the governing factor mont on that an amond that the discount is a factor mont on the factor of the factor       |          | :        |             |
|                | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that<br/>conflict with the state law remain in the governing instrument?</li> </ul>   |          | 7.7      |             |
| 7              |  | 6        | X        | <u> </u>    |
|                | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV  Enter the states to which the foundation reports or with which it is registered (see page 19 of the   | 7        | X        |             |
| va             | instructions)   MD   |          |          |             |
| b              | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General   |          | 1        |             |
| -              | (or designate) of each state as required by Conord Instruction C2 If "No " attach evaluation   | _        | v        |             |
| 9              | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or  | 8b       | <u>X</u> | <u> </u>    |
| -              | 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page   |          | =        |             |
|                | 27)? If "Yes," complete Part XIV   |          | x        |             |
| 0              | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their   | 9        |          | <del></del> |
| •              | names and addresses  |          |          | v           |
|                |  | 10       |          | <u> </u>    |

| Forn | 990-PF.(2010) THE HAZEL FARM PROPERTY FOUNDATION 20-1330518  |               | Pa       | age <b>5</b> |
|------|--|---------------|----------|--------------|
| P    | art VII-A Statements Regarding Activities (continued)  |               |          |              |
| 11   | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the            |               |          |              |
|      | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)                             | 11            |          | X            |
| 12   | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before                   |               |          |              |
|      | August 17, 2008?   | 12            | 1        | X            |
| 13   | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?    | 13            | Х        |              |
|      | Website address ► HAZELOUTDOORDISCOVERYCENTER.ORG  |               |          |              |
| 14   | The books are in care of ▶ JOSEPH J PEARCE III Telephone no. ▶ 410 -   | 430-          | 145      | 5            |
|      | 3905 ATLANTIC AVE  |               |          | • •          |
|      | Located at ▶ OCEAN CITY MD ZIP+4 ▶ 2184  | 2             |          |              |
| 15   | Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here                       | · · · · · · · |          | <b>.</b> □   |
|      | and enter the amount of tax-exempt interest received or accrued during the year  |               | •        | _            |
| 16   | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority        |               | Yes      | No           |
|      | over a bank, securities, or other financial account in a foreign country?  | 16            |          | X            |
|      | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter          |               |          |              |
|      | the name of the foreign country  |               | 1        |              |
| P    | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required  |               |          |              |
|      | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.                                |               | Yes      | No           |
| 1a   | During the year did the foundation (either directly or indirectly):  |               |          |              |
|      | (1) Engage in the sale or exchange, or leasing of property with a disqualified person?                                 |               | 1        | -            |
|      | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a                              |               |          |              |
|      | disqualified person?   |               | -        |              |
|      | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?                             |               | 1        | -            |
|      | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?                                   |               |          |              |
|      | (5) Transfer any income or assets to a disqualified person (or make any of either available for                        |               |          |              |
|      | the benefit or use of a disqualified person)?  |               | -        |              |
|      | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the                             |               |          |              |
|      | foundation agreed to make a grant to or to employ the official for a penod after                                       | 1             |          |              |
|      | termination of government service, if terminating within 90 days.)   |               |          |              |
| b    | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations |               |          |              |
|      | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?           | . 1b          |          |              |
|      | Organizations relying on a current notice regarding disaster assistance check here                                     |               |          |              |
| C    | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that           |               |          |              |
|      | were not corrected before the first day of the tax year beginning in 2010?   | . 1c          |          |              |
| 2    | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private            |               |          |              |
|      | operating foundation defined in section 4942(j)(3) or 4942(j)(5)):   |               | 1        |              |
| а    | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and                            |               |          |              |
|      | 6e, Part XIII) for tax year(s) beginning before 2010?  |               |          |              |
|      | If "Yes," list the years ▶ 20 , 20 , 20 , 20   |               |          |              |
| b    | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)         |               | 1        |              |
|      | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to     |               |          | ,            |
|      | all years listed, answer "No" and attach statement—see page 22 of the instructions.)                                   | 2b            |          |              |
| C    | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.       |               |          |              |
|      | ▶ 20 <sub></sub> , 20 <sub></sub> , 20 <sub>.</sub>  |               | 1        |              |
| 3a   | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise                          |               | 1        |              |
|      | at any time during the year?   |               | 1        |              |
| b    | If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or            |               |          |              |
|      | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the          |               |          | <i>'</i>     |
|      | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of         |               | 1        | ,            |
|      | the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the                   |               |          |              |
|      | foundation had excess business holdings in 2010.) N/A  | . <u>3b</u>   |          | <u> </u>     |
| 4a   | Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?         | 4a            |          | X            |
| b    | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its         |               |          |              |
|      | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?     | 4b            | <u> </u> | X            |
|      |  | om <b>99</b>  | 0-PF     | (2010)       |

| Form | 990-PF.(2010) THE HAZEL FARM PROPERTY FOUNDAT  |                                       | 330518              |  |  | Page <b>6</b>                   |
|------|--|---------------------------------------|---------------------|--|--|---------------------------------|
| Pa   | art VII-B Statements Regarding Activities for Which Form 4                             | 720 May Be R                          | equired (conti      | inued)                                   | ·····  |                                 |
| 5a   | During the year did the foundation pay or incur any amount to:                         |                                       |                     |  |  |                                 |
|      | (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4)     | 945(e))?                              | 🗌 Y                 | es X No                                  |  |                                 |
|      | (2) Influence the outcome of any specific public election (see section 4955); or to    |                                       |                     |  |  |                                 |
|      | directly or indirectly, any voter registration drive?                                  | •                                     |                     | es X No                                  |  |                                 |
|      | (3) Provide a grant to an individual for travel, study, or other similar purposes?     | • • •                                 | · · ·   Y           | es X No                                  |  |                                 |
|      | (4) Provide a grant to an organization other than a chantable, etc., organization of   | described in                          | —                   |  |  |                                 |
|      | section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instru      |                                       | □ Y                 | es X No                                  | . 1  |                                 |
|      | (5) Provide for any purpose other than religious, charitable, scientific, literary, or |                                       | ш -                 |  |  |                                 |
|      | purposes, or for the prevention of cruelty to children or animals?                     | ogađa (origi                          | □ <b>v</b>          | es X No                                  |  |                                 |
|      | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under |                                       |                     | 00 =                                     | . 1  |                                 |
| ь    |  |                                       |                     | N/A                                      | 5b   |                                 |
|      | Regulations section 53.4945 or in a current notice regarding disaster assistance       |                                       | e insuucions):      | · · <b>_</b>                             | 30   | <del></del>                     |
|      | Organizations relying on a current notice regarding disaster assistance check he       |                                       | ••••                |  |  |                                 |
| С    | If the answer is "Yes" to question 5a(4), does the foundation claim exemption fro      | m the tax                             | NT / N 🗔 N          |  |  | 1                               |
|      | because it maintained expenditure responsibility for the grant?                        |                                       | N/A [] Y            | ′es 🔝 No                                 | - 1  |                                 |
|      | If "Yes," attach the statement required by Regulations section 53.4945-5(d).           |                                       |                     |  | 1  |                                 |
| 6a   | Did the foundation, during the year, receive any funds, directly or indirectly, to pa  | y premiums                            | г <del>.</del> .    | ( <del></del> -                          |  |                                 |
|      | on a personal benefit contract?  |                                       | 🗀                   | ′es 🗶 No                                 | 1  |                                 |
| b    | Did the foundation, during the year, pay premiums, directly or indirectly, on a per    | sonal benefit contr                   | act?                |  | 6b   | <u>X</u> _                      |
|      | If "Yes" to 6b, file Form 8870.  |                                       |                     |  |  | ,                               |
| 7a   | At any time during the tax year, was the foundation a party to a prohibited tax she    | elter transaction?                    | 📙 ነ                 | es X No                                  |  |                                 |
| b    | If Yes, did the foundation receive any proceeds or have any net income attributa       | ble to the transact                   | on?                 | N/A                                      | 7b   |                                 |
|      | art VIII Information About Officers, Directors, Trustees, Fo                           | undation Man                          | agers, Highly       | Paid Employe                             | ees,   |                                 |
|      | and Contractors  |                                       |                     |  |  |                                 |
| 1 1  | ist all officers, directors, trustees, foundation managers and their compensat         | ion (see page 22                      | of the instruction  | ıs)                                      |  |                                 |
|      |  | (b) Title, and average                | (c) Compensation    | (d) Contributions to                     |  |                                 |
|      | (a) Name and address   | hours per week                        | (if not paid, enter | employee benefit<br>plans and deferred   |  | pense account,<br>er allowances |
|      | • •  | devoted to position                   | -0-)                | compensation                             |  |                                 |
|      | DLLEEN HAZEL PARSONSBURG   | DIRECTOR                              |                     |  |  |                                 |
|      | .594 FRED ADKINS RD MD 21849   | 5.00                                  |                     | ٥  |  | 0                               |
|      | OCEAN CITY   | TREASURER                             |                     |  |  |                                 |
| -    |  | 1.00                                  | ا ا                 |  | ,  | 0                               |
|      |  | DIRECTOR                              |                     |  | †  |                                 |
|      |  | 5.00                                  | ,                   | . ا                                      | ,  | 0                               |
|      | 135 E LILLIAN ST MD 21830  | 5.00                                  | <u> </u>            |  | <del>                                     </del> | <del>_</del>                    |
|      |  |                                       |                     |  | 1  |                                 |
|      |  |                                       | 00 511 : 1          | -4'>                                     |  |                                 |
| 2    | Compensation of five highest-paid employees (other than those included on              | line 1 — see pag                      | e 23 of the instru  | ctions).                                 |  |                                 |
|      | If none, enter "NONE."   | T                                     | <del> </del>        | 1 (1) 0 (1) 1                            | т  |                                 |
|      |  | (b) Title, and average                |                     | (d) Contributions to<br>employee benefit | (e) E  | cpense account,                 |
|      | (a) Name and address of each employee paid more than \$50,000                          | hours per week<br>devoted to position | (c) Compensation    | plans and deferred                       |  | er allowances                   |
| _    |  | 00.0000 10 poolson                    |                     | compensation                             | ₩  |                                 |
| N    | ONE  |                                       |                     |  | •  |                                 |
|      |  |                                       |                     |  | ↓  |                                 |
|      |  | j                                     |                     |  |  |                                 |
|      |  |                                       |                     |  |  |                                 |
|      |  |                                       |                     |  |  |                                 |
| •    |  |                                       |                     |  | <u> </u>   |                                 |
|      |  |                                       |                     |  | T  |                                 |
|      |  |                                       |                     |  | 1  |                                 |
|      |  | <del> </del>                          |                     |  | 1  |                                 |
| -    |  | 1                                     |                     |  |  |                                 |
| Tota | Il number of other employees paid over \$50,000  | <u> </u>                              |                     | <del></del>                              | <u> </u>   | 0                               |
| 100  | il number of other employees paid over \$50,000  | * * *                                 | ····                |  | QQ   | 0-PF (2010)                     |
|      |  |                                       |                     | FO                                       | /mii <b>33</b>                                   | U-1 (2010)                      |

| Form 990-PF (2010) THE HAZEL FARM PROPERTY FOUNDATION 20-1330518   | Page 7           |
|--|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued)   | oloyees,         |
| 3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NON   | E."              |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service  | (c) Compensation |
| NONE   |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
| Total number of others receiving over \$50,000 for professional services   | <u>▶</u> 0       |
| Part IX-A Summary of Direct Charitable Activities  |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses         |
| 1 SEE STATEMENT 10   |                  |
| · · · · · · · · · · · · · · · · · · ·  |                  |
|  | 109,056          |
| 2 ANOTHER ACTIVITY WAS JAKES DAY WITH 350 CHILDRN PLUS<br>PARENTS FEATURING FISHING, WILD TURKEYS, AND A ZOO EXHIBIT   |                  |
| BOY SCOUT TROOPS HELD CAMP OUTS AND GIRL SCOUT TROOPS HELD CAMP OUTINGS  |                  |
| 4 OTHER ACTIVITIES INCLUDED USE BY CHILDREN WITH THE FAMILY YOUTH CENTER AND KIDS OF HONOR. THERE IS ALSO A "LOOP" FOR CYCLISTS THAT RUNS THROUGH THE PROPERTY.  |                  |
| Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)   |                  |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.  | Amount           |
| 1 N/A  |                  |
|  |                  |
| 2  |                  |
|  |                  |
| All other program-related investments. See page 24 of the instructions.  |                  |
| 3  |                  |
|  |                  |

Form **990-PF** (2010)

Total. Add lines 1 through 3

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26

Program-related investments—total from Part IX-B

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Amounts set aside for specific charitable projects that satisfy the:

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Qualifying distributions that qualify under section 4940(e) for the reduced rate of tax on net investment income.

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2010)

| P        | art XIII Undistributed Income (see page 26 of        | the instructions) |                      |  |             |
|----------|--|-------------------|----------------------|--|-------------|
|          |  | (a)               | (b)                  | (c)  | (d)         |
| 1        | Distributable amount for 2010 from Part XI,          | Corpus            | Years prior to 2009  | 2009   | 2010        |
| •        | line 7   | 00.700            | . Suro prior to 2000 | 2003   | 2010        |
| _        | • • • •  | <del></del>       |                      | ······································           | ļ           |
| 2        | Undistributed income, if any, as of the end of 2010. |                   |                      |  |             |
| а        |  |                   |                      | · · · · · · · · · · · · · · · · · · ·            |             |
| b        | Total for prior years 20, 20, 20                     |                   |                      |  |             |
| 3        | Excess distributions carryover, if any, to 2010:     | <b>.</b>          | ,                    | 1  |             |
| а        | From 2005  | ;                 |                      |  | `           |
| b        | From 2006  |                   |                      |  |             |
| С        | From 2007  |                   |                      |  |             |
| d        | From 2000  | 1                 |                      |  | }           |
| _        | From 2000  | 1                 |                      |  |             |
|          | Total of lange 20 through a                          |                   |                      |  |             |
| , '      | - · · · · · · · · · · · · · · · · · · ·              |                   |                      |  |             |
| 4        | Qualifying distributions for 2010 from Part XII,     |                   |                      |  | ]           |
|          | line 4: ▶ \$ 109,056                                 |                   |                      |  |             |
|          | Applied to 2009, but not more than line 2a           |                   |                      |  |             |
| b        | Applied to undistributed income of prior years       |                   |                      | •  |             |
|          | (Election required—see page 26 of the instructions)  |                   |                      |  |             |
| С        | Treated as distributions out of corpus (Election     |                   |                      |  |             |
|          | required—see page 26 of the instructions)            |                   |                      |  |             |
| d        | Applied to 2010 distributable amount                 |                   |                      |  |             |
| е        |  | 109,056           |                      |  |             |
| 5        | Evenes distributions company applied to 2010         |                   |                      |  | <del></del> |
|          | (If an amount appears in column (d), the same        |                   |                      |  |             |
|          | amount must be shown in column (a) )                 |                   |                      |  |             |
| 6        | Enter the net total of each column as                |                   | ·                    |  |             |
| U        |  |                   | ,                    |  |             |
|          | indicated below:                                     | 100 055           |                      |  |             |
|          | Corpus. Add lines 3f, 4c, and 4e Subtract line 5     | 109,056           |                      |  |             |
| b        | Prior years' undistributed income. Subtract          | -                 |                      | <u>:</u>   |             |
|          | line 4b from line 2b                                 | :                 |                      |  |             |
| С        | Enter the amount of prior years' undistributed       |                   |                      | ;  |             |
|          | income for which a notice of deficiency has          | ļ ,               |                      |  |             |
|          | been issued, or on which the section 4942(a)         | 1                 |                      |  |             |
|          | tax has been previously assessed                     | . :               |                      |  |             |
| d        | Subtract line 6c from line 6b. Taxable               |                   |                      |  |             |
|          | amount—see page 27 of the instructions               |                   |                      |  | }           |
| e        | Undistributed income for 2009. Subtract line         |                   | ,                    |  |             |
| _        | 4a from line 2a. Taxable amount—see page             |                   |                      |  |             |
|          | 27 of the instructions                               |                   |                      |  |             |
| E        | * ** *** * * * * * * * * * * * * * * * *             |                   |                      | <del>                                     </del> |             |
| 1        | Undistributed income for 2010. Subtract lines        | -                 |                      |  |             |
|          | 4d and 5 from line 1. This amount must be            |                   |                      |  |             |
| _        | distributed in 2011                                  | ·                 |                      | ****   |             |
| 7        | Amounts treated as distributions out of corpus       |                   |                      |  | ,           |
|          | to satisfy requirements imposed by section           |                   |                      |  |             |
|          | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the       |                   |                      | -  |             |
|          | instructions)  |                   |                      |  |             |
| 8        | Excess distributions carryover from 2005 not         |                   |                      |  |             |
|          | applied on line 5 or line 7 (see page 27 of the      |                   |                      |  |             |
|          | instructions)  |                   |                      |  |             |
| 9        | Excess distributions carryover to 2011.              |                   |                      |  |             |
| -        | Subtract lines 7 and 8 from line 6a                  |                   |                      |  |             |
| 10       | Analysis of line 9:                                  |                   |                      |  |             |
|          | Excess from 2006                                     | [                 |                      |  |             |
| a        | · · · <del></del>                                    |                   |                      |  |             |
| b        | Excess from 2007                                     | ′                 |                      | İ  |             |
| C        | Excess from 2008                                     | 1                 |                      | -  |             |
| d        | Excess from 2009                                     | 1                 |                      |  |             |
| <u>e</u> | Excess from 2010                                     |                   |                      |  |             |

|    | 1990-PF (2010) IRE RAZEL FA                      |                             |                          |                            |                     | Page 10     |
|----|--|-----------------------------|--------------------------|----------------------------|---------------------|-------------|
|    | art XIV. Private Operating Fou                   |                             |                          |                            | /II-A, question 9)  |             |
| 1a | If the foundation has received a ruling or       |                             |                          | ng                         |                     |             |
|    | foundation, and the ruling is effective for      |                             |                          | ▶ [                        |                     | /19/06      |
| b  | Check box to indicate whether the foundate       | ition is a private operatir | ng foundation describ    | ed in section X 494        | 12(j)(3) or 4942(j) | (5)         |
| 2a | Enter the lesser of the adjusted net             | Tax year                    | <del></del>              | Prior 3 years              |                     | (e) Total   |
|    | income from Part I or the minimum                | (a) 2010                    | (b) 2009                 | (c) 2008                   | (d) 2007            |             |
|    | investment return from Part X for                |                             |                          |                            |                     |             |
|    | each year listed                                 | 106,128                     | 86,019                   | 49,726                     | 55,231              | 297,104     |
| Ь  | 85% of line 2a                                   | 90,209                      | 73,116                   | 42,267                     | 46,946              | 252,538     |
| С  | Qualifying distributions from Part XII,          |                             |                          |                            |                     |             |
|    | line 4 for each year listed                      | 109,056                     | 85,075                   | 99,330                     | 17,705              | 311,166     |
| d  | Amounts included in line 2c not used directly    |                             | <u> </u>                 |                            |                     |             |
| _  | for active conduct of exempt activities          |                             |                          |                            |                     |             |
| _  | ·  | <del></del> -               |                          |                            | <del></del>         |             |
| е  | Qualifying distributions made directly           |                             |                          | ł                          | ł                   |             |
|    | for active conduct of exempt activities.         | 100.056                     | 05 075                   | 00 330                     | 17 705              | 211 166     |
| _  | Subtract line 2d from line 2c                    | 109,056                     | 85,075                   | 99,330                     | 17,705              | 311,166     |
| 3  | Complete 3a, b, or c for the                     |                             |                          |                            |                     |             |
|    | alternative test relied upon:                    |                             |                          |                            |                     |             |
| а  | "Assets" alternative test—enter:                 |                             |                          |                            |                     |             |
|    | (1) Value of all assets                          |                             |                          |                            |                     |             |
|    | (2) Value of assets qualifying under             |                             |                          | j                          |                     |             |
|    | section 4942(j)(3)(B)(i)                         |                             |                          |                            |                     |             |
| b  | "Endowment" alternative test—enter 2/3           |                             |                          |                            |                     | -           |
|    | of minimum investment return shown in            |                             |                          |                            |                     |             |
|    | Part X, line 6 for each year listed              | 92,959                      | 57,346                   | 33,151                     | 36,821              | 220,277     |
| С  | "Support" alternative test—enter:                |                             |                          |                            |                     |             |
|    | (1) Total support other than gross               |                             |                          |                            |                     |             |
|    | investment income (interest,                     |                             |                          |                            |                     |             |
|    | dividends, rents, payments on                    |                             |                          | İ                          |                     |             |
|    | securities loans (section                        |                             |                          | İ                          |                     |             |
|    | 512(a)(5)), or royalties)                        |                             |                          |                            |                     |             |
|    | (2) Support from general public                  |                             |                          |                            |                     |             |
|    | and 5 or more exempt                             |                             |                          |                            |                     |             |
|    | organizations as provided in                     |                             |                          |                            |                     |             |
|    | section 4942(j)(3)(B)(iii)                       |                             |                          |                            |                     |             |
|    | (3) Largest amount of support from               |                             | }                        |                            |                     |             |
|    | an exempt organization                           |                             |                          |                            |                     |             |
|    | (4) Gross investment income                      |                             |                          |                            |                     |             |
| P. | art XV Supplementary Inform                      | nation (Complete t          | his part only if t       | the foundation ha          | d \$5,000 or more i | n assets at |
|    | any time during the ye                           | ear—see page 28 d           | of the instructio        | ns.)                       |                     |             |
| 1  | Information Regarding Foundation Mar             | nagers:                     |                          |                            |                     |             |
| а  | List any managers of the foundation who          | -                           | than 2% of the total of  | contributions received t   | v the foundation    |             |
|    | before the close of any tax year (but only       |                             |                          |                            |                     |             |
|    | COLLEEN HAZEL CONTRI                             |                             |                          |                            | ,                   |             |
| b  | List any managers of the foundation who          |                             |                          |                            | nortion of the      |             |
| -  | ownership of a partnership or other entity       |                             |                          | -                          | porable of the      |             |
|    | N/A  | ) of which the foundatio    | ii iias a 10 % or great  | ei interest.               |                     |             |
|    |  |                             |                          |                            |                     |             |
| 2  | Information Regarding Contribution, G            |                             | • • • • •                |                            |                     |             |
|    | <del></del>                                      | makes contributions to      | · ·                      |                            |                     |             |
|    | unsolicited requests for funds. If the foun      |                             |                          | of the instructions) to    | individuals or      |             |
|    | organizations under other conditions, cor        |                             |                          | <u></u>                    | <del></del>         |             |
| а  | The name, address, and telephone numb            | er of the person to who     | m applications should    | d be addressed:            |                     |             |
|    | A GILLIS ALLEN II                                |                             |                          |                            |                     |             |
|    | PO BOX 990 SALISBURY                             | MD 21803                    |                          |                            |                     |             |
| Ь  | The form in which applications should be WRITTEN | submitted and informat      | on and materials the     | ey should include:         |                     |             |
| С  | Any submission deadlines: NONE                   |                             |                          |                            |                     |             |
|    | Any restrictions or limitations on awards,       | such as by geographica      | al areas, charitable fie | elds, kinds of institution | s, or other         |             |
| -  | factors:   |                             |                          | _,                         |                     |             |
|    | EASTERN SHORE OF MAR                             | YIAND DELAW                 | ARE AND VT               | RGINTA                     |                     |             |

| Part XV Supplementary Information (co   | ontinued)  |  |                                  |        |
|---|--|--|----------------------------------|--------|
| Part XV Supplementary Information (co<br>3 Grants and Contributions Paid During the | Year or Approved for F   | uture Payment                                |                                  |        |
| Recipient   | If recipient is an individual,<br>show any relationship to<br>any foundation manager | Foundation status of                         | Purpose of grant or contribution | Amount |
| Name and address (home or business)   | or substantial contributor   | recipient                                    |                                  |        |
| a Paid during the year N/A  | Or Substantial Contributor   |  |                                  |        |
| Total   |  | <u>.                                    </u> | ▶ 3a                             |        |
| b Approved for future payment N/A   |  |  |                                  |        |
|   |  |  |                                  |        |
| Total   |  |  | . <b>▶</b> 3b                    |        |

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| Part XVI-A             |  |   | ne-Producing Act                           |                   |               | T 5 3 4 4 5        |  |   |
|------------------------|--|---|--|-------------------|---------------|--------------------|--|---|
| Enter gross amo        | ounts unless oth                                 | nerwise ındicat                         | ted.                                       | (a) Business code | (b) Amount    | (c) Exclusion code | (d)<br>Amount                          | (e) Related or exempt function income (See page 28 of |
| 1 Program se           |  |   |  | <del></del>       |               |                    |  | the instructions )                                    |
|                        |  |   |  |                   |               |                    |  |   |
|                        |  |   |  |                   |               |                    |  | <del></del>   |
|                        |  |   |  |                   |               | +                  |  |   |
|                        |  |   |  |                   |               |                    |  |   |
| f                      | <u>.</u>   |   |  |                   |               | 1 1                |  | -   |
| g Fees an              | nd contracts from                                | n government                            | agencies                                   |                   |               |                    |  |   |
| 2 Membership           | dues and asse                                    | essments                                |  |                   |               |                    |  | · · · · · · · · · · · · · · · · · · ·                 |
| 3 Interest on :        | savings and tem                                  | nporary cash ir                         | nvestments                                 |                   |               |                    |  |   |
|                        |  |   |  |                   |               | 14                 | 121,421                                |   |
|                        | ncome or (loss)                                  |   | te:  |                   |               |                    |  |   |
|                        | anced property                                   | • |  | 1                 | <u> </u>      | 1-                 |  | <del> </del>  |
|                        | ot-financed prop                                 |   |  |                   |               | 16                 | 6,000                                  |   |
|                        |  |   | property                                   | 1                 |               |                    |  | <del> </del>  |
|                        | tment income                                     |   | than inventory                             |                   |               | 14                 | 10,893                                 | -390,958  |
| 9 Net income           | or (loss) from s                                 | necial events                           |  | <del></del>       |               |                    | 10,033                                 | -3307330  |
| O Gross profit         | or (loss) from s                                 | sales of invent                         | ory  |                   |               |                    |  | <del></del>   |
|                        |  |   |  |                   |               | - <del>   </del>   |  |   |
|                        |  |   |  |                   |               |                    |  |   |
|                        |  |   |  |                   |               |                    |  |   |
|                        |  |   |  |                   |               |                    |  |   |
| е                      |  |   |  |                   |               | _                  |  | <u> </u>  |
| 2 Subtotal. Ad         | dd columns (b),                                  | (d), and (e)                            |  |                   | ]             | 0                  | 138,314                                |   |
| 3 Total. Add I         | ine 12, columns                                  | s (b), (d), and (                       | (e)  |                   |               |                    | 13                                     | -252,644  |
|                        |  |   | e 29 to verify calculation                 |                   | ant of France | Dumasas            | <del></del>                            | <del> </del>  |
| Part XVI-B<br>Line No. |  |   | ctivities to the Activity for which income |                   |               |                    |  | <del></del>   |
| V. IIIe No.            |  | nent of the four                        | ndation's exempt purpo                     |                   |               |                    |  |   |
| 8                      | <del></del>                                      |   | OF INVESTME                                | NTS REP           | ORTED SIMI    | LAR TO             | EXEMPT IN                              | C   |
|                        |  |   |  |                   |               |                    |  |   |
|                        |  |   |  |                   |               |                    | ······································ |   |
|                        |  |   |  |                   |               |                    | <u></u>                                |   |
|                        |  |   |  |                   |               |                    |  |   |
| <u>-</u>               |  |   |  |                   | ·             | - <u>-</u>         | <del> </del>                           |   |
| <del></del>            |  | <del></del>                             | <del></del>                                |                   |               |                    |  | <del></del>   |
|                        |  |   |  |                   |               |                    |  |   |
|                        |  |   |  |                   |               |                    |  |   |
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|                        | <del> </del>                                     |   |  |                   | <u> </u>      |                    |  |   |
|                        | <del> </del>                                     |   |  |                   |               |                    |  |   |
| <del>-</del>           |  | <del></del>                             |  |                   |               | <del>-</del>       |  |   |
|                        | <del>                                     </del> | <del></del>                             |  | <u> </u>          |               | <del></del>        |  |   |
|                        | <del> </del>                                     |   |  |                   |               |                    |  |   |
|                        | <u> </u>   | <del></del>                             | -  |                   |               |                    |  |   |
|                        | 1  |   | ***************************************    |                   |               |                    |  |   |

DAA

| r         | HAYH                                  | Exempt Organiza               | •                      | ansters to and           | a iransaction         | is and Relationships i   | vith Noncharitab           | ие            |          |              |
|-----------|---------------------------------------|-------------------------------|------------------------|--------------------------|-----------------------|--|----------------------------|---------------|----------|--------------|
| 1         | Did the ora                           |                               |                        | ne in any of the follo   | owno with any of      | her organization described   |                            |               | Yes      | No           |
| •         |                                       | <del>-</del>                  |                        | -                        | -                     | tion 527, relating to political  |                            |               |          |              |
|           | organization                          |                               | i ulali Secui          | on son(c)(s) organi      | zadons) or in sec     | audit 527, relating to political                                       |                            |               |          |              |
| _         | •                                     |                               | ation to a n           | anabasitahla ayama       | ut areanization of    | •  |                            |               |          | (            |
| a         |                                       | om the reporting found        |                        | •                        | _                     |  |                            | 4-(4)         |          | v            |
|           | (1) Casn                              |                               |                        |                          |                       |  |                            | 1a(1)         |          | X            |
|           |                                       | ssets                         |                        |                          |                       |  |                            | 1a(2)         |          |              |
| þ         | Other trans                           |                               |                        |                          |                       |  |                            |               |          | 35           |
|           |                                       | f assets to a noncharita      |                        |                          |                       |  |                            | 16(1)         |          | <u>X</u>     |
|           | (2) Purcha                            | ses of assets from a no       | ncharitable            | exempt organization      | on                    |  |                            | 1b(2)         |          | <u>X</u>     |
|           | (3) Rental                            | of facilities, equipment,     | or other as            | sets                     |                       |  |                            | 1b(3)         |          | <u>X</u>     |
|           | (4) Reimbu                            | irsement arrangements         |                        |                          |                       |  |                            | 1b(4)         |          | _X_          |
|           | (5) Loans of                          | or loan guarantees            |                        |                          |                       |  |                            | 1b(5)         |          | <u>X</u>     |
|           | (6) Perform                           | nance of services or me       | mbership o             | r fundraising solicit    | ations                |  |                            | 1b(6)         |          | _ <u>X</u> _ |
| С         |                                       | facilities, equipment, ma     |                        |                          |                       |  |                            | 1c            |          | <u> </u>     |
| d         | If the answe                          | er to any of the above is     | "Yes," con             | nplete the following     | schedule Colum        | in (b) should always show the  |                            |               |          |              |
|           | value of the                          | goods, other assets, o        | r services g           | iven by the reportir     | ng foundation. If t   | he foundation received less t  | nan fair market            |               |          |              |
|           | value in any                          | transaction or sharing        | апалдете               | nt, show in column       | (d) the value of t    | he goods, other assets, or se  | rvices received.           |               |          |              |
| (         | a) Line no.                           | (b) Amount involved           | (c) Name               | of nonchantable exem     | pt organization       | (d) Description of transfers   | transactions, and sharing  | arrange       | ements   |              |
| N/Z       | A                                     |                               |                        | ·                        |                       |  |                            |               |          |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       |                               |                        | <del></del>              |                       |  |                            |               |          |              |
|           |                                       | <u> </u>                      |                        |                          |                       |  |                            |               | _        |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       | <del> </del>                  |                        |                          |                       |  |                            |               | -        |              |
|           | <del></del>                           | <del> </del>                  |                        |                          |                       | <del></del>  |                            |               |          |              |
|           | <del></del>                           | <del> </del>                  |                        | <del></del>              |                       | <del></del>  | <del></del>                |               |          |              |
|           | <del></del>                           |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           | <u> </u>                              | <u> </u>                      |                        | <del></del>              |                       | · —  | <del> </del>               |               |          |              |
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|           | · · · · · · · · · · · · · · · · · · · | ļ                             | <u> </u>               |                          |                       |  |                            |               |          |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       | <u> </u>                      |                        |                          | 1                     |  |                            |               |          |              |
| 2a        | Is the found                          | lation directly or indirec    | tly affiliated         | with, or related to,     | one or more tax-      | exempt organizations   |                            | _             | _        |              |
|           | described in                          | n section 501(c) of the       | Code (other            | than section 501(c       | (3)) or in section    | 527?   |                            | ∐ Y€          | es X     | No           |
| b         |                                       | mplete the following so       |                        |                          |                       |  |                            |               |          |              |
|           | (a                                    | Name of organization          |                        | (b) Type of o            | rganization           | (c) Desc   | cription of relationship   |               |          |              |
| 1         | N/A                                   |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       | <u> </u>                      |                        |                          |                       |  |                            |               |          |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           |                                       |                               |                        |                          |                       |  |                            |               |          |              |
|           | Linder no                             | enalties of parting I declare | that I have o          | yamined this return in   | ocludina accompany    | ing schodules and statements, an                                       | d to the best of my knowle | edne and      | 4        |              |
|           | belief                                | is true, correct, and comple  | te. <b>Peclaret</b> ic | on of preparer (other th | nan taxpayer or fiduo | ing schedules and statements, an<br>ary) is based on all information o | f which preparer has any   | knowled       | ge       |              |
| Sigr      |                                       | 1 1 200 /                     |                        | The                      | 111-                  | 1-11 1TR   | EASURER                    |               |          |              |
| Here      | e Sign                                | nature of afficer or trustee  | 6/1-00                 | m. III                   | Date                  | Title  | CAD WACELC                 |               |          |              |
|           |                                       | - 4                           | $-\eta_{n}$            |                          |                       |  |                            | <del></del> , |          | _            |
|           | ו צוחתו                               | ype preparer's name           | •                      |                          | Preparer's signat     | ire  | Date                       |               | Check    | f            |
| Paid<br>- |                                       |                               |                        |                          | 12/-                  | Mant   | Re dot a                   | 0 004         | self-em  | ployed       |
| ьер       |                                       | NA MONTAGNA                   | <u> </u>               |                          | wymu,                 | overy agme   | OCT 2                      | 0 201         | <u> </u> |              |
| Jse (     | Only Fim's                            | name ► FAW,                   |                        |                          | LTS/                  |  | PTIN                       |               |          |              |
|           | Firm's                                |                               |                        | EN DECATUR               |                       | 103  | Firm's EIN ▶               |               |          |              |
|           |                                       | OCEAN                         | CITY                   | <u>, MD 2184</u>         | <u> 12-9358</u>       |  |                            | )-21          |          |              |
|           |                                       |                               |                        |                          |                       |  | F                          | om <b>99</b>  | 0-PF     | (2010)       |

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

| ŏ                       | Description      | ,               | How<br>Received       |            |         |              |    |                    |
|-------------------------|------------------|-----------------|-----------------------|------------|---------|--------------|----|--------------------|
| Whom<br>Sold            | Date<br>Acquired | Date<br>Sold    | Sale<br>Price         | Cost       | Expense | Depreciation |    | Net<br>Gain / Loss |
| LEHMAN BROTHERS HOLDING | ING<br>1/19/05   | 9/10/10 \$      | PURCHASE<br>93.475 \$ | 522,525 \$ |         | w            | w  | -429,050           |
| LOOMIS SAYLES BOND      |                  | + 1 / 1 / 1     | PURCHASE              | -          |         | -            |    |                    |
|                         | VARIOUS          | 8/16/10         | 294,950               | 257,731    |         |              |    | 37,219             |
| VANGUARD TOTAL BOND     | MKT              |                 | PURCHASE              |            |         |              |    | •                  |
|                         | 2/02/09          | 2/02/09 7/26/10 | 15,950                | 15,077     |         |              |    | 873                |
| NUVEEN MD DIV ASV       |                  |                 | PURCHASE              |            |         |              |    |                    |
|                         | VARIOUS          | VARIOUS         | 150,000               | 150,000    |         |              |    |                    |
| TOTAL                   |                  | <b>γ</b>        | 554,375 \$            | 945,333 \$ | 0       | \$           | w. | -390,958           |
|                         |                  |                 |                       |            |         |              |    |                    |

# Statement 2 - Form 990-PF, Part I, Line 16a - Legal Fees

| Charitable<br>Purpose | \$                 | \$       |
|-----------------------|--------------------|----------|
| Adjusted<br>Net       | \$ 6,949           | \$ 6,949 |
| Net<br>Investment     | S.                 | \$       |
| Total                 | \$ 6,949           |          |
| Description           | LEGAL & ACCOUNTING | TOTAL    |

# Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

| Description    | ļ  | Total | Net<br>Investment | ent | Adjusted<br>Net | Charitable<br>Purpose |
|----------------|----|-------|-------------------|-----|-----------------|-----------------------|
| PROPERTY TAXES | တ  | 7,756 | w                 |     | ₩.              | \$ 7,756              |
| TOTAL          | w. | 7,756 | w                 | 0   | \$              | \$ 7,756              |

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|                    |   | Charitable<br>Purpose | <b>የ</b> ን |          |                 | 3,499           | 11,069    | 514      | 1,239                   | \$ 16,321 |
|--------------------|---|-----------------------|------------|----------|-----------------|-----------------|-----------|----------|-------------------------|-----------|
|                    | ses   | Adjusted<br>Net       | ₩          |          | 14,344          |                 |           |          |                         | \$ 14,344 |
| tements            | 4 - Form 990-PF, Part I, Line 23 - Other Expenses | Net<br>Investment     | ₩.         |          | 14,344          |                 |           |          |                         | \$ 14,344 |
| Federal Statements | Statement 4 - Form 990-PF, Part                   | Total                 | ٠.         |          | 14,344          | 3,499           | 11,069    | 514      | 1,239                   | \$ 30,665 |
| 20-1330518         | SI  | Description           |            | EXPENSES | INVESTMENT FEES | PROGRAM EXPENSE | INSURANCE | WEB SITE | ADVERTISING & PROMOTION | TOTAL     |

|                    |   | Fair Market<br>Value  | \$ 110,292   | \$ 110,292 |
|--------------------|---|-----------------------|--------------|------------|
|                    | vestments   | Basis of<br>Valuation | COST         |            |
| ıts                | m 990-PF, Part II, Line 10b - Corporate Stock Investments | End of<br>Year        | 117,498      | 117,498    |
| emen               | 0p - Co   |                       | ₩            | φ<br>      |
| Federal Statements | F, Part II, Line 1  | Beginning<br>of Year  | 117,498      | 117,498    |
| F.                 | - Form 990-P  | <b></b>               | <br> <br>    | φ.         |
|                    | Statement 5 - Forn  | Description           |              |            |
| 20-1330518         |   | _                     | EQUITY FUNDS | TOTAL      |

|   | Fair Market        | \$ 2,643,596                            |
|---|--------------------|---|
| <u>restments</u>                                      | Basis of Valuation | COST                                    |
| 990-PF, Part II, Line 10c - Corporate Bond Investment | End of Year        | \$ 2,476,899                            |
| ۶I  | Beginning of Year  | \$ 2,948,409                            |
| Statement 6 - Forn                                    | Description        | BOND FUNDS AND FIXED INCOME BONDS TOTAL |

|   | Net<br>TMV                      | \$ 1,374,873         | \$ 1,374,873 |
|---|---------------------------------|----------------------|--------------|
| ment Investments  | End Accumulated<br>Depreciation | w.                   | \$           |
| t II, Line 11 - Land, Building, and Equipment Investmen | End<br>Cost / Basis             | \$ 1,374,873         | \$ 1,374,873 |
| Parl  | Beginning<br>Net Book           | \$ 1,276,470         | \$ 1,276,470 |
| Statement 7 - Form 990-PF,                              | Description                     | LAND, BUILDINGS, ETC | TOTAL        |

| 20-1330518 | Federal Statements                              |              |  |
|------------|---|--------------|--|
| •          | Statement 8 - Form 990-PF, Part II, Line 15 - 0 | Other Assets |  |
|            |   |              |  |

| Description  |     | Beginning<br>of Year |    | End of<br>Year |     | Fair Market Value |  |
|--------------|-----|----------------------|----|----------------|-----|-------------------|--|
| PREPAID FEES | \$  | 5,000                | \$ |                | \$_ |                   |  |
| TOTAL        | \$_ | 5,000                | \$ | 0              | \$_ | 0                 |  |

# Statement 9 - Form 990-PF, Part II, Line 22 - Other Liabilities

| Description   | В  | eginning<br>of Year | <br>End of<br>Year |
|---------------|----|---------------------|--------------------|
| PAYROLL TAXES | \$ | 1,777               | \$<br>1,948        |
| TOTAL         | \$ | 1,777               | \$<br>1,948        |

Federal Statements.

# Statement 10 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

### Description

THE PROPERTY IS AVAILABLE AT NO COST FOR USE BY COMMUNITY GROUPS TO PROMOTE EDUCATION AND CONSERVATION WITH OUTDOOR ACTIVITIES - SPORTS, SWIMMING, NATURE TRAILS HIKING, ETC. THE EXPENSES OF THE FOUNDATION ARE TO MAINTAIN AND IMPROVE THE PROPERTY TO KEEP IT AVAILABLE TO THE COMMUNITY. THE LARGEST SPONSORED PROGRAM IS THE NATIONAL GET OUTDOORS DAY.

| 0-1330518      | Federal Statements                                |                         |
|----------------|---|-------------------------|
| Form           | 990-PF, Part XV, Line 1a - Managers Who Contrib   | uted Over 2% or \$5.000 |
| <del></del>    | Name of Manager                                   | Amount                  |
| OLLEEN HAZEL C | CONTRIBUTED PROPERTY IN A PRIOR YEAR              | \$                      |
| TOTAL          |   | \$0                     |
| <u>Forn</u>    | n 990-PF, Part XV, Line 2b - Application Format a | nd Required Contents    |
|                | Description                                       |                         |
| RITTEN         |   |                         |
|                | Form 990-PF, Part XV, Line 2c - Submission        | n Deadlines             |
|                | Description                                       | *****                   |
| ONE<br>        |   |                         |
|                | Form 990-PF, Part XV, Line 2d - Award Restriction | ns or Limitations       |
|                | Description                                       |                         |
| ASTERN SHORE O | OF MARYLAND DELAWARE AND VIRGINIA                 |                         |
|                |   |                         |
|                |   |                         |
|                |   |                         |
|                |   |                         |
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|                |   |                         |
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|                |   |                         |

# **Hazel Farm Property Foundation Current Position**

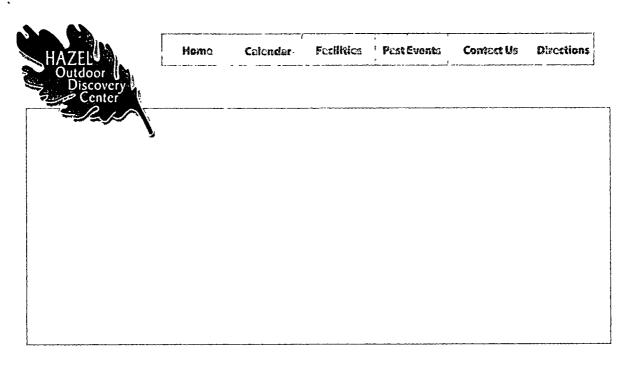
As of December 31, 2010

|                     |                                 |           |                  |             | WT . 14       | End             |         |
|---------------------|---------------------------------|-----------|------------------|-------------|---------------|-----------------|---------|
| Percent<br>of Total | Asset                           | Portfolio | Purchase<br>Date | Units       | Unit<br>Price | Market<br>Value |         |
| of Total            | Asset                           | Tortiono  | Date             | Onito       | 11100         |                 | ··      |
| Hazel Farm          | Found., F1, FOUN                |           |                  |             |               |                 |         |
| 3.77%               | Barclays Bk PLC 09/22/16 5%     | F1        | 04/01/2010       | 100,000.000 | 106.16        | 106,161         |         |
| 5.95%               | Blackrock Inflation Protected   | Fl        | 09/21/2010       | 15,377.856  | 10.89         | 167,465         | ,       |
| 3.38%               | Capmark Bank 2.5% 2/11/11       | Fl        | 02/03/2009       | 95,000.000  | 100.19        | 95,183          |         |
| 3.59%               | Caterpillar Finl 09/01/17 5.85% | F1        | 04/01/2010       | 90,000.000  | 112.22        | 100,996         |         |
| 3.45%               | Cit Bank NA 02/10/12 2.9%       | F1        | 02/03/2009       | 95,000.000  | 102.34        | 97,218          |         |
| 3.88%               | GE Capital 5.4% 2/15/17         | Fl        | 04/07/2009       | 102,000.000 | 107.20        | 109,344         |         |
| 3.56%               | Gen Elec Cap Corp 6/4/14 5.5%   | Fl        | 04/07/2009       | 92,000.000  | 108.94        | 100,221         |         |
| 3.46%               | Goldman Sachs 02/13/12 3.05%    | Fl        | 02/03/2009       | 95,000.000  | 102.50        | 97,378          |         |
| 3.41%               | HSBC Finance CRP 04/15/15       | Fl        | 04/01/2010       | 90,000.000  | 106.73        | 96,057          |         |
| 5.66%               | Loomis Sayles Bond              | Fl        | 09/05/2007       | 11,158.805  | 14.27         | 159,236         |         |
| 4.44%               | Nuveen MD DIV AD Muni ARS       | F1        | 03/26/2009       | 50.000      | 2,500.00      | 125,000         |         |
| 3.51%               | Pepsico 5.0% 6/01/18            | F1        | 04/07/2009       | 90,000.000  | 109.66        | 98,694          |         |
| 2.66%               | Pfizer Inc 4.65% 3/01/18        | F1        | 04/07/2009       | 70,000.000  | 106.85        | 74,793          |         |
| 19.32%              | Pimco Total Return Fund Cl D    | F1        | 02/02/2009       | 50,128.910  | 10.85         | 543,899         |         |
| 3.38%               | Sallie Mae Bank 2.5% 2/7/11     | Fl        | 02/03/2009       | 95,000.000  | 100.17        | 95,162          |         |
| 2.17%               | Schwab One Account              | Fl        | 09/27/2005       | 61,120.590  | 1.00          | 61,121          | CASH    |
| 3.05%               | T. Rowe Price Short Term Bond   | Fl        | 04/08/2010       | 17,701.041  | 4.85          | 85,850          |         |
| 15.17%              | Vanguard Total Bnd Mkt Indx     | Fl        | 02/02/2009       | 40,296.881  | 10 60         | 427,147         | ·<br>·  |
| 3.92%               | Vanguard Utilities Index ADM    | Fl        | 02/02/2009       | 3,277.614   | 33.65         | 110,292         | EQUITIE |
| 2.27%               | Walmart 4.125% 2/01/19          | Fl        | 04/07/2009       | 62,000.000  | 102.89        | 63,792          |         |
| 100%                |                                 |           |                  |             |               | \$ 2,815,009    |         |

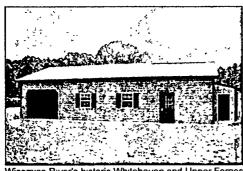
MM CASH 61,121

BONDS & BOND FUNDS 2643596

TOTAL 3815,009



## **WELCOME** - EMBRACE NATURE WITH US

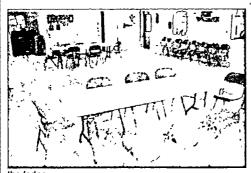


The Hazel Outdoor Discovery Center is located at 4025 Cooper Road in Eden, Maryland. The road leading to the HODC is known as the "Cooper Loop," and is popular with cyclists seeking long-distance adventures through scenic farmland and Wicomico River wetlands The HODC is located between the

Wicomico River's historic Whitehaven and Upper Fernes.

Scout, school, religious, and other community youth groups are encouraged to schedule day and night experiences at the HODC. The Center is available through reservation only. Once reserved, the HODC is your private, secure 500-acre park for your organization's youth activities

The best part? Thanks to the generosity of Mr. Richard Hazel and the Hazel Foundation, the HODC is made available at no cost to organizations dedicated to serving our youth.



The lodge at the Hazel Outdoor Discovery Center is a 24' x 48' indoor space perfect for classes, meetings, and sleepovers The lodge is handicap-accessible and is equipped with two bathrooms, one shower, tables and chairs, a flat screen TV for presentations, and heating and air conditioning Parking is available on lawns near

Adjacent to the lodge, a covered pavilion provides outdoor seating for large groups A grill is available for cookouts. Campsites can be set up on the large, grassy areas surrounding the lodge Campfires are encouraged in the designated areas





June 11, 2011

The Hazel Outdoor Discovery Center is proud to be the only site on Delmarva for "National Get Outdoors Day", a national event designed to encourage healthy, active outdoor fun. Participating partners will offer hands-on opportunities for Delmarva kids to experience traditional and non-traditional types of outdoor activities Kids can learn to safely shoot a gun or bow, cast a fishing rod, paddle a kayak, identify wild animals, and live a healthy lifestyle. Free lunch will be provided to all, and free HODC tshirts will be given to the first 400 kids.

### Click here for more details

The Hazel Outdoor Discovery Center is proudly supported by



### WHAT PEOPLE ARE SAYING

Teachers need outdoor classrooms to make nature come alive for students. The Hazel Outdoor Discovery Center is a wonderful field trip destination for local schools

- Allen Brown - (Retired), Wicomico County Board of Education

An outdoor spigot is available for washing dishes and cleaning up gear. Please be aware that all groups must remove their own trash and recyclables



whitetail deer, red and gray fox, wild turkey, eastern box turtles, bullfrogs, and the endangered Delmarva fox squirrel.

the outdoors than the HODC.

- Martin Hutchison Pastor, Community of Joy Church

Richard Hazel has always been a friend of scouting The Hazel Outdoor Discovery Center is a natural tribute to Mr Hazel's love for children, scouting, and the outdoors - Kevin Les Callette
- Field Director, Boy Scouts of America

With competition from television, video games, and the internet, we need places like the Hazel Outdoor Discovery Center to turn kids on to nature. The HODC is your kids' cure for nature deficit disorder - Carrie Samis

- Delmarva Environmental Educators Network

### OUR MISSION . . .

to provide opportunities to explore and cerebrate the outdoors, and to promote harmony between all people through natural experiences

The Hazel Outdoor

Discovery Center is perfect for introducing

kids to the outdoors. For

young anglers, nearby

fishing ponds are stocked with bass, sunfish, and catfish.

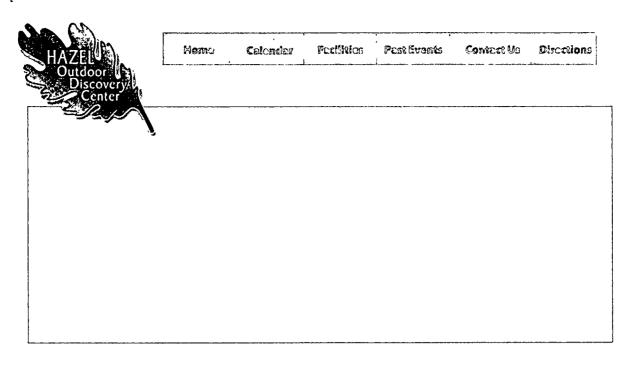
The HODC can be

gravel roads and forested paths While

explored along miles of

hiking or off-road biking, you may discover

HAZEL OUTDOOR DISCOVERY CENTER @ 2011 WEBSITE PROVIDED BY INACOM INFORMATION SYSTEMS



# WELCOME - EMBRACE NATURE WITH US

### Legacy of Richard Hazel Lives On Through Hazel Outdoor Discovery Center



Richard F. Hazel, Eastern Shore philanthropist and former president of the Pepsi-Cola Bottling Co. of Salisbury, loved the outdoors. More importantly, he loved seeing kids connect with nature at his "farm" on Cooper Road in Eden, Maryland.

An avid sportsman until his untimely passing in February 2008, Mr. Hazel spent much of his free time at his 500+ acre preserve. With his friends and family, he maintained the property as a haven for wildlife, including white-tailed deer, wild turkeys, and endangered Delmarva fox squirrels. While he enjoyed his quiet mornings hunting alone on his farm, Mr. Hazel truly enjoyed lending the property to scouts and youth groups for a variety of daytime activities and overnight camping experiences.

Mr Hazel knew the value of outdoor experiences for kids long before the concept of "nature deficit disorder." He knew that spending time outdoors was good for kids' mental and physical health. To ensure that his farm would always serve as a natural location for kids to get outside, he established a foundation to maintain the property in perpetuity

The Hazel Foundation is very pleased to honor the legacy of Richard Hazel through the establishment of the Hazel Outdoor Discovery Center (HODC). Mr. Hazel's vision was to provide a place where children of all races and walks of life can come together to discover common ground and expenence the beauty of nature, as well as be introduced to the sport of hunting and the preservation of nature. The mission of the HODC is to provide opportunities to explore and celebrate nature, and to promote harmony between all people through natural expenences. Thanks to Mr. Hazel's generosity and vision, the HODC is made available to scout and youth groups at no cost.

# stoodees:



### national get outdoors day

### June 11, 2011

The Hazel Outdoor Discovery Center is proud to be the only site on Delmarva for "National Get Outdoors Day", a national event designed to encourage healthy, active outdoor fun Participating partners will offer hands-on opportunities for Delmarva kids to experience traditional and non-traditional types of outdoor activities. Kids can learn to safely shoot a gun or bow, cast a fishing rod, paddle a kayak, identify wild animals, and live a healthy lifestyle Free lunch will be provided to all, and free HODC t-shirts will be given to the first 400 kids

### Click here for more details

The Hazel Outdoor Discovery Center is proudly supported by.



Community Foundation

### WHAT PEOPLE ARE SAYING

I strongly encourage all youth organization leaders to plan a trip to the Hazel Outdoor Discovery Center There is no better place to encourage youth fellowship and appreciation for the outdoors than the HODC
- Martin Hutchison

Richard Hazel will be remembered for years to come for his generosity to the Eastern Shore His legacy and giving spirit remain alive at the Hazel Outdoor Discovery Center

### The Hazel Foundation Board of Directors



Pictured from Left to Right Gary Desjardins, Gil Allen, Kevin Les Callette, Allen Brown, Martin Hutchison, Colleen Hazel, Jay Pearce Not pictured. Morgan Hazel and David Morns

Jim Rapp, Director of Delmarva Low-Impact Tourism Experiences (DLITE), assists the Hazel Foundation with management for the Hazel Outdoor Discovery Center To learn more about DLITE, please visit www.delmarvalite.org

Outdoor Discovery Center is a wonderful neigh trip destination for local schools

- Allen Brown - (Retired), Wicomico County Board of Education

With competition from television, video games, and the internet, we need places like the Hazel Outdoor Discovery Center to turn kids on to nature. The HODC is your kids' cure for nature deficit disorder

- Carrie Samis - Delmarva Environmental Educators Network

Richard Hazel has always been a friend of scouting The Hazel Outdoor Discovery Center is a natural tribute to Mr. Hazel's love for children, scouting, and the outdoors

- Kevin Les Callette - Field Director, Boy Scouts of America

### OUR MISSION . . .

to provide opportunities to explore and celebrate the outdoors, and to promote harmony between all people through natural experiences

HAZEL OUTDOOR DISCOVERY CENTER © 2011 WEBSITE PROVIDED BY INACOM INFORMATION SYSTEMS

### MAILED CERTIFIED - 05/11/11 - P.S. 7009 1410 0000 8476 4836

(Rev. January 2011) Department of the Treasury

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

OMB No. 1545-1709

| nternal Heveni   | Je Service ► File a sepa  | arate applica | ation for each return.               |              | 1                        |         |              |  |  |  |  |  |
|--|---|---------------|--------------------------------------|--------------|--------------------------|---------|--------------|--|--|--|--|--|
| If you are   | filing for an Automatic 3-Month Extension, c  | omplete o     | nly Part I and check this box        |              |                          | ·       | . ▶ ☑        |  |  |  |  |  |
| If you are   | e filing for an Additional (Not Automatic) 3-Mo   | nth Extens    | sion, complete only Part II (on pa   | ge 2 of th   | nis for                  | m).     |              |  |  |  |  |  |
| Do not coi   | <b>mplete Part II unles</b> s you have already been gi  | ranted an a   | utomatic 3-month extension on a      | previousl    | y filed                  | I Form  | 8868.        |  |  |  |  |  |
| Electronic   | filing (e-file). You can electronically file Form   | 8868 if you   | need a 3-month automatic exten       | sion of tir  | me to                    | file (6 | months for   |  |  |  |  |  |
|  | ion required to file Form 990-T), or an additiona   |               |                                      |              |                          |         |              |  |  |  |  |  |
| 3868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information |   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | Transfers Associated With Certain Personal  |               |                                      |              |                          |         |              |  |  |  |  |  |
| nstruction   | s). For more details on the electronic filing of the  | is form, vis  | it www.irs.gov/efile and click on e- | -file for Ci | haritie                  | s & No  | onprofits.   |  |  |  |  |  |
| Part I   | Automatic 3-Month Extension of Time   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | tion required to file Form 990-T and reques   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | orporations (including 1120-C filers), partnershi   | ips, REMIC    | s, and trusts must use Form 7004     | to reque     | est an                   | extens  | sion of time |  |  |  |  |  |
|  | me tax returns.   |               |                                      |              |                          |         |              |  |  |  |  |  |
| Type or  | Name of exempt organization   |               |                                      |              | er identification number |         |              |  |  |  |  |  |
| print  |   |               |                                      |              |                          |         | -1330518     |  |  |  |  |  |
| File by the  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
| due date for<br>filing your  | WOUR 4419 COOPER ROAD   |               |                                      |              |                          |         |              |  |  |  |  |  |
| return. See  | m. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. |               |                                      |              |                          |         |              |  |  |  |  |  |
| Instructions.  | EDEN, MD 21822  |               |                                      |              |                          |         |              |  |  |  |  |  |
|  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
| Enter the F  | Return code for the return that this application i  | s for (file a | separate application for each retu   | rn)          |                          |         | . [0]4]      |  |  |  |  |  |
|  |   | ···           |                                      |              |                          |         | <del></del>  |  |  |  |  |  |
| Applicati  | ion   | Return        | Application                          |              |                          |         | Return       |  |  |  |  |  |
| Is For   | <del></del>   | Code          | Is For                               |              |                          |         | Code         |  |  |  |  |  |
| Form 990   | )   | 01            | Form 990-T (corporation)             |              |                          |         | 07           |  |  |  |  |  |
| Form 990   | )-BL  | 02            | Form 1041-A                          |              |                          |         | 80           |  |  |  |  |  |
| Form 990-EZ  |   | 03            | Form 4720                            |              |                          |         | 09           |  |  |  |  |  |
| Form 990-PF  |   | 04            | Form 5227                            |              |                          |         | 10           |  |  |  |  |  |
| Form 990-T (sec. 401(a) or 408(a) trust)   |   | 05            | Form 6069                            |              |                          |         | 11           |  |  |  |  |  |
| Form 990   | D-T (trust other than above)  | 06            | Form 8870                            |              |                          | 12      |              |  |  |  |  |  |
|  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
| <ul> <li>The boo</li> </ul>  | ks are in the care of ▶ JOSEPH J. P   | EARCE         | III                                  |              |                          |         |              |  |  |  |  |  |
|  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | ne No. ► 410-430-1455   |               | AX No. ►                             |              |                          |         |              |  |  |  |  |  |
| <ul> <li>If the org</li> </ul>   | ganization does not have an office or place of b  | ousiness in   | the United States, check this box    |              |                          |         | ▶□           |  |  |  |  |  |
| <ul> <li>If this is</li> </ul>   | for a Group Return, enter the organization's for  | ur digit Gro  | up Exemption Number (GEN)            |              |                          | If th   |              |  |  |  |  |  |
| for the wh   | nole group, check this box $\dots lacksquare$ $lacksquare$                                      | it is for par | t of the group, check this box .     | !            | <b>▶</b> □               | and a   | ttach        |  |  |  |  |  |
|  | the names and EINs of all members the extens  |               |                                      |              |                          |         |              |  |  |  |  |  |
| 1 ire  | equest an automatic 3-month (6 months for a co  |               |                                      |              |                          |         |              |  |  |  |  |  |
| un   | til08/15 , 20 11, to file the exe   | mpt organi    | zation return for the organization r | named ab     | ove.                     | The ex  | tension is   |  |  |  |  |  |
| for the organization's return for:   |   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | ▶ ☑ calendar year 20 10 or  |               |                                      |              |                          |         |              |  |  |  |  |  |
| <b>&gt;</b>  | ▶ ☐ tax year beginning, 20, and ending, 20  |               |                                      |              |                          |         |              |  |  |  |  |  |
|  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | the tax year entered in line 1 is for less than 12  | months, ch    | eck reason: 🔲 Initial return 🔝       | Final retu   | ım                       |         |              |  |  |  |  |  |
|  | Change in accounting period   | •             |                                      |              |                          |         |              |  |  |  |  |  |
|  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | this application is for Form 990-BL, 990-PF, 99   | 0-T, 4720,    | or 6069, enter the tentative tax, le | ess any      | 1                        | _       | _            |  |  |  |  |  |
| nonrefundable credits. See instructions.   |   |               |                                      |              |                          |         | 0.           |  |  |  |  |  |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and                                       |   |               |                                      |              |                          |         |              |  |  |  |  |  |
| estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$  |   |               |                                      |              |                          |         |              |  |  |  |  |  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS                         |   |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | (Electronic Federal Tax Payment System). See instructions.  3c   \$                             |               |                                      |              |                          |         |              |  |  |  |  |  |
|  | If you are going to make an electronic fund   | withdrawa     | with this Form 8868, see Form        | 8453-EC      | and                      | Form    | 8879-EO for  |  |  |  |  |  |
| payment  | instructions.   |               |                                      |              |                          |         |              |  |  |  |  |  |

| Form 886   | 8 (Rev. 1-2011)   |   | • •  |                |                     | Page 2          |  |  |  |  |
|--|---|---|--|----------------|---------------------|-----------------|--|--|--|--|
| • if you   | are filing for an Additional (Not Automatic) 3-Mo   | nth Exten                                   | sion, complete only Part II and ch                       | eck this bo    | · · · ·             | ▶ 🗸             |  |  |  |  |
| Note. C  | Only complete Part II if you have already been gran are filing for an Automatic 3-Month Extension, c  | ted an auto                                 | omatic 3-month extension on a pre                        |                |                     |                 |  |  |  |  |
| Part I   | Additional (Not Automatic) 3-Month Ex   | ctension                                    | of Time. Only file the original (ne                      | o copies ne    | eeded).             |                 |  |  |  |  |
| Type o   |   |   |  |                |                     |                 |  |  |  |  |
| print  | THE HAZEL FARM PROPERTY FOUNDATION, I   | . 2   | 20-1330518   |                |                     |                 |  |  |  |  |
| File by the  |   |   |  |                |                     |                 |  |  |  |  |
| extended   | 4440 000050 0000  |   |  |                |                     |                 |  |  |  |  |
| due date<br>filing your                                  |   |   |  |                |                     |                 |  |  |  |  |
| return. Se<br>instructio                                 | City, town or post office, state, and ZIP code. For a foreign address, see instructions.  EDEN, MD 21822  |   |  |                |                     |                 |  |  |  |  |
| Enter th   | ne Return code for the return that this application is  | s for (file a                               | separate application for each return                     | n)             |                     | 0 4             |  |  |  |  |
| Applic   | ation   | Return                                      | Application  |                |                     | Return          |  |  |  |  |
| ls For   | auon  | Code  | Is For   |                | 1                   | Code            |  |  |  |  |
|  | 200   | ļ   | 15 1 01  | <del>_</del>   |                     | <del></del>     |  |  |  |  |
| Form 9   |   | 01  |  |                |                     |                 |  |  |  |  |
|  | 990-BL  | 02  | Form 1041-A  |                | 8                   |                 |  |  |  |  |
| Form 990-EZ  |   | 03  | Form 4720  |                |                     |                 |  |  |  |  |
|  | 990-PF  | 04  | Form 5227  |                |                     | 10              |  |  |  |  |
| Form 990-T (sec. 401(a) or 408(a) trust)                 |   |   | Form 6069  |                |                     |                 |  |  |  |  |
| Form 9   | 990-T (trust other than above)  | 06  | Form 8870  |                |                     | 12              |  |  |  |  |
|  | Do not complete Part II if you were not already gra<br>ooks are in the care of ▶ JOSEPH J. PEARCE, III  |   | utomatic 3-month extension on a p                        | reviously fil  | ed Form 886         | <b></b>         |  |  |  |  |
| <ul><li>If the</li><li>If this</li><li>for the</li></ul> | hone No. ► 410-430-1455 organization does not have an office or place of b is for a Group Return, enter the organization's four whole group, check this box ► If it the names and EINs of all members the extension | usiness in<br>ır digit Gro<br>it is for par | up Exemption Number (GEN)                                | ·- <u>-</u>    | If this is          | s               |  |  |  |  |
|  | I request an additional 3-month extension of time   | until                                       | NOVEMBER 15  | 20 11          |                     |                 |  |  |  |  |
| 5  | I request an additional 3-month extension of time until NOVEMBER 15 , 20 11 .  For calendar year 2010, or other tax year beginning , 20 , and ending  |   |  |                |                     | 20 .            |  |  |  |  |
| 6  | If the tax year entered in line 5 is for less than 12 r   | months ch                                   | eck reason:  | Final retu     |                     |                 |  |  |  |  |
|  | ☐ Change in accounting period   | noning, on                                  | illica retarr  |                |                     |                 |  |  |  |  |
|  | State in detail why you need the extension ADD  | ITIONAL TI                                  | ME IS NEEDED TO COMPILE THE NE                           | CESSARV IN     | JEORMATION          | N TO            |  |  |  |  |
| •  | PROPERLY COMPLETE THE FORM.   | IIIONAL II                                  | ME 13 WEEDED TO COM TEE THE NE                           | OLOGORICI II   | - Orthurthor        |                 |  |  |  |  |
|  | PROPERLY COMPLETE THE FORM.   |   |  |                |                     |                 |  |  |  |  |
|  |   |   |  |                |                     |                 |  |  |  |  |
|  | Mathia analization is for Form 000 DL 000 DE 00   | 0 T 4700                                    | or 6060, ontor the tentative tay los                     | 20 001/        | T                   |                 |  |  |  |  |
| 8a   | If this application is for Form 990-BL, 990-PF, 990 nonrefundable credits. See instructions.  | 0-1, 4/20,                                  | or 6069, enter the tentative tax, ie:                    | 8a             | \$                  | 0.00            |  |  |  |  |
|  |   |   |  |                |                     | 0.00            |  |  |  |  |
| b  | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and  |   |  |                |                     |                 |  |  |  |  |
|  | estimated tax payments made. Include any prior year overpayment allowed as a credit and any   |   |  |                |                     |                 |  |  |  |  |
|  | amount paid previously with Form 8868.  |   |  |                |                     |                 |  |  |  |  |
| C  | Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS  |   |  |                |                     |                 |  |  |  |  |
|  | (Electronic Federal Tax Payment System). See instructions.  |   |  |                |                     | 0.00            |  |  |  |  |
|  | Sign enalties of perjury, I declare that I have examined this form, increct, and complete, and that I am authorized to prepare this form  | luding accom                                | d Verification  panying schedules and statements, and to | the best of my | knowledge and       | I belief, it is |  |  |  |  |
| Simple (3/1/24) Montage Tillo CDA                        |   |   |  |                |                     | 1               |  |  |  |  |
| Signature ► Wife Will Still Bloom Title ► CPA D          |   |   |  |                |                     |                 |  |  |  |  |
|  | U U   |   |  |                | Form <b>8868</b> (F | iev. 1-2011)    |  |  |  |  |