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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Doing Business As

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

Room/suite

City or town, state or country, and ZIP + 4
SALISBURY, MD 218044558

D Employer identification number
52-1326014

E Telephone number
(410) 742-9911

G Gross receipts $ 8,442,403

F Name and address of principal officer
SPICER BELL
1324 BELMONT AVENUE
SALISBURY, MD 21804

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CFES ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE COMMUNITY FOUNDATION OF THE EASTERN SHORE HAS BEEN SERVING THE EASTERN SHORE OF MARYLAND COUNTIES OF SOMERSET, WICOMICO, AND WORCESTER FOR MORE THAN 27 YEARS THE FOUNDATION'S MISSION IS TO STRENGTHEN THE COMMUNITY BY BUILDING CHARITABLE FUNDS, MAXIMIZING BENEFITS TO DONORS, MAKING EFFECTIVE GRANTS AND PROVIDING LEADERSHIP TO ADDRESS COMMUNITY NEEDS THE FOUNDATION HAS MORE THAN 500 FUNDS PROVIDING DONORS WITH A WIDE VARIETY OF OPPORTUNITIES TO REALIZE THEIR CHARITABLE DREAMS TO LEARN MORE ABOUT THE COMMUNITY FOUNDATION, LOG ON TO THEIR WEBSITE AT WWW CFES ORG THE COMMUNITY FOUNDATION OF THE EASTERN SHORE FOR GOOD FOR EVER

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	9
6	Total number of volunteers (estimate if necessary)	**6**	66
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,658,431	2,330,082
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,710,808	1,706,424
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,919	138,000
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,473,158	4,174,506
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,213,784	3,590,193
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	452,730	467,468
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶21,019		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	243,059	252,692
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,909,573	4,310,353
19	Revenue less expenses Subtract line 18 from line 12	563,585	-135,847

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	66,079,110	81,258,211
21	Total liabilities (Part X, line 26)	12,763,627	15,944,962
22	Net assets or fund balances Subtract line 21 from line 20	53,315,483	65,313,249

Part II Signature Block

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

Sign Here

****** 2011-11-21
Signature of officer Date

SPICER BELL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ TGM GROUP LLC				Firm's EIN ▶
Firm's address ▶ 955 MT HERMON RD SALISBURY, MD 218045105				Phone no ▶ (410) 742-1328

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE COMMUNITY FOUNDATION OF THE EASTERN SHORE HAS BEEN SERVING THE EASTERN SHORE OF MARYLAND COUNTIES OF SOMERSET, WICOMICO, AND WORCESTER FOR MORE THAN 27 YEARS THE FOUNDATION'S MISSION IS TO STRENGTHEN THE COMMUNITY BY BUILDING CHARITABLE FUNDS, MAXIMIZING BENEFITS TO DONORS, MAKING EFFECTIVE GRANTS AND PROVIDING LEADERSHIP TO ADDRESS COMMUNITY NEEDS THE FOUNDATION HAS MORE THAN 500 FUNDS PROVIDING DONORS WITH A WIDE VARIETY OF OPPORTUNITIES TO REALIZE THEIR CHARITABLE DREAMS TO LEARN MORE ABOUT THE COMMUNITY FOUNDATION, LOG ON TO THEIR WEBSITE AT WWW CFES ORG THE COMMUNITY FOUNDATION OF THE EASTERN SHORE FOR GOOD FOR EVER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 923,055 including grants of $ 923,055) (Revenue $)

EDUCATION - TO ASSIST VARIOUS SCHOOLS, COLLEGES, UNIVERSITIES AND LIBRARIES WITH FINANCIAL SUPPORT AND SCHOLARSHIPS

4b (Code) (Expenses $ 797,634 including grants of $ 797,634) (Revenue $)

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

4c (Code) (Expenses $ 641,037 including grants of $ 641,037) (Revenue $)

FAITH BASED PROGRAMS - TO ASSIST VARIOUS FAITH BASED GROUPS IN PROMOTING THE GENERAL WELFARE AND WELL BEING OF THE COMMUNITY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,323,559 including grants of $ 1,228,467) (Revenue $)

4e **Total program service expenses** ▶ $ 3,685,285

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MD

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

SPICER BELL
1324 BELMONT AVENUE 401
SALISBURY, MD 21804
(410) 742-9911

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES R BERGEY JR DIRECTOR	1 00	X						0	0	0
(2) JOHN J ALLEN DIRECTOR	1 00	X						0	0	0
(3) JACQUELINE R CASSIDY DIRECTOR	1 00	X						0	0	0
(4) JOHN P BARRETT DIRECTOR	1 00	X						0	0	0
(5) JANE R CORCORAN DIRECTOR	1 00	X						0	0	0
(6) ANNEMARIE DICKERSON DIRECTOR	1 00	X						0	0	0
(7) CHARLES G GOSLEE DIRECTOR	1 00	X						0	0	0
(8) KATHLEEN G MCLAIN DIRECTOR	1 00	X						0	0	0
(9) KAREN E LISCHICK SECRETARY	1 00	X		X				0	0	0
(10) ERNEST R SATCHELL DIRECTOR	1 00	X						0	0	0
(11) JULIUS D ZANT DIRECTOR	1 00	X						0	0	0
(12) JAMES F MORRIS DIRECTOR	1 00	X						0	0	0
(13) TODD E BURBAGE DIRECTOR	1 00	X						0	0	0
(14) LAUREN C TAYLOR DIRECTOR	1 00	X						0	0	0
(15) JAMES R THOMAS JR DIRECTOR	1 00	X						0	0	0
(16) JOHN M STERN JR DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(17) LOUIS H TAYLOR DIRECTOR	1 00	X						0	0	0
(18) RAYMOND M THOMPSON DIRECTOR	1 00	X						0	0	0
(19) DAVID A VORHIS DIRECTOR	1 00	X						0	0	0
(20) DWIGHT W MARSHALL JR DIRECTOR	1 00	X						0	0	0
(21) STEPHANIE T WILLEY DIRECTOR	1 00	X						0	0	0
(22) MELODY S NELSON DIRECTOR	1 00	X						0	0	0
(23) SPICER BELL PRESIDENT	40 00			X		X		105,000	0	6,593
(24) JAMES W ALMAND CHAIRMAN	1 00			X				0	0	0
(25) DONALD K TAYLOR VICE CHAIR	1 00			X				0	0	0
(26) SUSAN K PURNELL TREASURER	1 00			X				0	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								105,000	0	6,593

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
THE MASON COMPANIES 11130 SUNRISE VALLEY SUITE 200 RESTON, VA 20191	INVESTMENT SERVICES	213,333

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,330,082				
	g	Noncash contributions included in lines 1a-1f $ 523,910				
	h	**Total.** Add lines 1a-1f ▶	2,330,082			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f ▶				
	3	Investment income (including dividends, interest and other similar amounts) ▶	1,686,325			1,686,325
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties ▶				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 4,287,996				
	b	Less cost or other basis and sales expenses: 4,267,897				
	c	Gain or (loss): 20,099				
	d	Net gain or (loss) ▶	20,099	20,099		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue / Business Code				
	11a	ADMINISTRATIVE FEES 525920	119,724	119,724		
	b	SHARED FACILITIES REIM 532000	18,276	18,276		
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d ▶	138,000			
	12	**Total revenue.** See Instructions ▶	4,174,506	158,099	0	1,686,325

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,590,193	3,590,193		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	105,000	10,500	94,500	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	293,067	41,335	234,277	17,455
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,022	2,339	13,030	653
9 Other employee benefits	24,241	4,589	18,076	1,576
10 Payroll taxes	29,138	3,965	23,838	1,335
a Fees for services (non-employees) Management				
b Legal				
c Accounting	15,000		15,000	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	6,425	945	5,480	
12 Advertising and promotion	12,066	2,995	9,071	
13 Office expenses	30,794	128	30,666	
14 Information technology	36,068	12,506	23,562	
15 Royalties				
16 Occupancy	25,689		25,689	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,326	1,066	12,260	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	58,248		58,248	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EDUCATION AND TRAVEL	16,285	3,613	12,672	
b DUES & SUBSCRIPTIONS	13,918	1,146	12,772	
c VOLUNTEER NETWORK	5,913	5,913		
d SPONSORSHIP	5,800		5,800	
e DEVELOPMENT EVENTS	4,204		4,204	
f All other expenses	8,956	4,052	4,904	
25 **Total functional expenses.** Add lines 1 through 24f	4,310,353	3,685,285	604,049	21,019
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		149	1	100
	2	Savings and temporary cash investments		3,687,761	2	813,624
	3	Pledges and grants receivable, net		6,400	3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net		2,938,898	7	3,710,324
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,078	9	10,671
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,602,968			
	b	Less accumulated depreciation	10b 231,660	1,391,201	10c	1,371,308
	11	Investments—publicly traded securities		57,989,263	11	75,290,184
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		60,360	15	62,000
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		66,079,110	16	81,258,211
Liabilities	17	Accounts payable and accrued expenses		53,400	17	40,632
	18	Grants payable			18	
	19	Deferred revenue		44,923	19	36,133
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		12,665,304	25	15,868,197
	26	**Total liabilities.** Add lines 17 through 25		12,763,627	26	15,944,962
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		5,396,910	27	8,674,531
	28	Temporarily restricted net assets		5,348,681	28	13,124,559
	29	Permanently restricted net assets		42,569,892	29	43,514,159
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		53,315,483	33	65,313,249
	34	Total liabilities and net assets/fund balances		66,079,110	34	81,258,211

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,174,506
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,310,353
3	Revenue less expenses Subtract line 2 from line 1	3	-135,847
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	53,315,483
5	Other changes in net assets or fund balances (explain in Schedule O)	5	12,133,613
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	65,313,249

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number
52-1326014

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,074,272	3,240,609	6,353,741	3,658,431	2,330,082	20,657,135
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	5,074,272	3,240,609	6,353,741	3,658,431	2,330,082	20,657,135
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						20,657,135

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,074,272	3,240,609	6,353,741	3,658,431	2,330,082	20,657,135
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,076,965	3,874,548	1,774,609	1,788,465	1,686,325	12,200,912
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						32,858,047

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	**14**	62 870 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	61 500 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 52-1326014

Name: COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,323,559 including grants of $ 1,228,467) (Revenue $)

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number
52-1326014

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	98	
2	Aggregate contributions to (during year)	653,975	
3	Aggregate grants from (during year)	970,638	
4	Aggregate value at end of year	15,676,777	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	57,580,392	49,826,073			
b Contributions	1,386,454	2,811,358	1,585,908		
c Investment earnings or losses	14,126,678	6,830,464			
d Grants or scholarships	1,957,411	1,887,503	2,005,639		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	71,136,113	57,580,392	40,404,207		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	1,396,569		115,896	1,280,673
c Leasehold improvements	44,337		12,137	32,200
d Equipment	162,062		103,627	58,435
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,371,308

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
AGENCY ENDOWMENT FUNDS	15,750,485
CHARITABLE REMAINDER UNITRUST BENEFIT OBLIGATION	18,708
CHARITABLE GIFT ANNUITY OBLIGATION	99,004
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	15,868,197

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,174,506
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,310,353
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-135,847
4	Net unrealized gains (losses) on investments	4	12,750,040
5	Donated services and use of facilities	5	
6	Investment expenses	6	-167,892
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-448,535
9	Total adjustments (net) Add lines 4 - 8	9	12,133,613
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,997,766

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	15,758,102
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	12,750,040		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-167,892		
e	Add lines **2a** through **2d**			2e	12,582,148
3	Subtract line **2e** from line **1**			3	3,175,954
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	998,552		
c	Add lines **4a** and **4b**			4c	998,552
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,174,506

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,760,336
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-18,276		
e	Add lines **2a** through **2d**			2e	-18,276
3	Subtract line **2e** from line **1**			3	3,778,612
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	531,741		
c	Add lines **4a** and **4b**			4c	531,741
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,310,353

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		ACTIVITY FOR AGENCY FUNDS NOT ON THE FINANCIAL STATEMENTS -448,535
PART XII, LINE 2D - OTHER ADJUSTMENTS		MANAGEMENT FEES -167,892
PART XII, LINE 4B - OTHER ADJUSTMENTS		CONTRIBUTIONS TO AGENCY FUNDS 629,413 INVESTMENT ACTIVITY FOR AGENCY FUNDS 350,863 NET FACILITIES REIMBURSEMENT 18,276
PART XIII, LINE 2D - OTHER ADJUSTMENTS		NET FACILITIES REIMBURSEMENT -18,276
PART XIII, LINE 4B - OTHER ADJUSTMENTS		GRANTS MADE TO AGENCY FUNDS 531,741

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number
52-1326014

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 66

3 Enter total number of other organizations . . . ▶ 6

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Additional Data

Return to Form

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASBURY UNITED METHODIST CHURCH1401 CAMDEN AVE SALISBURY,MD 218017116	52-0607975	501(C)3	49,208				ANNUAL DISTRIBUTION, RELIGION
BALTIMORE RESCUE MISSION INCPO BOX 735 BALTIMORE,MD 212030735	52-0703403	501(C)3	15,000				QUARTERLY DISTRIBUTION
BELIEVE IN TOMORROW CHILDREN'S FOUNDATION INC6601 FREDERICK RD CATONSVILLE,MD 212283529	52-1332737	501(C)3	5,000				HEALTH
BOY SCOUTS TRI-COUNTY DISTRICT1320 BELMONT AVE STE 403A SALISBURY,MD 218044583	51-0065733	501(C)3	10,000				YOUTH, DISTINGUISHED CITIZEN AWARD
CAMPUS CRUSADE FOR CHRIST100 LAKE HART DR DEPT 2400 ORLANDO,FL 328320100	95-6006173	501(C)3	13,500				DAVID SCHROEN, STEVE YOUNG
CHRISTIAN SHELTER INC 334 BARCLAY ST SALISBURY,MD 218043754	52-1176287	501(C)3	36,686				QUARTERLY DISTRIBUTION, RELIGION, HUMAN SERVICES, PRESCRIPTION ASSISTANCE
CITY OF SALISBURY125 N DIVISION ST RM 304 SALISBURY,MD 218014940	52-6000806	GOVT	19,657				COMMUNITYDEV, BEN'S RED SWINGS MAINTENANCE
COASTAL HOSPICE INCPO BOX 1733 SALISBURY,MD 218021733	52-1214775	501(C)3	88,336				ANNUAL DISTRIBUTION, IN MEMORANDIUM, HEALTH, TASTE OF FINER THINGS
CANCER SUPPORT COMMUNITY - DEMARVA 1506 S SALISBURY BLVD SALISBURY,MD 218017198	52-2082199	501(C)3	20,868				HEALTH, QUARTERLY DISTRIBUTION, CANCER SUPPORT
DEL-MAR-VA COUNCIL BOY SCOUTS OF AMERICA 100 W 10TH ST STE 915 WILMINGTON,DE 198011597	51-0065733	501(C)3	100,877				QUARTERLY DISTRIBUTION, CAPITAL CAMPAIGN
DELMARVA EDUCATION FOUNDATION INC1320 BELMONT AVE STE 403B SALISBURY,MD 218044583	52-2209098	501(C)3	13,779				REQUESTED DISTRIBUTION
DELMARVA ZOOLOGICAL SOCIETY INCPO BOX 4621 SALISBURY,MD 218034621	52-1773305	501(C)3	118,073				EDUCATION, ZOO CAMP, RENEW THE ZOO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIAKONIA INC12747 OLD BRIDGE RD OCEAN CITY,MD 218429243	52-1381317	501(C)3	25,715				HUMAN SERVICES
EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE61 CORPORATE CIR NEW CASTLE,DE 197202439	51-0066728	501(C)3	5,600				SENSORY INTEGRATION ROOM, THERAPY MATS
FAITH BAPTIST CHURCH 30505 DAGSBORO ROAD SALISBURY,MD 218042180	52-1100207	501(C)3	5,000				RELIGION
FRUITLAND COMMUNITY CENTER INCPO BOX 669 FRUITLAND,MD 218260669	52-1884888	501(C)3	24,205				SUMMER CAMP, HUMAN SERVICES, ANNUAL DISTRIBITION
FRIENDS OF POPLAR HILL MANSION INC117 ELIZABETH ST SALISBURY,MD 218014108	52-1083102	501(C)3	21,539				ARTS & CULTURE, SOFTWARE, REQUESTED DISTRIBUTION
GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL INC501 S COLLEGE AVE NEWARK,DE 197131301	51-0064337	501(C)3	26,652				ANNUAL DISTRIBUTION, YOUTH, COMMUNITY DEVELOPMENT
HAZEL FARM PROPERTY FOUNDATION INC4419 COOPER ROAD EDEN,MD 218222149	20-1330518	501(C)3	50,000				YOUTH
HALO - HOPE AND LIFE OUTREACH701 SNOW HILL RD SALISBURY,MD 218041937	26-1691517	501(C)3	52,300				HUMAN SERVICES, CENTER OF HOPE DAY CENTER
NEW DIMENSIONS FAMILY WORSHIP CENTER LLCPO BOX 421 SALISBURY,MD 218030421	41-2168011	501(C)3	10,000				RELIGION
OCEAN CITY LION'S CHARITIES INCPO BOX 238 OCEAN CITY,MD 218430238	38-3698991	501(C)3	7,500				WOUNDED SOLDIERS TOURNAMENT
LOWER SHORE LAND TRUST INC9931 OLD OCEAN CITY BLVD BERLIN,MD 218111141	52-1701152	501(C)3	11,033				ANNUAL DISTRIBUTION, REQUESTED DISTRIBUTION, STEWARDSHIP & ANNUAL MONITORING PROGRAM
JUNIOR ACHIEVEMENT OF THE EASTERN SHORE INC 200 W MAIN ST SALISBURY,MD 218014907	52-1461040	501(C)3	11,250				PARTNER IN GIVING, YOUTH, STEM PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS OF HONOR INCPO BOX 1131 SALISBURY,MD 218021131	20-0093383	501(C)3	22,199				YOUTH, PARTNER SITE INCENTIVES
LIFE CRISIS CENTER INC PO BOX 387 SALISBURY,MD 218030387	52-1147731	501(C)3	38,606				HUMAN SERVICES, REQUESTED DISTRIBUTION, TRAINING
LITTLE SISTERS OF JESUS AND MARY INCTHE JOSEPH HOUSE CENTER SALISBURY,MD 218021755	52-0846802	501(C)3	46,785				ANNUAL DISTRIBUTION, HUMAN SERVICES, REQUESTED DISTRIBUTION
MAC INC909 PROGRESS CIR STE 100 SALISBURY,MD 218042316	52-0992005	501(C)3	6,050				PARSONS DAY CENTER, HUMAN SERVICES
MAGI FUND INC1210 ORCHARD CIR SALISBURY,MD 218016818	52-1903823	501(C)3	7,900				HUMAN SERVICES
MARYLAND COASTAL BAYS FOUNDATION INC9919 STEPHEN DECATUR HWY STE 4 OCEAN CITY,MD 218429367	52-2123356	501(C)3	20,575				EDUCATION COORDINATOR
MERCERSBURG ACADEMY 300 E SEMINARY ST MERCERSBURG,PA 172361550	23-1365963	501(C)3	5,000				CLASS OF '61
OAKRIDGE BAPTIST CHURCH329 TILGHMAN RD SALISBURY,MD 218042076	52-1205143	501(C)3	330,000				RELIGION
OCEAN CITY CAMBER OF COMMERCE FOUNDATION INC12320 OCEAN GTWY OCEAN CITY,MD 218429688	27-2151222	501(C)3	101,500				COMMUNITY DEVELOPMENT
PARSON'S CEMETERYPO BOX 1718 SALISBURY,MD 218021718	52-0633414	501(C)3	40,000				REQUESTED DISBURSEMENT
PARSONSBURG FIRE COMPANY INCPO BOX 208 PARSONSBURG,MD 218490208	52-1089014	501(C)3	50,000				HUMAN SERVICES
PECOMETH136 BOOKERS WHARF RD CENTREVILLE,MD 216172453	51-6022490	501(C)3	23,000				YOUTH, CAPITAL CAMPAIGN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA REGIONAL MEDICAL CENTER FOUNDATION INC100 E CARROLL ST SALISBURY,MD 218015422	52-1851935	501(C)3	107,724				HEALTH, ANNUAL DISTRIBUTION
SALISBURY MARYLAND KENNEL CLUB CHARITABLE TRUSTPO BOX 1264 SALISBURY,MD 218021264	27-2805339	501(C)3	10,000				IN HONOR OF BILL & FRANCES TILGHMAN
SALISBURY UNIVERSITY RESEARCH SERVICESHH 262A SALISBURY,MD 218016837	52-6002033	GOVT	5,356				DIGITIZE HISTORIC NEWSPAPER, LITERACY PARTNERSHIP
SALISBURY AREA CHAMBER OF COMMERCE FOUNDATION INC144 E MAIN ST SALISBURY,MD 218014921	13-4226978	501(C)3	7,200				COMMUNITY DEVELOPMENT, FRIENDS OF JAMES COOK & ROBERT COOK
SALISBURY URBAN MINISTRIESPO BOX 1792 SALISBURY,MD 218021792	52-2043085	501(C)3	6,100				HUMAN SERVICES
SALISBURY VOLUNTEER FIRE DEPARTMENT STATION #16325 CYPRESS STREET SALISBURY,MD 218014060	52-1199884	501(C)3	15,960				QUARTERLY DISTRIBUTION, HUMAN SERVICES
SALISBURY SCHOOL INC 6279 HOBBS RD SALISBURY,MD 218041417	52-0904771	501(C)3	23,845				QUARTERLY DISTRIBUTION, HORIZON'S PROGRAM
SALISBURY VOLUNTEER FIRE DEPARTMENT STATION #2PO BOX 3381 SALISBURY,MD 218023381	52-1199883	501(C)3	15,710				QUARTERLY DISTRIBUTION
SALISBURY UNIVERSITY FOUNDATION INCPO BOX 2655 SALISBURY,MD 218022655	52-1127396	501(C)3	153,003				PUBLIC RADIO DELMARVA, EDUCATION, ANNUAL DISTRIBUTION, HEALTHY U
SALISBURY VOLUNTEER FIRE DEPARTMENT STATION #11100 BEAGLIN PARK DR SALISBURY,MD 218049114	52-1470478	501(C)3	15,710				QUARTERLY DISTRIBUTION, HUMAN SERVICES
SALISBURY WICOMICO ARTS COUNCILPO BOX 884 SALISBURY,MD 218030884	23-7006845	501(C)3	6,200				ARTS, CULTURE
SALISBURY ZOOPO BOX 2979 SALISBURY,MD 218022979	52-6000806	GOVT	15,400				ENVIRONMENT, EDUCATION, ANNUAL DISTRIBUTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SALISBURY ZOO COMMISSION INCPO BOX 2979 SALISBURY,MD 218022979	52-1297264	501(C)3	14,804				QUARTERLY DISTRIBUTION
SALVATION ARMY - SALISBURY CORPSPO BOX 3235 SALISBURY,MD 218023235	58-0660607	501(C)3	50,854				ANNUAL DISTRIBUTION, HUMAN SERVICES
SALVATION ARMY - WEST SALISBURY YOUTH CLUB 429 N LAKE PARK DR SALISBURY,MD 218011112	58-0660607	501(C)3	75,138				QUARTERLY DISTRIBUTION
SAMARITAN'S PURSEPO BOX 3000 BOONE,NC 286073000	58-1437002	501(C)3	15,000				QUARTERLY DISTRIBUTION
TOWN OF SNOW HILLPO BOX 348 SNOW HILL,MD 218630348	52-6000807	GOVT	22,218				SHOW HILL LIBRARY
SUSQUEHANNA UNIVERSITY514 UNIVERSITY AVENEU SELINSGROVE,PA 178701025		501(C)3	5,000				GLOBAL OPPORTUNITIES PROGRAM
ST FRANCIS DE SALES CHURCH514 CAMDEN AVE SALISBURY,MD 218015802	52-0554283	501(C)3	7,209				DEVELOPMENT FUND, REQUESTED DISTRIBUTION
WESTSIDE HISTORICAL SOCIETY INCPO BOX 194 MARDELA SPRINGS,MD 218370194	52-1591937	501(C)3	10,500				REQUESTED DISTRIBUTION
WICOMICO COUNTY FREE LIBRARY122 S DIVISION ST SALISBURY,MD 218014929	52-0658332	501(C)3	10,819				EDUCATION, ANNUAL DISTRIBUTION
ST PETER'S EPISCOPAL CHURCH115 SAINT PETERS ST SALISBURY,MD 218014901	52-0626713	501(C)3	15,313				REQUESTED DISBURSEMENT, RELIGION
STEPHEN DECATUR HIGH SCHOOL9913 SEAHAWK RD BERLIN,MD 218113551	52-6001062	501(C)3	29,450				FOR SCHOLARSHIPS, EDUCATION
WICOMICO FRIENDS OF RECREATION AND PARKS INC500 GLEN AVE SALISBURY,MD 218045202	02-0614786	501(C)3	6,000				SCHOLARSHIPS TO SUMMER CAMPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINTER WONDERLAND OF LIGHTSC/O KIM HUDSON SALISBURY,MD 218011806	01-0862838	501(C)3	6,871				REQUESTED DISTRIBUTION
WORCESTER COUNTY SHERIFF DEPARTMENT1 W MARKET ST RM 1001 SNOW HILL,MD 218631192	52-6001064	GOVT	6,000				CHRISTMAS FOOD PROGRAM, SECRET SERVICE TRAINING
UNITED WAY OF THE LOWER EASTERN SHORE INC801 N SALISBURY BLVD STE 202 SALISBURY,MD 218013633	52-6016589	501(C)3	97,286				QUARTELRY DISTRIBUTION, HUMAN SERVICES
UNIVERSITY OF MARYLAND EASTERN SHORE FOUNDATION INC DIVISION OF INSTITUTIONAL ADVANCEME T PRINCESS ANNE,MD 218536057	52-1125663	501(C)3	7,200				EDUCATION
VILLAGE OF HOPE INCPO BOX 2517 SALISBURY,MD 218022517	52-1631603	501(C)3	14,102				QUARTERLY DISTRIBUTION, HUMAN SERVICES
WESLEY THEOLOGICAL SEMINARY OF THE METHODIST CHURCH4500 MASSACHUSETTS AVE NW WASHINGTON,DC 200165632	53-0245887	501(C)3	36,146				QUARTERLY DISTRIBUTION, RELIGION
WICOMICO PRESBYTERIAN CHURCH129 BROAD ST SALISBURY,MD 218014912	52-0650792	501(C)3	102,328				LANGELER MEMORIAL BUILDING, ANNUAL DISTRIBUTION
WOMEN SUPPORTING WOMEN1320 BELMONT AVE STE 402 SALISBURY,MD 218044558	52-1870971	501(C)3	5,450				HEALTH, RICHARD A HENSON AWARD OF EXCELLENCE
WOR-WIC COMMUNITY COLLEGEMTC 101 SALISBURY,MD 218041485	52-1048147	GOVT	52,752				REQUESTED DISTRIBUTION
WOR-WIC COMMUNITY COLLEGE FOUNDATION INCMTC 103 SALISBURY,MD 218041485	52-1264019	501(C)3	137,447				REQUESTED DISBURSEMENT, EDUCATION, SCHOLARSHIP
WORCESTER COUNTY GOLDGIVING OTHER LIVES DIGNITYPO BOX 39 SNOW HILL,MD 218630039	52-2041906	501(C)3	13,707				HUMAN SERVICES, UTILITY ASSISTANCE, ANNUAL DISTRIBUTION
WORCESTER YOUTH & FAMILY COUNSELING SERVICES INCPO BOX 925 BERLIN,MD 218110925	52-1227987	501(C)3	6,100				HUMAN SERVICES, C A S A OF THE LOWER EASTERN SHORE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number
52-1326014

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	10	523,910	FULL STOCK PRICE-SALE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	PUBLICLY TRADED SECURITIES ARE SOLD BY MORGAN STANLEY SMITH BARNEY, LLC

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number
52-1326014

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY REQUIRED TO SIGN CONFLICT OF INTEREST AGREEMENT

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	UPON REQUEST AND AT WWW CFES ORG/ABOUT-US

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AND AT WWW CFES ORG/ABOUT-US

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 12,750,040 INVESTMENT EXPENSES -167,892 ACTIVITY FOR AGENCY FUNDS NOT ON THE FINANCIAL STATEMENTS -448,535 TOTAL TO FORM 990, PART XI, LINE 5 12,133,613