



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

**2010****Open to Public Inspection**

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

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationCOMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
33 WEST FRANKLIN STREETRoom/suite  
203City or town, state or country, and ZIP + 4  
HAGERSTOWN, MD 21740**F** Name and address of principal officer. MITESH B. KOTHARI, M.D.  
SAME AS C ABOVE**D** Employer identification number

52-2001455

**E** Telephone number  
301-745-5210**G** Gross receipts \$ 5,601,962.**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.CFWCMD.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1995 **M** State of legal domicile MD**Part I Summary****1** Briefly describe the organization's mission or most significant activities: TO PROVIDE GRANTS TO OTHER  
501(C)(3) PUBLICLY SUPPORTED ORGANIZATIONS AND MONEY ASSISTANCE TO**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a)

3 26

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

4 26

**5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)

5 4

**6** Total number of volunteers (estimate if necessary)

6 0

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

7a 39,000.

**b** Net unrelated business taxable income from Form 990-T, line 34

7b 5,335.

**8** Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
1,966,070.	2,278,886.

**9** Program service revenue (Part VIII, line 2g)

174,536. 209,593.

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

845,669. 587,782.

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

27,901. 44,407.

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,014,176. 3,120,668.

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

541,936. 853,617.

**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)

140,661. 186,935.

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0. 0.

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,288.**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)

365,010. 406,085.

**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

1,047,607. 1,446,637.

**19** Revenue less expenses. Subtract line 18 from line 12

1,966,569. 1,674,031.

**20** Total assets (Part X, line 16)

Beginning of Current Year	End of Year
18,288,294.	23,248,964.

**21** Total liabilities (Part X, line 26)

447,295. 258,744.

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

17,840,999. 22,990,220.

**Part II Signature Block**

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

**Sign Here**

Signature of officer

Date

MITESH B. KOTHARI, M.D., PRESIDENT

Type or print name and title

**Paid**

Print/Type preparer's name

J. WAYNE BECKER CPA

Preparer's signature

J. Wayne Becker, CPA

Date

2/6/2012

Check if self-employed

☐

PTIN

**Preparer Use Only**

Firm's name

SMITH ELLIOTT KEARNS &amp; COMPANY, LLC

Firm's EIN

Firm's address

480 N. POTOMAC STREET  
HAGERSTOWN, MD 21740

Phone no (301) 733-5020

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

☒ Yes ☐ No

9-17 20

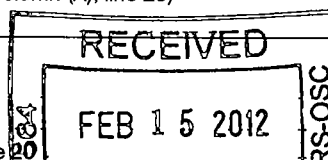
SCANNED FEB 24 2012

Activities &amp; Governance

Revenue

Expenses

Net Assets or Fund Balances



COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.

Form 990 (2010)

52-2001455 Page 2

**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:

TO PROVIDE GRANTS TO OTHER 501(C)(3) PUBLICLY SUPPORTED ORGANIZATIONS  
AND MONEY ASSISTANCE TO NEEDY INDIVIDUALS IN DISTRESS IN THE  
WASHINGTON COUNTY, MARYLAND AREA

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 \$ 1,386,901. including grants of \$ 853,617. ) (Revenue \$ 209,593. )  
TO PROVIDE GRANTS TO OTHER 501(C)(3) PUBLICLY SUPPORTED ORGANIZATIONS  
AND MONEY ASSISTANCE TO NEEDY INDIVIDUALS IN DISTRESS IN THE WASHINGTON  
COUNTY, MARYLAND AREA

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ 5,122. including grants of \$ ) (Revenue \$ )  
STRATEGIC COMMUNITY IMPACT PLAN (SCIP) - THE STRATEGIC COMMUNITY IMPACT  
PLAN IS A JOINT EFFORT OF THE COMMUNITY FOUNDATION OF WASHINGTON COUNTY  
AND THE UNITED WAY OF WASHINGTON COUNTY. THE GOAL OF SCIP IS TO JOIN  
EFFORTS AND IDENTIFY AND ESTABLISH GOALS IN THE AREAS OF PEOPLE,  
FAMILIES, AND COMMUNITY.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,392,023.

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page **3**

**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)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>	<b>X</b>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
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? <i>If "Yes," complete Schedule D, Part IX</i>		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
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? <i>If "Yes," complete Schedule G, Part I</i>		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Form **990** (2010)

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page 4

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2010)

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page 5

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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	4	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2010)

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page **6**

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

☒ **X**

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	26	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent	26	
<b>2</b> 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?	<b>2</b>	<b>X</b>
<b>3</b> 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?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Does the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b> <b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b> <b>X</b>	
<b>9</b> 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	<b>9</b>	<b>X</b>

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</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?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b> <b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b> <b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b> <b>X</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>12c</b> <b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b> <b>X</b>	
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b> <b>X</b>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b> <b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</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?	<b>16b</b>	

**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 Forms 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.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**JOYCE M. HETZER - 301-745-5210**  
**33 WEST FRANKLIN STREET, HAGERSTOWN, MD 21740**

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page 7

**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. 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			
MITESH B. KOTHARI, M.D. PRESIDENT	10.00	X		X				0.	0.	0.
MICHAEL G. DAY VICE PRESIDENT	2.00	X		X				0.	0.	0.
SPENCE PERRY VICE PRESIDENT	2.00	X		X				0.	0.	0.
HUGH J. BRESLIN, III SECRETARY	1.00	X		X				0.	0.	0.
JOHN P. ITELL TREASURER	1.00	X		X				0.	0.	0.
DAVID BEACHLEY PAST CHAIRMAN	0.50	X						0.	0.	0.
JOHN F. BARR TRUSTEE	0.50	X						0.	0.	0.
CAROL R. BECKER TRUSTEE	0.50	X						0.	0.	0.
HOWARD BOWEN TRUSTEE	0.50	X						0.	0.	0.
REV. D. STUART DUNNAN TRUSTEE	0.50	X						0.	0.	0.
BRENT A. FLEIGHT TRUSTEE	0.50	X						0.	0.	0.
DOUGLAS A. FIERY TRUSTEE	0.50	X						0.	0.	0.
LEAH GAYMAN TRUSTEE	0.50	X						0.	0.	0.
LOUIS J. GIUSTINI TRUSTEE	0.50	X						0.	0.	0.
JOHN R. HERSHEY, III TRUSTEE	0.50	X						0.	0.	0.
MICHAEL HOUGH TRUSTEE	0.50	X						0.	0.	0.
BRIAN A. KANE TRUSTEE	0.50	X						0.	0.	0.



**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page **8**

**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			
STUART L. MULLENDORE TRUSTEE	0.50	X						0.	0.	0.
MICHAEL A. MURRAY TRUSTEE	0.50	X						0.	0.	0.
CYNTHIA L. PERINI TRUSTEE	0.50	X						0.	0.	0.
HARRY T. REYNOLDS TRUSTEE	0.50	X						0.	0.	0.
DEBORAH ADDO SAMUELS TRUSTEE	0.50	X						0.	0.	0.
ELIZABETH SCHULZE TRUSTEE	0.50	X						0.	0.	0.
JEANNE SINGER TRUSTEE	0.50	X						0.	0.	0.
J. RANDALL THOMPSON TRUSTEE	0.50	X						0.	0.	0.
ROBIN C. TWIGG TRUSTEE	0.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								91,812.	0.	10,104.
<b>d Total (add lines 1b and 1c)</b>								91,812.	0.	10,104.

**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 0

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

**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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

**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 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**

Form **990** (2010)

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455

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

(A) Name and title	(B) Average hours per week	(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			
BRADLEY N. SELL EXECUTIVE DIRECTOR	40.00			X				70,000.	0.	10,104.
JOYCE M. HETZER FINANCE DIRECTOR	20.00			X				21,812.	0.	0.
Total to Part VII, Section A, line 1c								91,812.		10,104.

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page **9**

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	16,600.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2262286.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			2278886.			
	<b>Program Service Revenue</b>	<b>2 a</b> <u>ENDOWMENT &amp; MANAGEMENT</u>	<b>Business Code</b>	900099	209,593.	209,593.	
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f				209,593.			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)			540,349.		
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses			2,509,234.			
	<b>c</b> Gain or (loss)			2,461,801.			
	<b>d</b> Net gain or (loss)			47,433.			47,433.
	<b>8 a</b> Gross income from fundraising events (not including \$ <u>16,600.</u> of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		24,900.			
	<b>b</b> Less: direct expenses	<b>b</b>		19,493.			
	<b>c</b> Net income or (loss) from fundraising events			5,407.			5,407.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> <u>ADVERTISING INCOME</u>		541800	39,000.		39,000.		
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			39,000.				
<b>12 Total revenue.</b> See instructions			3120668.	209,593.	39,000.	593,189.	

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page **10**

**Part IX Statement of Functional Expenses**

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

*All other organizations must complete column (A) but are not required to complete columns (B), (C), 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
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	853,617.	853,617.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	102,671.	102,671.		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	63,070.	63,070.		
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,778.	1,778.		
<b>9</b> Other employee benefits	8,225.	8,225.		
<b>10</b> Payroll taxes	11,191.	11,191.		
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	17,420.	13,065.	4,355.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	269,351.	269,351.		
<b>g</b> Other	1,915.	1,915.		
<b>12</b> Advertising and promotion	5,643.	5,643.		
<b>13</b> Office expenses	8,131.	6,098.	2,033.	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	18,924.	9,462.	9,462.	
<b>17</b> Travel	799.	599.	200.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	7,004.	4,202.	1,401.	1,401.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	3,425.	3,425.		
<b>23</b> Insurance	2,224.	1,668.	556.	
<b>24</b> 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.)				
<b>a</b> <u>IMPACT ANNUAL REPORT</u>	31,887.			31,887.
<b>b</b> <u>MARKETING EXPENSES</u>	19,062.	19,062.		
<b>c</b> <u>MISCELLANEOUS</u>	12,097.	9,073.	3,024.	
<b>d</b> <u>STRATEGIC COMMUNITY IMP</u>	5,122.	5,122.		
<b>e</b> <u>BAD DEBT EXPENSE</u>	1,900.	1,900.		
<b>f</b> All other expenses _____	1,181.	886.	295.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	1,446,637.	1,392,023.	21,326.	33,288.
<b>26</b> Joint costs. Check here <input type="checkbox"/> 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.				

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Form 990 (2010)

52-2001455 Page **11**

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing		<b>1</b>	
	<b>2</b> Savings and temporary cash investments	449,538.	<b>2</b>	1,105,787.
	<b>3</b> Pledges and grants receivable, net	2,900.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	19,044.		
	<b>10b</b> Less: accumulated depreciation	12,884.		
		6,507.	<b>10c</b>	6,160.
	<b>11</b> Investments - publicly traded securities	17,828,261.	<b>11</b>	22,135,929.
	<b>12</b> Investments - other securities See Part IV, line 11	0.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11	1,088.	<b>15</b>	1,088.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	18,288,294.	<b>16</b>	23,248,964.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,703.	<b>17</b>	2,444.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	2,553.	<b>19</b>	50,700.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	441,039.	<b>21</b>	205,600.
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	447,295.	<b>26</b>	258,744.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		<121,324.>	<b>27</b>	161,322.
<b>28</b> Temporarily restricted net assets		4,441,233.	<b>28</b>	6,537,565.
<b>29</b> Permanently restricted net assets		13,521,090.	<b>29</b>	16,291,333.
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> Total net assets or fund balances	17,840,999.	<b>33</b>	22,990,220.	
<b>34</b> Total liabilities and net assets/fund balances	18,288,294.	<b>34</b>	23,248,964.	

Form **990** (2010)

COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.

Form 990 (2010)

52-2001455 Page 12

**Part XI Reconciliation 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	3,120,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,446,637.
3	Revenue less expenses Subtract line 2 from line 1	3	1,674,031.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,840,999.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,475,190.
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	22,990,220.

**Part XII Financial Statements and Reporting**

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

☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 separate 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

# 2010

**Open to Public Inspection**

**Employer identification number**  
52-2001455

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?

(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 supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

**COMMUNITY FOUNDATION OF WASHINGTON**

Schedule A (Form 990 or 990-EZ) 2010 **COUNTY MD, INC.**

52-2001455 Page 2

**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,044,775.	2,275,443.	1,268,310.	1,942,680.	2,262,286.	9,793,494.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,044,775.	2,275,443.	1,268,310.	1,942,680.	2,262,286.	9,793,494.
<b>5</b> 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)						2,658,221.
<b>6 Public support.</b> Subtract line 5 from line 4						7,135,273.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	2,044,775.	2,275,443.	1,268,310.	1,942,680.	2,262,286.	9,793,494.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	361,665.	454,774.	449,957.	431,806.	540,349.	2,238,551.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on				36,500.	39,000.	75,500.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						12,107,545.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	501,479.

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	58.93 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	62.97 %

**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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐ ►

**17a 10% -facts-and-circumstances test - 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 ☐ ►

**Schedule A (Form 990 or 990-EZ) 2010**



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**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 ☐

**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 WASHINGTON  
COUNTY MD, INC.**Employer identification number**  
52-2001455**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	26	
2 Aggregate contributions to (during year)	445,715.	
3 Aggregate grants from (during year)	395,252.	
4 Aggregate value at end of year	5,107,616.	

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Schedule D (Form 990) 2010

52-2001455 Page **2**

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

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

- |   |   |
|---|---|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange programs |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____               |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |   |

**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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- c** Beginning balance  
**d** Additions during the year  
**e** Distributions during the year  
**f** Ending balance

**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
<b>1a</b> Beginning of year balance	14,075,019.	10,579,280.	10,678,078.		
<b>b</b> Contributions	2,775,993.	2,055,755.	1,583,348.		
<b>c</b> Net investment earnings, gains, and losses	3,602,891.	1,808,120.	<514,473.		
<b>d</b> Grants or scholarships	80,153.	94,214.	992,088.		
<b>e</b> Other expenditures for facilities and programs	537,920.	273,922.	175,585.		
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	19,835,830.	14,075,019.	10,579,280.		

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

- a** Board designated or quasi-endowment ▶ 33 %  
**b** Permanent endowment ▶ 17.54 %  
**c** Term endowment ▶ 82.13 %

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

- (i) unrelated organizations  
(ii) related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other		19,044.	12,884.	6,160.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,160.

Schedule D (Form 990) 2010

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Schedule D (Form 990) 2010

52-2001455 Page **3**

**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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►

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 (ASC 740).

**COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Schedule D (Form 990) 2010

52-2001455 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,120,668.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,446,637.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,674,031.
4	Net unrealized gains (losses) on investments	4	3,475,190.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3,475,190.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,149,221.

**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	6,615,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,475,190.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	19,493.
e	Add lines 2a through 2d	2e	3,494,683.
3	Subtract line 2e from line 1	3	3,120,668.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,120,668.

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

1	Total expenses and losses per audited financial statements	1	1,466,130.
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	19,493.
e	Add lines 2a through 2d	2e	19,493.
3	Subtract line 2e from line 1	3	1,446,637.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,446,637.

**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, line 2, 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.

**PART V, LINE 4:**

THE INTENDED USES OF THE THE ENDOWMENT FUNDS ARE TO PROVIDE OPERATING  
FUNDS FOR THE DESIGNATED ORGANIZATIONS.

**PART V, ENDOWMENT FUNDS, LINE 1, PRIOR YEAR:**

THE PRIOR YEAR ENDOWMENT FUND AMOUNTS HAVE BEEN CHANGED TO AGREE WITH THE  
AUDITED FINANCIAL STATEMENTS AS FOLLOWS:

**Part XIV** Supplemental Information (continued)

	ORIGINALLY		REPORTED ON
	REPORTED	ADJUSTMENT	2009 RETURN
1A. BEGINNING OF YEAR BALANCE	10,664,098	13,980	10,678,078
B. CONTRIBUTIONS	3,669,220	(2,085,872)	1,583,348
C. INVESTMENT EARNINGS OR LOSSES	(517,220)	2,747	(514,473)
D. GRANTS OR SCHOLARSHIPS	(1,120,058)	217,970	(992,088)
E. OTHER EXPENDITURES FOR			
FACILITIES & PROGRAMS	(173,354)	(2,231)	(175,585)
F. ADMINISRATIVE EXPENSES	0	0	0
G. END OF YEAR BALANCE	12,522,686	(1,943,406)	10,579,280

PART X, LINE 2: THE FOUNDATION FOLLOWS THE FASB ACCOUNTING STANDARDS CODIFICATION, WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES, AND TRANSITION. AS OF JUNE 30, 2011, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT REQUIRE EITHER RECOGNITION OR DISCLOSURE IN THE FOUNDATION'S FINANCIAL STATEMENTS. THE FOUNDATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IN THE FINANCIAL STATEMENTS. NO INTEREST AND PENALTIES WERE RECORDED DURING THE YEAR ENDED JUNE 30, 2011. GENERALLY, THE TAX YEARS BEFORE 2008 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE, OR LOCAL TAXING AUTHORITIES.

**Part XIV** Supplemental Information (continued)**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B 19,493.

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT FUNDRAISING EXPENSES REPORTED ON PART VIII, LINE 8B 19,493.

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

# 2010

## Open To Public Inspection

**Employer identification number**  
52-2001455

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations

- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

- ☐ Yes      ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.



**COMMUNITY FOUNDATION OF WASHINGTON**

Schedule G (Form 990 or 990-EZ) 2010 **COUNTY MD, INC.**

**52-2001455** Page **2**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1 PEOPLE'S CHOICE AWARD (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1	Gross receipts	41,500.		41,500.
	2	Less: Charitable contributions	16,600.		16,600.
	3	Gross income (line 1 minus line 2)	24,900.		24,900.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	17,544.		17,544.
	8	Entertainment			
	9	Other direct expenses	1,949.		1,949.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 19,493 )
	11	Net income summary. Combine line 3, column (d), and line 10			5,407.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

**COMMUNITY FOUNDATION OF WASHINGTON**

Schedule G (Form 990 or 990-EZ) 2010 **COUNTY MD, INC.**

**52-2001455** Page **3**

**11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in:

**a** The organization's facility

**b** An outside facility

<b>13a</b>		%
<b>13b</b>		%

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

**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 WASHINGTON  
COUNTY MD, INC.**

Employer identification number  
**52-2001455**

**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 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
AMERICAN RED CROSS 1131 CONRAD COURT HAGERSTOWN, MD 21740	52-1797922	501(C)(3)	5,400.	0.			GENERAL SUPPORT
BIG BROTHERS - BIG SISTERS 1135 VIRGINIA AVENUE HAGERSTOWN, MD 21740	52-6017446	501(C)(3)	5,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF WASHINGTON COUNTY - 805 PENNSYLVANIA AVENUE - HAGERSTOWN, MD 21740	13-5562976	501(C)(3)	8,592.	0.			GENERAL SUPPORT
CAMP TOHIGLO 10670 FORT LOUDON ROAD MERCERSBURG, PA 17236	52-1094340	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CEDAR CREST COLLEGE 100 COLLEGE DRIVE ALLENTOWN, PA 18104	23-1365953	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CEDAR RIDGE CHILDREN'S HOME AND SCHOOL, INC., - P.O. BOX 439 - WILLIAMSPORT, MD 21795	52-0809957	501(C)(3)	14,165.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations

**3** Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

# COMMUNITY FOUNDATION OF WASHINGTON

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON COUNTY COMMISSION ON AGING, INC. - 104 W FRANKLIN STREET, 4TH FLOOR - HAGERSTOWN, MD 21740	52-0899001	501(C)(3)	15,968.	0.			GENERAL SUPPORT
WASHINGTON COUNTY COMMUNITY ACTION COUNCIL, INC. - 101 SUMMIT AVENUE - HAGERSTOWN, MD 21740	52-0817684	501(C)(3)	11,700.	0.			GENERAL SUPPORT
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	10,998.	0.			GENERAL SUPPORT
CONVOY OF HOPE 330 S PATTERSON SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	6,000.	0.			GENERAL SUPPORT
COURT APPOINTED SPECIAL ADVOCATES 13925 CEARFOSS PIKE HAGERSTOWN, MD 21740	26-0211152	501(C)(3)	5,000.	0.			GENERAL SUPPORT
DISCOVERY STATION 101 W WASHINGTON STREET HAGERSTOWN, MD 21740	52-1982606	501(C)(3)	11,898.	0.			GENERAL SUPPORT
DEPARTMENT OF SOCIAL SERVICES - CHILD CARE CENTER - 122 N POTOMAC STREET - HAGERSTOWN, MD 21740	26-1192752	501(C)(3)	25,000.	0.			GENERAL SUPPORT
EASTER SEALS 101 E BALTIMORE STREET HAGERSTOWN, MD 21740	53-0212296	501(C)(3)	5,000.	0.			GENERAL SUPPORT
FARMERS AND HUNTERS FEEDING THE HUNGRY - P.O BOX 323 - WILLIAMSPORT, MD 21795	52-2151919	501(C)(3)	5,000.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WASHINGTON**

52-2001455 Page 1

Schedule I (Form 990)

COUNTY MD, INC.

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD RESOURCES, INC. 220 MCRAND COURT HAGERSTOWN, MD 21740	52-1653250	501(C)(3)	6,441.	0.			GENERAL SUPPORT
GIRLS' INC. 626 WASHINGTON STREET HAGERSTOWN, MD 21740	52-1720438	501(C)(3)	7,800.	0.			GENERAL SUPPORT
HAGERSTOWN AVIATION MUSEUM 14235 OAK SPRINGS RAOD HAGERSTOWN, MD 21742	20-2822392	501(C)(3)	5,000.	0.			GENERAL SUPPORT
HAGERSTOWN BIBLE CHURCH 203 SUMMIT AVENUE HAGERSTOWN, MD 21740	52-0887582	501(C)(3)	17,900.	0.			GENERAL SUPPORT
HAGERSTOWN COMMUNITY COLLEGE FOUNDATION - 11400 ROBINWOOD DRIVE - HAGERSTOWN, MD 21740	23-7121670	501(C)(3)	74,420.	0.			GENERAL SUPPORT
HAGERSTOWN DAY NURSERY 102 E WASHINGTON STREET HAGERSTOWN, MD 21740	52-0607997	501(C)(3)	7,554.	0.			GENERAL SUPPORT
HAGERSTOWN YMCA 1100 EASTERN BOULEVARD HAGERSTOWN, MD 21740	52-0591701	501(C)(3)	25,977.	0.			STRATEGIC COMMUNITY IMPACT PLAN
HOOD COLLEGE 401 ROSEMOUNT AVENUE FREDERICK, MD 21701	52-0591608	501(C)(3)	6,706.	0.			GENERAL SUPPORT
HOSPICE OF WASHINGTON COUNTY 747 NORTHERN AVENUE HAGERSTOWN, MD 21740	52-1192608	501(C)(3)	5,850.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WASHINGTON**

52-2001455 Page 1

Schedule I (Form 990) COUNTY MD, INC.

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF WASHINGTON COUNTY - SPCA - 13011 MAUGANSVILLE ROAD - HAGERSTOWN, MD 21740	52-0542025	501(C)(3)	9,110.	0.			GENERAL SUPPORT
JOHNS HOPKINS 3910 KESWICK ROAD SOUTH, BUILDING 4 BALTIMORE, MD 21211	50-0591656	501(C)(3)	13,000.	0.			GENERAL SUPPORT
LEADERSHIP OF WASHINGTON COUNTY 38 S POTOMAC STREET HAGERSTOWN, MD 21740	20-3530981	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LEHIGH UNIVERSITY 524 BRODHEAD AVENUE BETHLEHEM, PA 18015	24-0795445	501(C)(3)	5,050.	0.			GENERAL SUPPORT
THE MARYLAND SYMPHONY ORCHESTRA, INC. - 30 W WASHINGTON STREET - HAGERSTOWN, MD 21740	52-1259358	501(C)(3)	16,034.	0.			GENERAL SUPPORT
MASON-DIXON COUNCIL, INC., BOY SCOUTS OF AMERICA - 18600 CRESTWOOD DRIVE - HAGERSTOWN, MD 21740	52-0591680	501(C)(3)	9,459.	0.			GENERAL SUPPORT
MERCERSBURG ACADEMY 300 E SEMINARY STREET MERCERSBURG, PA 17236	23-1365963	501(C)(3)	5,975.	0.			GENERAL SUPPORT
MERITUS HEALTHCARE FOUNDATION 1101 OPAL COURT, SUITE 301 HAGERSTOWN, MD 21740	01-0639265	501(C)(3)	43,500.	0.			GENERAL SUPPORT
OTTERBEIN UMC 108 E FRANKLIN STREET HAGERSTOWN, MD 21740 LHA	50-0615909	501(C)(3)	30,670.	0.			GENERAL SUPPORT

Schedule I (Form 990)

COMMUNITY FOUNDATION OF WASHINGTON

Schedule I (Form 990)

COUNTY MD, INC.

52-2001455

Page 1

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAVEN HOUSE FOOD MINISTRIES 32 EAST AVENUE HAGERSTOWN, MD 21740	52-1861279	501(C)(3)	5,100.	0.			GENERAL SUPPORT
REACH, INC. 140 W FRANKLIN STREET HAGERSTOWN, MD 21740	52-1696683	501(C)(3)	27,547.	0.			GENERAL SUPPORT
ST. JAMES SCHOOL 17641 COLLEGE ROAD ST. JAMES, MD 21781	52-0591413	501(C)(3)	10,000.	0.			GENERAL SUPPORT
ST. JAMES SCHOOL 17642 COLLEGE ROAD ST. JAMES, MD 21782	52-0591414	501(C)(3)	53,672.	0.			GENERAL SUPPORT
ST. MARIA GORETTI HIGH SCHOOL 1535 OAK HILL AVENUE HAGERSTOWN, MD 21740	52-1126943	501(C)(3)	24,250.	0.			GENERAL SUPPORT
STAR COMMUNITY 13757 BROADFORDING CHURCH ROAD HAGERSTOWN, MD 21740	23-2372237	501(C)(3)	12,800.	0.			GENERAL SUPPORT
SUNRISE ROTARY FOUNDATION 480 N POTOMAC STREET HAGERSTOWN, MD 21740	82-0564330	501(C)(3)	12,500.	0.			GENERAL SUPPORT
THORPEWOOD 12805-A MINK FARM ROAD THURMONT, MD 21788	20-5381038	501(C)(3)	10,400.	0.			GENERAL SUPPORT
TRINITY LUTHERN CHURCH 15 RANDOLPH AVENUE HAGERSTOWN, MD 21740	52-0599015	501(C)(3)	26,850.	0.			GENERAL SUPPORT
LHA							

Schedule I (Form 990)

**COMMUNITY FOUNDATION OF WASHINGTON**

**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WASHINGTON COUNTY 33 W. FRANKLIN STREET, SUITE 203 HAGERSTOWN, MD 21740	52-0691704	501(C)(3)	6,400.	0.			GENERAL SUPPORT
UNIVERSITY OF MARYLAND FOUNDATION 2119 MAIN ADMINISTRATION BUILDING COLLEGE PARK, MD 20742	52-2197313	501(C)(3)	12,500.	0.			GENERAL SUPPORT
VOLUNTEER WASHINGTON COUNTY 13227 POSTRIDER COURT HAGERSTOWN, MD 21742	90-0649906	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE W HOUSE 519 N LOCUST STREET HAGERSTOWN, MD 21740	23-1727212	501(C)(3)	7,100.	0.			GENERAL SUPPORT
WASHINGTON COUNTY MUSEUM OF FINE ARTS - P.O. BOX 423, CITY PARK - HAGERSTOWN, MD 21740	52-0607950	501(C)(3)	18,794.	0.			GENERAL SUPPORT
WASHINGTON COUNTY FREE LIBRARY 100 S POTOMAC STREET HAGERSTOWN, MD 21740	52-6001038	501(C)(3)	72,420.	0.			GENERAL SUPPORT
WASHINGTON COUNTY PUBLIC SCHOOLS 820 COMMONWEALTH AVENUE HAGERSTOWN, MD 21740	26-4370163	501(C)(3)	10,500.	0.			GENERAL SUPPORT

LHA

Schedule I (Form 990)



COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.

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.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CONVOY OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT

GENERAL SUPPORT

GENERAL SUPPORT

GENERAL SUPPORT

GENERAL SUPPORT

**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 990-EZ 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 WASHINGTON  
COUNTY MD, INC.

Employer identification number  
52-2001455

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEEDY INDIVIDUALS IN DISTRESS IN THE WASHINGTON COUNTY, MARYLAND AREA

FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S FORM 990 IS  
PROVIDED AT A BOARD MEETING FOR REVIEW AND APPROVAL PRIOR TO FILING WITH  
THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES THAT THE  
CONFLICT OF INTEREST POLICY BE REVIEWED ANNUALLY AT THE BOARD MEETING.  
EVERY MEMBER IS PROVIDED A COPY OF THE POLICY TO REVIEW AND IS REQUIRED TO  
SIGN, ACKNOWLEDGING THAT HE/SHE RECEIVED AND UNDERSTOOD THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION THAT IS RECEIVED  
BY THE EXECUTIVE DIRECTOR AND EMPLOYEES IS DETERMINED, REVIEWED, AND  
APPROVED BY THE INDEPENDENT VOTING MEMBERS AT THE BOARD MEETINGS.

FORM 990, PART VI, SECTION C, LINE 18: THE FORMS ARE MADE AVAILABLE FOR  
PUBLIC INSPECTION UPON REQUEST. THE ORGANIZATION'S FORM 990 IS ALSO POSTED  
TO A WEBSITE THAT CONTAINS NUMEROUS OTHER FORM 990 NON-PROFIT TAX RETURNS  
AND IS AVAILABLE FOR ANYONE IN THE PUBLIC TO VIEW.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING  
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE  
TO THE PUBLIC UPON REQUEST AT THE ORGANIZATION'S OFFICE DURING NORMAL  
BUSINESS HOURS.

Name of the organization **COMMUNITY FOUNDATION OF WASHINGTON  
COUNTY MD, INC.**

Employer identification number  
**52-2001455**

**FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:**

**NET UNREALIZED GAINS ON INVESTMENTS:** **3,475,190.**

**FORM 990, PART XII, LINE 2C:**

**NO CHANGE IN THE PROCESS HAS BEEN MADE FROM THE PRIOR YEAR TO THE  
CURRENT YEAR.**

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

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 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 Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization <b>THE COMMUNITY FOUNDATION OF WASHINGTON COUNTY, MARYLAND, INCORPORATED</b>	Employer identification number <b>52-2001455</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 WEST FRANKLIN STREET, NO. 203</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HAGERSTOWN, MD 21740</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
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-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

- The books are in the care of ▶ **33 WEST FRANKLIN STREET, NO. 203 - HAGERSTOWN, MD 21740**

Telephone No ▶ **(301) 745-5210**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year \_\_\_\_\_ or▶ ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</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.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)