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DLN: 93493030005265

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

		<b>2013 ca</b> applicable	C Name of organization	ing 07-01-2013 , 2013, and ending 06 E EASTERN SHORE INC	5-30-201 <sup>2</sup>		oyer ider	itification number
_	dress c	-	Doing Business As			52-1	326014	
	me cha	_						
_	tial reti rminate		Number and street (or P O box if 1324 BELMONT AVENUE NO 401	mail is not delivered to street address) Room,	'suite	E Teleph	none numl	per
		return	City or town, state or province, co	(410	)742-9	911		
		n pending	SALISBURY, MD 218044558	sant, y, and 22. Strongly poster code		<b>G</b> Gross	receints \$	45,984,745
			<b>F</b> Name and address of p	rıncıpal officer	H(a	) Is this a grou	-	
			ERICA JOSEPH 1324 BELMONT AVENUE			subordinates?		┌ Yes ┌ No
			SALISBURY, MD 21804		Н(Б	<b>)</b> Are all subord	linates	┌ Yes ┌ No
			<u> </u>		<b>-</b>   ` ′	ıncluded?		
				(insert no ) 4947(a)(1) or 527	_	If "No," attac	h a list	(see instructions)
J W	ebsit	e:► W\	VW CFES ORG		H(c)	Group exemp	tion nun	nber ►
<b>K</b> For	m of or	rganızatıor	Corporation Trust Associa	tion Other ►	LY	ear of formation 1	984 <b>M</b>	State of legal domicile
Pa	rt I	Sun	nmary				1110	,
	1	Briefly o	lescribe the organization's mis	sion or most significant activities				
		SEE SC	HEDULE O FOR DESCRIPTIO	N				
Governance								
₫								
Ę.	2	Check t	his box দ if the organization	discontinued its operations or dispose	d of more	than 25% of it	s net as:	sets
ŝ	_		6				1 - 1	•
Activities &	1			rning body (Part VI, line 1a) . . . s of the governing body (Part VI, line 1			3	24
Œ.				n calendar year 2013 (Part V , line 2a)			5	8
Ę				fnecessary)			6	100
4	1			Part VIII, column (C), line 12			7a	0
	ь	Net unre	elated business taxable income	e from Form 990-T, line 34			7b	0
						Prior Year		Current Year
a)	8			line 1 h)		4,742		5,250,395
Revenue	9			line 2g)			0	0
Нэу	10			nn (A), lines 3, 4, and 7d) ), lines 5, 6d, 8c, 9c, 10c, and 11e)	. –	2,923		3,475,278
	11		· · · · · · · · · · · · · · · · · · ·	.1 (must equal Part VIII, column (A), l	ıne 一	157	,334	192,084
	ļ <u></u>	12) .	<u> </u>	<del> </del>		7,823	,496	8,917,757
	13			rt IX, column (A), lines 1–3)		5,423		4,868,854
	14			t IX, column (A), line 4)			0	0
\$	15	5 a l a ri		yee benefits (Part IX, column (A), line	5	557	,579	589,439
Expenses	16a	Profes	ssional fundraising fees (Part I	X, column (A), line 11e)			0	0
ੜੇ	Ь	Total fo	undraising expenses (Part IX, column	(D), line 25) 🕨 122,166				
_	17	Other	expenses (Part IX, column (A	), lines 11a-11d, 11f-24e)		258	,085	313,442
	18			nust equal Part IX, column (A), line 25	· -	6,238		5,771,735
. 02	19	Rever	nue less expenses Subtract lin	e 18 from line 12		1,584		3,146,022
es Ba					В	eginning of Curre Year	ent	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			88,723	,926	105,809,840
PA PA	21					18,696	,291	24,885,473
	22			ct line 21 from line 20		70,027	,635	80,924,367
	rt II		nature Block					
my k	nowle	dge and as any k	belief, it is true, correct, and c nowledge	examined this return, including accomp complete Declaration of preparer (other				
Sigr	1	**** Sign	*** ature of officer			2015-01-28 Date		
Sigr Her		'	CA JOSEPH PRESIDENT					
			e or print name and title					
			Print/Type preparer's name THOMAS L TRICE IV CPA	Preparer's signature	Date	Check If	PTIN P00809	335
Pai			Firm's name F TGM GROUP LLC	<b>L</b>	<u> </u>	self-employed		
	pare		Firmle address & OFF MT UEDMON SE			Dh / / /	0) 742 42	20
Use	On	ıly	Firm's address ► 955 MT HERMON RD			Phone no (41	υ) /42-13	20
		1	SALISBURY, MD 218	3045105		1		

May the IRS discuss this return with the preparer shown above? (see instructions)  $\,$  .

✓ Yes No

Form	1990 (201	.3)						Page :
Par		tatement of P				ıs Part III		٦
1	Briefly d	escribe the orgar	ızatıon's mıssıoı	า				
SEE	SCHEDUL	E O FOR DESCR	IPTION					
2		rganization unde Form 990 or 990					ich were not listed on	
	If "Yes,"	describe these n	ew services on S	chedule O				
3	services	?			_	ow it condu	icts, any program	
	If "Yes,"	describe these c	hanges on Sche	dule O				
4	expense		(3) and 501(c)(4	1) organization:	s are required t	o report the	largest program services e amount of grants and al	
4a	(Code		) (Expenses \$	1,859,893	ıncludıng grants	of \$	1,859,893 ) (Revenue \$	)
	EDUCATIOUS	ON - TO ASSIST VARI NON-PROFIT'S EDUC	OUS SCHOOLS, COLI ATIONAL INITIATIVE	EGES, UNIVERSIT: S	IES AND LIBRARIE	S WITH FINAN	ICIAL SUPPORT AND SCHOLARS	SHIPS AS WELL AS SUPPORT FOR
4b	(Code		) (Expenses \$	1,192,901	ıncludıng grants	of \$	1,192,901 ) (Revenue \$	)
	HUMAN S	ERVICES - TO ASSIST	VARIOUS ORGANIZ	ATIONS IN PROVID	DING EMERGENCY	AND SOCIAL S	SERVICES TO THE COMMUNITY	
4c	(Code HEALTH F	ROGRAMS - TO ASSI	) (Expenses \$ ST VARIOUS ORGAN	440,661 IZATIONS IN PROV	including grants		440,661 ) (Revenue \$	)
	(Code ANIMAL V		) (Expenses \$ URE, COMMUNITY I	1,510,014 DEVELOPMENT, CO	including grants	•	1,375,400 ) (Revenue \$ RESERVATION, FAITH BASED, EN	) NVIRONMENT,& YOUTH
4d	O ther p	rogram services	Describe in Sch	edule O )				
	(Expens	es \$	1,510,014 ind	cluding grants o	of \$	1,375,400	O)(Revenue\$	)
4e	Total pi	ogram service ex	penses 🕨	5,003,469	1			

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnotemark$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Check if Schedule O contains a response or note to any line in this Part	Ι														.IV
--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	-----

Se	ection A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O									
b	b Enter the number of voting members included in line 1a, above, who are independent									
2	<ul> <li>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?</li> <li></li> <li>Did the organization delegate control over management duties customarily performed by or under the direct</li> </ul>									
3	3		No							
4	4		No							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo						
6	Did the organization have members or stockholders?	6	Yes							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No						
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	<b>No</b> No						
	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,		Yes							
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b								
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b								
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes							
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes							
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes							
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10b 11a 12a 12b	Yes Yes Yes							
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes							
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes							
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes							
b 11a b 12a c 13 14 15	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes							
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes							
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No						
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No						
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participation in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No						

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
  ►DAVID PLOTTS 1324 BELMONT AVENUE 401
  SALISBURY, MD 21804 (410) 742-9911

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

Check if Schedule O contains a response or note to any line in this Part VII  $\,\cdot\,\,$  .  $\,\cdot\,\,$ 

#### 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

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

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot ecto	not box h an	check , unle office ustee	ss er )	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Fornier	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) JAMES W ALMAND	1 00	х						0	0	0
DIRECTOR										
(2) DONALD K TAYLOR DIRECTOR	1 00	х						0	0	0
(3) THOMAS K COATES	1 00					$\vdash$	$\dashv$			
DIRECTOR	1 00	х						0	0	0
(4) JOHN J ALLEN	1 00						$\exists$			
VICE CHAIR		Х		Х				0	0	0
(5) JOHN P BARRETT	1 00									0
DIRECTOR		Х						0	0	0
(6) JANE R CORCORAN	1 00	Х						0	0	0
DIRECTOR										
(7) GREGORY TAWES	1 00	х						0	0	0
DIRECTOR (8) CHARLES G GOSLEE	1 00									
DIRECTOR		Х						0	0	0
(9) KATHLEEN G MCLAIN	1 00									
DIRECTOR		Х						0	0	0
(10) ERNEST R SATCHELL	1 00									
DIRECTOR		Х						0	0	0
(11) JULIUS D ZANT	1 00									
DIRECTOR		Х						0	0	0
(12) JAMES F MORRIS	1 00									
DIRECTOR		Х						0	0	0
(13) TODD E BURBAGE	1 00	v								_
DIRECTOR		Х						0	0	0
(14) SUSAN K PURNELL	1 00	\ <u>'</u>								0
DIRECTOR		Х						0	0	0
(15) LAUREN C TAYLOR	1 00	х						0	0	0
DIRECTOR								0		0
(16) JAMES R THOMAS JR	1 00	х		Х				0	0	0
SECRETARY		_ ^		L^				0	0	0
						ı T	1		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
(17) ANDY KIM	1 00	x						0	0	0

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

	<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	more pers and	than on is	one bot	not box h ar or/tr	officustee	ess er e)	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F Estim amount o compen from organiz	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	and rel	lated
(18)	OUIS H TAYLOR	1 00	х						0	0		0
DIREC	OAVID A VORHIS	1 00										
` '	SURER	1 00	×		х				0	0		0
	DWIGHT W MARSHALL JR	1 00										
DIREC	CTOR		X						0	0		0
(21)	STEPHANIE T WILLEY	1 00	х						0	0		
DIREC										0		
	MELODY S NELSON	1 00	×		х				0	o		0
(23) I	RMAN MICHAEL P TRUITT	1 00										
DIRE			x						0	0		0
	CAROLYN S JOHNSTON	1 00	V						0	0		
DIREC			Х						0	0		
(25)	DOUGLAS WILSON	40 00			Х				110,365	0		16,442
PRES	IDENT & CEO											
1b	Sub-Total		<u> </u>		<u></u>		<u> </u>					
c	Total from continuation sheets to Part						►					
d	Total (add lines 1b and 1c)		•				▶		110,365	0		16,442
2	Total number of individuals (including be \$100,000 of reportable compensation f				ed al	bove	e) who	rec	eived more than			
											Yes	No No
3	Did the organization list any <b>former</b> office				/ em	ploy	yee, o	r hıg	hest compensate	d employee		
	on line 1a? If "Yes," complete Schedule J	for such ındıvıa	ual .	•	•	•	•			3		No
4	For any individual listed on line 1a, is the organization and related organizations of individual									om the		No
5	Did any person listed on line 1a receive services rendered to the organization?									<u> </u>		No
	ection B. Independent Contracto	re										
1	Complete this table for your five highest compensation from the organization Re	t compensated									tax year	
		(A) usiness address							Description	(B) on of services	(C) Compen	
THE N	MASON COMPANIES 11130 SUNRISE VALLEY SUITE		)191						INVESTMENT SE		•	271,397
	Total number of independent contractors	(ıncludına but ı	not lim	ıted t	o th	ose	listed	dabo	ve) who received	more than		

\$100,000 of compensation from the organization  $\blacktriangleright$ 1

Part VIII		Statement o			ne in this Part VIII								
		Check If Schedi	ule O contains a respoi	nse or note to any li	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
v	1a	Federated cam	paigns 1a										
s, Grants Amounts	ь	Membership du	es <b>1b</b>										
Gra	c	Fundraising eve	ents <b>1c</b>										
ğΨ	d	Related organiz											
iia Bila		Government grants		20,000									
Contributions, Gifts, Grants and Other Similar Amounts	e			<u> </u>		ļ							
iệ a	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	5,230,395									
tributic Other	g		ons included in lines	354,238		İ							
Cont and	h	1a-1f \$  Total. Add lines	: 1a-1f		5,250,395								
<del>ة ت</del>		Total: Add lille:		· · · •	-,,								
Program Service Revenue	2a b c			Business Code									
er E	d												
S =	e												
∑ 	f	All other progra	am service revenue										
š	g	Total. Add lines	s 2a-2f	<u> ►</u>									
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest,	3,825,475			3,825,475					
	4		ar amounts) stment of tax-exempt bond		3,023,473			3,023,473					
	5			proceeds -									
		,	(ı) Real	(II) Personal									
	6a	Gross rents											
	ь	Less rental expenses											
	c	Rental income											
	d	or (loss) Net rental inco	me or (loss)										
			(ı) Securities	(II) Other									
	7a	Gross amount from sales of assets other than inventory	36,716,791										
	ь	Less cost or other basis and	37,066,988										
		sales expenses											
	c	Gain or (loss)	-350,197		250 107	350 107							
	d 8a		is)		-350,197	-350,197							
Other Revenue	J Gu	events (not inc \$	luding s reported on line 1c)										
č		·	a										
Ē.	b		penses b										
δ	C		(loss) from fundraising	events ▶-									
	9a	Gross income f See Part IV, lin	rom gaming activities ie 19										
	ь		penses b										
		Net income or ( Gross sales of returns and allo		vities									
	ь		a oods sold b										
	С		(loss) from sales of inv	entory									
		Miscellaneous		Business Code	470.04	470.04							
	l -	ADMINISTRAT		525920	179,244	179,244							
	Ь	SHARED FACI REIMBURSEM		532000	12,840	12,840							
	С		·										
	d	All other reven	ue										
	е	Total. Add lines	s 11a-11d	🕨	192,084								
	12	Total revenue.	See Instructions .	🖊	8,917,757	-158,113		3,825,475					
	1			1	0,21,13/	100,110	•	-1 2,023,773					

	,
Part IX	Statement of Functional Expenses
Section 50:	(c)(3) and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A)

5000	on 501(c)(3) and 501(c)(4) organizations must complete all columns All			lete column (A )	
	Check if Schedule O contains a response or note to any line in this	Part IX	 (B)	   (c)	<u> </u> (D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,868,854	4,868,854		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	110,364		55,182	55,182
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	351,495	94,532	211,182	45,781
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	26,440	5,553	16,628	4,259
9	Other employee benefits	67,694	10,343	48,131	9,220
10	Payroll taxes	33,446	7,232	18,490	7,724
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	21,210		21,210	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	12.762	6.027	7 726	
40	Schedule O)	13,763	6,027	7,736	
12	Advertising and promotion	45,328	2,600	42,728	
13	Office expenses	30,383	658	29,725	
14	Information technology	34,000	2,379	31,621	
15	Royalties	20.707	4.472	27.524	
16	Occupancy	28,707	1,173	27,534	
17	Travel	257	257		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	65,578	2,593	62,985	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,104		43,104	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES & SUBSCRIPTIONS	17,171	1,268	15,903	
b	DEVELOPMENT EVENTS	7,721		7,721	
c	SPONSORSHIP	3,925		3,925	
d	PAYROLL ADMINSTRATION	1,116		1,116	
e	All other expenses	1,179		1,179	
25	Total functional expenses. Add lines 1 through 24e	5,771,735	5,003,469	646,100	122,166
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Cash-mon-interest-bearing   Segment of Year   20.046   End of Year	Pai	rt X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 1,757,887 2 1,840,166 3 Pledges and grants receivable, net 4 208,330 4 Accounts receivable, net 4 208,330 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and injusted companies and employees. And project Companies Part II of Schedule I.  5 Loans and other receivables from other disqualified persons (as defined under section 4958(F(13)), persons described in section 4958(F(23)(8), and contributing employers and sponsoring organizations of section 501(F(13) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule I.  6 Values and loans receivable, net 2,580,230 7, 2,297,450 7 Notes and loans receivable, net 2,580,230 7, 2,297,450 8 Inventories for sale or use 7,168 10a Land, buildings, and equipment cost or other basis Complete Part II of Schedule I.  10b Load, buildings, and equipment cost or other basis Complete Part II of Schedule I.  10c Load, buildings, and equipment cost or other basis Complete Part II of Schedule I.  11c Investments—publicity traded securities 8 Part IV inte 11 1.  11c Interstments—publicity traded securities 8 Part IV inte 11 1.  11d Interstments—program-related See Part IV inte 11 1.  11d Interstments—program-related See Part IV inte 11 1.  11d Interstments—bereaus 1.  11d Int				(A)		
3   Pledges and grants receivable, net   3   3		1	Cash-non-interest-bearing	20,546	1	25,209
4 Accounts receivable, net		2	Savings and temporary cash investments	1,757,587	2	1,940,195
Solution and other receivables from current and former officers, directors, trustees, key schedule L   Solution		3	Pledges and grants receivable, net		3	
### Schedule L		4	Accounts receivable, net		4	258,360
100   1.00		5	employees, and highest compensated employees Complete Part II of		5	
9   Prepaid expenses and deferred charges   15,836   9   37,166	ts	6	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			
9   Prepaid expenses and deferred charges   15,836   9   37,166	8	_	Nickes and leave recovering make	2 590 239		2 207 450
9	₹.			2,360,238		2,291,430
10a				1E 936		27 166
11   Investments—publicly traded securities   83,079,445   11   99,959,940     12   Investments—publicly traded securities   83,079,445   11   99,959,940     13   Investments—program—related See Part IV, line 11   13     14   Intangible assets   14   15   15     15   Other assets See Part IV, line 11   15   15     16   Total assets Add lines 1 through 15 (must equal line 34)   88,723,928   16   105,809,840     18   Grants payable and accrued expenses   63,072   17   120,135     18   Grants payable   14,551   19   20,213     19   Deferred revenue   14,551   19   20,213     20   Tax—exempt bond liabilities   20     21   Escrow or custodial account liability Complete Part IV of Schedule D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22     23   Secured mortgages and notes payable to unrelated third parties   24     24   Unsecured notes and loans payable to unrelated third parties   24     25   Other liabilities (including federal income tax, payables to related third parties   24     26   Total liabilities Add lines 17 through 25   18,696,291   26   24,745,125     27   Total liabilities and included on lines 17-24) Complete Part X of Schedule   18,618,668   25   24,745,125     26   Total liabilities and included on lines 17-24   Complete Part X of Schedule   18,618,668   25   24,745,125     28   Temporarily restricted net assets   10,047,182   27   11,447,788     29   Permanently restricted net assets   13,096,268   28   21,336,425     29   Permanently restricted net assets   13,096,268   28   21,336,425     30   Capital stock or trust principal, or current funds   30     31   Paid-in or capital surplus, or land, building or equipment fund   31     32   Retained earnings, endowment, accumulated income, or other funds   32     33   Total inet assets or fund balances   70,027,635   33   80,924,367     34   Total inet assets or fund balances   70,027,635   33   80,9		-	Land, buildings, and equipment cost or other basis Complete	·	9	37,100
11   Investments—publicly traded securities   83,079,445   11   99,959,940     12   Investments—other securities   58   71   71     13   Investments—program-related   58   Part IV, line   11   13     14   Intangible assets   14   15     15   Other assets   58   Part IV, line   11   15     16   Total assets. Add lines   1 through   15 (must equal line   34)   88,723,926   16   105,809,840     18   Grants payable   63,072   17   120,135     18   Grants payable   18   18     19   Deferred revenue   14,551   19   20,213     20   Tax—exempt bond liabilities   20     21   Escrow or custodial account liability   Complete   Part IV of Schedule   D   21     22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons   Complete   Part II of Schedule   L   22     23   Secured mortgages and notes payable to unrelated third parties   23     24   Unsecured notes and loans payable to unrelated third parties   23     25   Other liabilities   (including federal income tax, payables to related third parties, and other liabilities   not included on lines 17-24   Complete   Part X of Schedule   D   24     27   Crotal liabilities. Add lines 17 through 25   18,698,699   26   24,895,473     28   Temporarily restricted net assets   10,047,182   27   11,447,788     29   Permanently restricted net assets   13,096,268   28   21,336,425     29   Permanently restricted net assets   46,884,185   29   49,140,154     20   Total liabilities   10 tot follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.     20   Total liabilities   10 tot follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.     20   Total liability   10 tot follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.     21   Total liabilities   10 tot follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.     22   Total liabilities   10 tot follow SFAS 117 (ASC 958), check here   and complete lines 30 through		h		1 270 274	100	1 291 520
12   Investments—other securities See Part IV, line 11   13   13   14   14   15   15   14   15   15   15		_		· ' '		
13			·	33,373,773		
14			·			
15			, <del>-</del>			
16						
17				88 723 926		105 800 840
18   Grants payable   18   18   19   Deferred revenue   14,551   19   20,213   20   Tax-exempt bond liabilities   20   21   20   22   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L   22   23   24   24   25   24   25   25   24,745,125   26   26   24,885,473   26   27   24,885,473   27   27   27   27   27   27   27		-				
19 Deferred revenue				00,072		120,100
Tax-exempt bond liabilities				14 551		20 213
21   Escrow or custodial account liability Complete Part IV of Schedule D				14,551		20,213
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L						
Unsecured notes and loans payable to unrelated third parties	200		Loans and other payables to current and former officers, directors, trustees,		21	
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	ङ्				22	
24 Unsecured notes and loans payable to unrelated third parties	ä	23				
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D						
D			Other liabilities (including federal income tax, payables to related third parties,			
Organizations that follow SFAS 117 (ASC 958), check here  and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets				18,618,668	25	24,745,125
lines 27 through 29, and lines 33 and 34.   27		26	Total liabilities. Add lines 17 through 25	18,696,291	26	24,885,473
30 Capital stock or trust principal, or current funds	ces		- · · · · · · · · · · · · · · · · · · ·			
30 Capital stock or trust principal, or current funds	g B	27	Unrestricted net assets	10,047,182	27	11,447,788
30 Capital stock or trust principal, or current funds	<u>8</u>	28	Temporarily restricted net assets	13,096,268	28	21,336,425
30 Capital stock or trust principal, or current funds	Ξ	29	Permanently restricted net assets	46,884,185	29	48,140,154
30 Capital stock or trust principal, or current funds	r Fur					
33 Total net assets or fund balances	<u>9</u>	30	Capital stock or trust principal, or current funds		30	
33 Total net assets or fund balances	Šet	31	Paid-in or capital surplus, or land, building or equipment fund		31	
33 Total net assets or fund balances	As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>34</b> Total liabilities and net assets/fund balances	<u>픃</u>	33	Total net assets or fund balances	70,027,635	33	80,924,367
	_	34	Total liabilities and net assets/fund balances	88,723,926	34	105,809,840

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
	Check in deficación de contains a response or note to any line in tins rate XI	 I I			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,9	917,757
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,7	771,735
3	Revenue less expenses Subtract line 2 from line 1	3		3,:	146,022
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		70,0	27,635
5	Net unrealized gains (losses) on investments	5		11,:	175,011
6	Donated services and use of facilities	6			
7	Investment expenses	7		2	207,033
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3,6	531,334
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		80,9	924,367
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	✓ Separate basis         Consolidated basis         □ Both consolidated and separate basis			1	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın		ii	
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?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493030005265

**Employer identification number** 

OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

section 509(a)(2)

following persons?

check this box

#### **Public Charity Status and Public Support**

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

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

COMM	1UNITY	FOUNDATION OF THE EASTERN SHORE INC	' '		
			52-1326014		
Pa	rt I	Reason for Public Charity Status (All organizations must complete this p	art.) See instructions.		
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one bo	x )		
1	Γ	A church, convention of churches, or association of churches described in section 170(b	)(1)(A)(i).		
2	Γ	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )			
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)	(A)(iii).		
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>sec</b> hospital's name, city, and state	tion 170(b)(1)(A)(iii). Enter the		
5	Γ	An organization operated for the benefit of a college or university owned or operated by a section 170(b)(1)(A)(iv). (Complete Part II)	governmental unit described in		
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1	)(A)(v).		
7	<u> </u>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II)			
8	<u> </u>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )			
9		An organization that normally receives (1) more than 331/3% of its support from contrib	utions, membership fees, and gross		
		receipts from activities related to its exempt functions—subject to certain exceptions, a	nd (2) no more than 331/3% of		
		its support from gross investment income and unrelated business taxable income (less s	section 511 tax) from businesses		
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Par	tIII)		
10	Γ	An organization organized and operated exclusively to test for public safety See section	509(a)(4).		
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the fundone or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated d Type	509(a)(2) See <b>section 509(a)(3).</b> Check gh 11h		
е	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization.	, ,		

	(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)

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

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

(i) Name of supported organization	(ii) EIN	(ii) EIN (iii) Type of organization (described on lines 1- 9 above or IRC section (see	organizati col (i) list your gove	(iv) Is the organization in col (i) listed in your governing document?		notify zation f your t?	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of monetary support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization,

Schedule A (Form 990 or 990-EZ) 2013 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 (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (f) Total

ou.	in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,658,431	2,330,082	3,263,735	4,742,431	5,250,395	19,245,074
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit						
	to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	3,658,431	2,330,082	3,263,735	4,742,431	5,250,395	19,245,074
5	The portion of total contributions by each person (other than a governmental unit or publicly						2 240 567
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,249,567
6	Public support. Subtract line 5 from line 4						16,995,507
	ection B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	<b>(f)</b> Total
7	A mounts from line 4	3,658,431	2,330,082	3,263,735	4,742,431	5,250,395	19,245,074
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,788,465	1,686,325	1,829,151	2,998,275	3,825,475	12,127,691
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	<b>Total support</b> (Add lines 7 through 10)						31,372,765
12	Gross receipts from related activities		•			12	
13	<b>First five years.</b> If the Form 990 is f this box and <b>stop here</b>	<u> </u>					
	ection C. Computation of Pub						
14	Public support percentage for 2013	(line 6, column (f)	divided by line	11, column (f))		14	54 170 %
15	Public support percentage for 2012	Cabadula A Dart	II lina 1.4			15	50 300 %

Public support percentage for 2012 Schedule A, Part II, line 14 15 15 59 300 %

33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization

33 1/3% support test - 2012. 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 - 2013. 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 - 2012. 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

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) 2013 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning	( ) 2000	(1) 2010	( ) 2011	(1) 2012	( ) 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	( <b>B)</b> 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	<b>(B)</b> 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2012	(5,232	
9	in)  A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	<b>(b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	( <b>b)</b> 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	( <b>b)</b> 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	( <b>b)</b> 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (	on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or  13, column (f)) <b>ge</b> by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

<b>Part IV Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test							
Retu	ırn Reference	Explanation						
		Schodulo A / Form 0	000 er 000 E7) 201					

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493030005265

#### OMB No 1545-0047

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

Naı CON	me of the organization MMUNITY FOUNDATION OF THE EASTER	RN SHORE INC			ntification number
Dar	t I_A Complete if the or	ganization is exempt under s	section 501/	52-1326014 c) or is a section <b>52</b>	
					, organization.
1 2		ganızatıon's dırect and ındırect politic	ai campaign act	IVITIES IN Part IV	
3	Political expenditures  Volunteer hours			•	\$
				-1/21	
		ganization is exempt under s			
1	•	e tax incurred by the organization und			\$
2		e tax incurred by organization manage		14955	\$
3		section 4955 tax, did it file Form 472	u for this year?		
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV	ganization is exempt under s	section FO1/	a) avecant socion F	01(a)(2)
	•		•	•	<u>.</u>
1		ended by the filing organization for sec	•		\$
2	exempt function activities	organization's funds contributed to oth	ier organizations	For section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	ind on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			┌ Yes ┌ No
5	organization made payments f amount of political contribution	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	amount paid fro rectly delivered	m the filing organization's to a separate political org	funds Also enter the anization, such as a
	(a) Name	(b) Address	<b>(c)</b> EIN	(d) A mount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ► If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- **B** Check ▶ ☐ If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	3,434	
c	Total lobbying expenditures (add lines 1a and 1b	o)	3,434	
d	Other exempt purpose expenditures		5,768,301	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	5,771,735	
f	Lobbying nontaxable amount Enter the amount f	438,587		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lin	e 1f)	109,647	
h	Subtract line 1g from line 1a If zero or less, ento	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-	0	
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 472	0 reporting	

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) Total beginning in) 438,587 Lobbying nontaxable amount 438,587 Lobbying ceiling amount 657,881 (150% of line 2a, column(e)) Total lobbying expenditures 3,434 3,434 Grassroots nontaxable amount 109,647 109,647 Grassroots ceiling amount 164,471 (150% of line 2d, column (e)) Grassroots lobbying expenditures

	Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).					
For e	r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri	ption of the lobbying	(8	a)	(1	b)
	tivity.		Yes	No	Amo	ount
1 a	legislation, including any attempt to influence public opinion on a legislative r through the use of					
b c	b Paid staff or management (include compensation in expenses reported on line	es 1c through 1ı)?				
d	d Mailings to members, legislators, or the public?					
e	e Publications, or published or broadcast statements?					
f	f Grants to other organizations for lobbying purposes?					
g	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati	ive body?				
h i		ımılar means?				
j	•			1		
2a	<b>.</b>	on 501(c)(3)?				
b						
C	, , , , , , , , , , , , , , , , , , , ,			İ		
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for	-				
Par	art III-A Complete if the organization is exempt under section 501(c)(6).	on 501(c)(4), section 5	01(c	)(5), c	or sect	ion
	301(0)(0).				Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by membe	rs?		Г	1	111
2					2	
3					3	
Pai	art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).	lude amounts of political	20			
a	•		2a			
b			2b 2c			
с 3		a saction 163(a) duas	3			
4						
•	does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?	•	4			
5	, , , , , , , , , , , , , , , , , , , ,		5			
P	Part IV Supplemental Information					
	Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line Part II-B, line 1 Also, complete this part for any additional information	e 5, Part II-A (affiliated grou	p lıst),	Part II	-A , line	2, and
	Return Reference Explanation					

201104410 0 (101111 330 01 330 12) 2013					
Part IV Supplemental Information	on <i>(continued)</i>				
Return Reference	Explanation				
l					

Schedule D (Form 990) 2013

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DLN: 93493030005265

OMB No 1545-0047

**SCHEDULE D** 

(Form 990)

Department of the Treasury

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

CITIC	an Neverlage October			Inspection
	me of the organization MMUNITY FOUNDATION OF THE EASTERN SHORE INC			loyer identification number
Pa	art I Organizations Maintaining Donor Ad			1326014 <b>or Accounts.</b> Complete if the
	organization answered "Yes" to Form 990 I	(a) Donor advised funds	T	(b) Funds and other accounts
L	Total number at end of year	115	+	(b) Fullus and Other accounts
2	Aggregate contributions to (during year)	802,695	+	
3	Aggregate grants from (during year)	1,287,485	+	
, 1	Aggregate value at end of year	18,768,607	+	
5		<u> </u>		uood
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	rganization's exclusive legal control?		✓ Yes
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
Рa	rt II Conservation Easements. Complete if	f the organization answered "Yes" to	Forn	
L 2	Purpose(s) of conservation easements held by the orgonered Preservation of land for public use (e.g., recreation Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held	ganization (check all that apply) n or education) Preservation of an l Preservation of a ce	histor ertifie	ically important land area d historic structure
	easement on the last day of the tax year	_		T
	Tabal assessment and a second a	-		Held at the End of the Year
а	Total number of conservation easements	-	2a	
Ь	Total acreage restricted by conservation easements	<del> </del>	2b	
C	Number of conservation easements on a certified hist	` ` _	2c	
d	Number of conservation easements included in (c) acc historic structure listed in the National Register	quired after 8/1 //06, and not on a	2d	
3	Number of conservation easements modified, transfer the tax year -	red, released, extinguished, or terminated	l by th	ne organization during
1	Number of states where property subject to conservat	tion easement is located ►	_	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, handl	ling of	Fviolations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easem	ents d	during the year
7	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easements	durın	g the year
3	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	ion 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financial s		
aı	rt IIII Organizations Maintaining Collection Complete if the organization answered "\	ns of Art, Historical Treasures, o Yes" to Form 990, Part IV, line 8.	r Ot	her Similar Assets.
la	If the organization elected, as permitted under SFAS is works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education, o	rrese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS is works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education, o		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>►</b> \$
2	If the organization received or held works of art, historical following amounts required to be reported under SFAS		finan	'
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,		<b>▶</b> \$
				· +

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	<u>llections of Art,</u>	His	<u>tori</u>	<u>cal Treasu</u>	res, or O	<u>ther</u>	Similar As	sets (c	ontınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, ch	ecka	any of the foll	owing that a	re a s	significant use	of its	
а	Public exhibition		d	Γ	Loan or exc	hange progr	ams			
b	Scholarly research		e	Γ	Other					
c	Preservation for future generations									
4	Provide a description of the organization's co Part XIII	ollections and explain	n hov	vthey	y further the c	organızatıon	's exe	mpt purpose ı	n	
5	During the year, did the organization solicit								<b>–</b>	
Dov	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the								Yes	☐ No
Pell	Part IV, line 9, or reported an an					i answered	ı ie	S to Fullil 9	90,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?					or other ass	ets no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	ollow	ıng t	able	_				
								Am	nount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					ļ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	on has been p	rovided in P	art X	III		
Pa	rt V Endowment Funds. Complete									
1.	Beginning of year balance	(a)Current year 79,236,840	(b)	Prior y	ear <b>b (c)</b> Tv 346,395	vo years back 71,136,113	( <b>d)</b> Th	57,580,392		49,826,073
1a b	Contributions	3,544,670			301,401	2,096,341		1,386,454		2,811,358
c	Net investment earnings, gains, and losses	3,5 ,6 / 6			, , , , , ,	2,030,011		2,555,151		
_		14,839,585			077,729	1,573,583		14,126,678		6,830,464
d	Grants or scholarships	2,587,661		2,4	188,685	2,312,476		1,957,411		1,887,503
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance	95,033,434		79,2	236,840	69,346,395		71,136,113		57,580,392
2	Provide the estimated percentage of the cur	rent year end balance	e (lın	e 1g,	column (a)) l	held as				
а	Board designated or quasi-endowment 🕨									
b	Permanent endowment ► 67 000 %									
c	Temporarily restricted endowment ► 33 (	000 %								
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posses	ssion of the organiza	tıon t	hat a	are held and a	dmınıstered	for t	he		
	organization by  (i) unrelated organizations							3a(	Yes	No No
	(ii) related organizations			•			•	3a(i		No
b	If "Yes" to 3a(II), are the related organization						٠. ٠	3b	_	<del>                                     </del>
4	Describe in Part XIII the intended uses of th	ne organization's end	owm	ent fu	ınds					<del>'</del>
Par	t VI Land, Buildings, and Equipme		ne oi	rgan	ızatıon ansv	vered 'Yes	to F	orm 990, Pa	rt IV, l	ine
	11a. See Form 990, Part X, line :  Description of property	10.			) Cost or other sis (investment)	(b)Cost or of basis (othe		(c) Accumulated depreciation	(d) Bo	ook value
	land.			+	<b></b>		-		+	
	Land				370,666			160.00	+	370,666
	Buildings		•	$\vdash$	1,025,903 44,337		+	160,081 25,438	+	865,822 18,899
	Equipment		•		164,229		+	128,096		36,133
	 O.th.a.u				104,229		+	120,090	1	30,133
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		, colu	mn (i	B), line 10(c).)	'	<del></del>		+	1,291,520
	. , , , ,	, ,		•				Schedule D	(Form 9	

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. Co	mplete if the organizatio	on answered 'Yes' to Form 990, Part IV, line 11
See Form 990, Part X, line 13.  (a) Description of investment	(b) Book value	(c) Method of valuation
(a) Description of investment	(b) Book value	Cost or end-of-year market value
Table (Caluma (b) and a good farm (000 Part V cal (D) has 12 )	•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990	
(a) Descrip		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	· · · · ·	
Part X Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
AGENCY ENDOWMENT FUNDS	24,605,351	
CHARITABLE REMAINDER UNITRUST BENEFIT OBLIGATION	17,737	
CHARITABLE GIFT ANNUITY OBLIGATION		
CHARTABLE SITT ANNOTH OBLIGATION	122,037	
Total (Column (h) sweet and Fam. 200 Dat V. 1/2) (1.25)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	24,745,125	

Par		<b>evenue per Audited Financial Sta</b> vered 'Yes' to Form 990, Part IV, line		nts Wit	h Reve	nue p	er R	<b>eturn</b> Complete If
1		r support per audited financial statements					1	16,129,072
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12						
а	Net unrealized gains on invest	ments	2a		11,17	5,011		
b	Donated services and use of fa	acilities	2b					
С	Recoveries of prior year grants	5	2c					
d	Other (Describe in Part XIII )		2d		-20	7,033		
e	Add lines <b>2a</b> through <b>2d</b> .		· · ·				2e	10,967,978
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	5,161,094
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line <b>1</b>						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a					
b	Other (Describe in Part XIII )		4b		3,75	6,663		
c	Add lines <b>4a</b> and <b>4b</b>						4c	3,756,663
5	Total revenue Add lines 3 and	<b>1 4c.</b> (This must equal Form 990, Part I, line	12)			•	5	8,917,757
Part		xpenses per Audited Financial Sta swered 'Yes' to Form 990, Part IV, lin			ith Exp	enses	per	Return. Complete
1	Total expenses and losses pe	r audited financial statements					1	5,232,340
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25						
а	Donated services and use of fa	acılıtıes	2a					
b	Prior year adjustments		2b					
c	Otherlosses		2c					
d	Other (Describe in Part XIII )		2d		- 1	2,840		
e	Add lines 2a through 2d						2e	-12,840
3	Subtract line ${f 2e}$ from line ${f 1}$ .						3	5,245,180
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:						
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIII )		4b		5 2	26,555		
c	Add lines <b>4a</b> and <b>4b</b>						4c	526,555
5	•	nd <b>4c.</b> (This must equal Form 990, Part I, li	ne 18 )				5	5,771,735
Part	Supplemental Inf	ormation						
Part		Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and						de any additional
	Return Reference	Explanation						
	XI, LINE 2D - OTHER STMENTS	MANAGEMENT FEES -207,033						
PART	XI, LINE 4B - OTHER STMENTS	CONTRIBUTIONS TO AGENCY FUNDS FUNDS 832,411 NET FACILITIES REIN				NT ACT	TIVIT	Y FOR AGENCY
	XII, LINE 2D - OTHER STMENTS	NET FACILITIES REIMBURSEMENT -12	2,840					
	XII, LINE 4B - OTHER STMENTS	GRANTS MADE TO AGENCY FUNDS 520	6,555					

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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OMB No 1545-0047

Schedule I Grants and Other Assistance to Organizations, (Form 990) 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 Open to Public Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization COMMUNITY FOUNDATION OF THE EASTERN SHORE INC 52-1326014 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes 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. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization section valuation non-cash assistance grant cash orassistance or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 100

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	2	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
(1) CASH ASSISTANCE FOR EDUCATIONAL PURPOSES		214	288,286		воок				
Part IV Supplemental Inf	formatio	<b>n.</b> Provide the infor	rmation required in P	art I, lıne 2, Part III,	column (b), and any other	additional information.			
Return Reference									

Return Reference

PART I, LINE 2

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

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 52-1326014

Name: COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS LOWER SHORE CHAPTER 1505 EMERSON AVENUE SALISBURY, MD 21801	53-0196605	501(C)3	8,500				HUMAN SERVICESHUMAN SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ALS ASSOCIATION - DCMDVA CHAPTER 7507 STANDISH PLACE ROCKVILLE,MD 20855	52-1749047	501(C)3	6,000				HUMAN SERVICES			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ART LEAGUE OF OCEAN CITY INC PO BOX 3503 OCEAN CITY,MD 218433503	52-1377610	501(C)3	28,721				ARTS AND CULTURE		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ASBURY UNITED METHODIST CHURCH 1401 CAMDEN AVENUE SALISBURY,MD 218017116	52-0607975	501(C)3	44,850				FAITH BASED PROGRAMS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ATLANTIC GENERAL HOSPITAL FOUNDATION 9733 HEALTHWAY DR BERLIN,MD 218111155	52-1656507	501(C)3	6,000				HEALTH PROGRAMS	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ATLAS ECONOMIC RESEARCH FOUNDATION 1201 L STREET NW WASHINGTON,DC 20005	94-2763845	501(C)3	7,650				ADVOCACYQUARTERLY DISTRIBUTION	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CFES INC CHARITABLE GIFT ANNUITIES 1E PRATT STREET 5TH FLOOR BALTIMORE,MD 21202	52-1326014	501(C)3	50,000				TO ESTABLISH CGA

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CARTER G WOODSON ELEMENTARY SCHOOL 281 WOODSON SCHOOL RD CRISFIELD,MD 21811	52-6001022	GOVT	5,445				EDUCATION	

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
BIG BROTHERS BIG SISTERS OF THE GREATER CHESAPEAKE INC 200 W MAIN STREET STE 300 SALISBURY, MD 218014907	52-0631265	501(C)3	9,568				YOUTH			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
BROWN BOX THEATRE PROJECT 10647 GRIFFIN ROAD BERLIN,MD 218113167	21-7193109	501(C)3	5,000				ARTS / CULTURE		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CAMPUS CRUSADE FOR CHRIST 100 LAKE HART DRIVE DEPT 2400 ORLANDO,FL 328320100	95-6006173	501(C)3	5,000				FAITH BASED PRO GRAMS		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 200015401	23-7432162	501(C)3	10,000				ADVOCACY		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHARITABLE FOUNDATION OF THE ROTARY CLUB OF WICOMICO COUNTY PO BOX 3621 SALISBURY, MD 218030910	26-1620308	501(C)3	10,000				SCHOLARSHIPS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CHESAPEAKE HOUSING MISSION 30754 FOX CHASE DR SALIBURY,MD 218042541	26-3435626	501(C)3	10,300				HUMAN SERVICES		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CHRISTIAN SHELTER INC 334 BARCLAY STREET SALISBURY, MD 218043754	52-1176287	501(C)3	12,350				HUMAN SERVICES			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COASTAL HOSPICE INC PO BOX 1733 SALISBURY,MD 218021733	52-1214775	501(C)3	63,821				HEALTH		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY PLAYERS OF SALISBURY INC PO BOX 2431 SALISBURY, MD 218022431	23-7063697	501(C)3	5,000				ARTS/CULTURE		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
CRICKET CENTER INC PO BOX 97 BERLIN,MD 21811	26-0177198	501(C)3	5,100				HUMAN SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DEL-MAR-VA COUNCIL BOY SCOUTS OF AMERICA 1320 BELMONT AVE STE 403A SALIBURY,MD 218044583	51-0065733	501(C)3	29,328				YOUTH		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DELMARVA ZOOLOGICAL SOCIETY INC PO BOX 4621 SALIBURY,MD 218034621	52-1773305	501(C)3	104,887				EDUCATION		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DIAKONIA INC 12747 OLD BRIDGE ROAD OCEAN CITY,MD 218429243	52-1381317	501(C)3	14,575				HUMAN SERVICES		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
EASTER SEALS DELAWARE & MARYLAND'S EASTERN SHORE 1336 BELMONT AVE STE 502 SALIBURY, MD 218044500	51-0066728	501(C)3	7,000				HUMAN SERVICES		

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CITY OF SALISBURY 125 N DIVISION ST RM 304 SALIBURY,MD 21801	52-6000806	GOVT	10,800				BANDSTAND MAINTENANCE, NEW DISPLAYS		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FAITH BAPTIST CHURCH 30505 DAGSBORO ROAD SALISBURY,MD 218042180	52-1100207	501(C)3	5,000				FAITH BASED PRO GRAMS		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRUITLAND COMMUNITY CENTER INC PO BOX 6699 FRUITLAND, MD 218260669	52-1884888	501(C)3	34,420				EDUCATION		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
DELMARVA EDUCATION FOUNDATION INC 31901 TRI-COUNTY WAY STE 118 SALISBURY,MD 21804	52-2209098	501(C)3	9,574				EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL INC 1346 BELMONT AVE STE 601 SALIBURY, MD 218044589	51-0064337	501(C)3	5,250				YOUTH		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HABITAT FOR HUMANITY WICOMICO COUNTY INC 908 W ISABELLA ST SALIBURY, MD 218014034	52-1522421	501(C)3	10,175				COMMUNITY DEVELOPMENT		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HAZEL FARM PROPERTY FOUNDATION INC 4419 COOPER ROAD EDEN,MD 218222149	20-1330518	501(C)3	100,000				CONSERVATION & HISTORIC PRESERVATION		

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
FRIENDS OF TEACKLE MANSION INC PO BOX 152 PRINCESS ANNE, MD 218530152	52-1956588	501(C)3	5,100				CONSERVATION & HISTORIC PRESERVATION		

-orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HUMANE SOCIETY OF WICOMICO COUNTY INC 5130 CITATION DRIVE SALISBURY, MD 218041552	23-7015204	501(C)3	17,804				ANIMAL WELFAREANIMAL WELFARE		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
KIDS OF HONOR INC 5236 SILVER RUN LANE SALIBURY, MD 218011277	20-0093383	501(C)3	35,150				YOUTH		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LIFE CRISIS CENTER INC PO BOX 387 SALISBURY,MD 218030387	52-1147731	501(C)3	42,098				HUMAN SERVICESHUMAN SERVICES			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LITTLE SISTERS OF JESUS AND MARY INC PO BOX 1755 SALISBURY, MD 218021755	52-0846802	501(C)3	15,000				HUMAN SERVICES		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LOWER SHORE LAND TRUST INC 9931 OLD OCEAN CITY BLVD BERLIN,MD 218111141	52-1701152	501(C)3	15,948				ENVIRONMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MAC INC 909 PROGRESS CIR STE 100 SALISBURY, MD 218042316	52-0992005	501(C)3	112,913				HUMAN SERVICES			

orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MAGI FUND INC 1210 ORCHARD CIR SALISBURY,MD 218016818	52-1903823	501(C)3	7,600				HUMAN SERVICES		

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MARYLAND CAPITAL ENTERPRISES INC PO BOX 213 SALIBURY,MD 218020213	52-2113016	501(C)3	5,000				COMMUNITY DEVELOPMENT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
MARYLAND FOOD BANK INC PO BOX 804 SALISBURY,MD 218030804	52-1135690	501(C)3	7,800				FOOD ASSISTANCE			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HELP AND OUTREACH POINT OF ENTRY INC HOPE PO BOX 5113 SALIBURY, MD 218025113	26-0756910	501(C)3	5,000				TRI-COUNTY HOMELESS		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOLLY GROVE CHRISTIAN SCHOOL 7317 MENNONITE CHURCH ROAD WESTOVER, MD 21871	52-1063203	501(C)3	7,000				REQUESTED DISTRIBUTION		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
HOPE AND LIFE OUTREACH INC 701 SNOW HILL ROAD SALISBURY, MD 218041937	26-1691517	501(C)3	38,908				HUMAN SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
JESSE KLUMP MEMORIAL FUND INC 10737 PINEY ISLAND DR BISHOPVILLE, MD 21813	26-4717647	501(C)3	5,700				YOUTH			

orm 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
JUNIOR ACHIEVEMENT OF THE EASTERN SHORE INC 200 W MAIN STREET SALIBURY, MD 21801	52-1461040	501(C)3	8,200				YOUTH		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARSON'S CEMETERY PO BOX 1718 SALISBURY,MD 218021718	52-0633414	501(C)3	20,000				REQUESTED DISBURSEMENT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PENINSULA REGIONAL MEDICAL CENTER FOUNDATION INC 100 E CARROLL ST SALISBURY,MD 218015422	52-1851935	501(C)3	95,400				HEALTH			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LIVING FAITH MINISTRIES INC PO BOX 588 FRUITLAND, MD 218260588	36-4643147	501(C)3	13,000				OCEAN CITY PROJECT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
LOWER SHORE ENTERPRISES INC PO BOX 1692 SALIBURY, MD 218021692	52-0857128	501(C)3	14,200				EDUCATION		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
MARYLAND COASTAL BAYS FOUNDATION INC 8219 STEPHEN DECATUR HIGHWAY BERLIN,MD 21811	52-2123356	501(C)3	81,118				ENVIRONMENT		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SALISBURY AREA CHAMBER OF COMMERCE INC PO BOX 510 SALISBURY,MD 218014921	52-0470790	501(C)6	14,000				COMMUNITY DEVELOPMENT			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALISBURY HORIZONS 6279 HOBBS ROAD SALISBURY,MD 218041417	52-0904771	501(C)3	28,630				EDUCATION		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALISBURY SCHOOL INC 6279 HOBBS ROAD SALISBURY, MD 218041417	52-0904771	501(C)3	34,186				EDUCATION		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALISBURY UNIVERSITY FOUNDATION INC PO BOX 2655 SALISBURY, MD 218022655	52-1127396	501(C)3	280,050				ARTS/CULTURE, EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTHWESTERN ELEMENTARY SCHOOL 9975 SHARPTOWN RD MARDELA SPRINGS, MD 21837	52-6001052	GOVT	6,025				EDUCATIONHUMAN SERVICES		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
OCEAN CITY BAPTISTS CHURCH CRISIS MINISTRY 12637B OCEAN GTWY OCEAN CITY,MD 21842	20-8856672	501(C)3	6,000				UTILITY AND PRECRIPTION ASSISTANCE			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OCEAN CITY DEVELOPMENT CORPORATION 108 DORCHESTER ST OCEAN CITY,MD 21842	20-2222484	501(C)3	5,000				COMMUNITY DEVELOPMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SALISBURY WICOMICO ARTS COUNCIL PO BOX 884 SALISBURY,MD 218030884	23-7006845	501(C)3	20,616				ARTS, CULTURE			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
OCEAN CITY LION'S CHARITIES INC PO BOX 238 OCEAN CITY,MD 218430238	38-3698991	501(C)3	10,000				HUMAN SERVICES		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALISBURY ZOO COMMISSION INC PO BOX 2979 SALISBURY,MD 218022979	52-1297264	501(C)3	300,900				EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SALVATION ARMY - SALISBURY CORPS 407 OAK STREET SALISBURY, MD 218045574	58-0660607	501(C)3	16,425				HUMAN SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PARKSIDE HIGH SCHOOL 1015 BEAGLIN PARK DRIVE SALISBURY,MD 218049311	52-6001052	GOVT	5,136				EDUCATION			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PECOMETH 136 BOOKERS WHARF ROAD CENTREVILLE,MD 216172453	51-6022490	501(C)3	11,000				YOUTH			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SETON CENTER PO BOX 401 PRINCESS ANNE,MD 218530401	51-0095439	501(C)3	6,875				HUMAN SERVICES		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
PRINCESS ANNE ELEMENTARY SCHOOL 11576 LANKFORD ST PRINCESS ANNE, MD 21853	52-6001022	501(C)3	5,550				EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
REASON FOUNDATION 5737 MESMER AVE LOS ANGELES, CA 902309313	95-3298239	501(C)3	10,000				HUMAN SERVICES		

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SALISBURY MIDDLE SCHOOL 607 MORRIS STREET SALIBURY,MD 218013100	52-6001052	GOVT	6,506				EDUCATION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST ANDREWS EPISCOPAL CHURCH 30513 WASHINGTON ST PRINCESS ANNE,MD 218531143	52-0786941	501(C)3	5,000				FAITH BASED PRO GRAMS			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SALISBURY NEIGHBORHOOD HOUSING SERVICE INC 540 RIVERSIDE DRIVE STE 18 SALISBURY,MD 21801		501(C)3	19,500				COMMUNITY DEVELOPMENT			

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SALISBURY SUBSTANCE ABUSE COMMUNITY CENTER INC 726 S SALISBURY BLVD STE E SALIBURY, MD 21801	52-1609890	501(C)3	13,417				HUMAN SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
STEPHEN DECATUR HIGH SCHOOL 9913 SEAHAWK RD BERLIN,MD 218113551	52-6001062	GOVT	17,100				EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SALISBURY UNIVERSITY OFFICE OF GRADUATE STUDIES AND RESEARCH HH 262A 1101 CAMDEN AVENUE SALISBURY,MD 21802	52-6002033	GOVT	5,000				COMMUNITY DEVELOPMENT			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SUSQUEHANNA UNIVERSITY 514 UNIVERISTY AVE SELINSGROVE, PA 178701025	23-1353385	501(C)3	5,000				GLOBAL OPPOTUNITIES PROGRAM			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
SHORE UP INC 520 SNOW HILL ROAD SALIBURY, MD 218046031	52-0886996	501(C)3	5,000				RENT ASSISTANCE		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF THE LOWER EASTERN SHORE INC 803 N SALISBURY BLVD STE 2100 SALISBURY,MD 21801	52-6016589	501(C)3	38,482				HUMAN SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOMERSET COUNTY LIBRARY SYSTEM 11767 BEECHWOOD ST PRINCESS ANNE, MD 21853	52-0853605	GOVT	15,000				CRISFIELD LIBRARY			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNIVERISTY OF MARYLAND EASTERN SHORE FOUNDATION INC 30665 STUDENT SERVICES CENTER PRINCESS ANNE, MD 218536057	52-1125663	501(C)3	7,350				EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VILLAGE OF HOPE INC PO BOX 2517 SALIBURY, MD 218022517	52-1631603	501(C)3	16,327				HUMAN SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WARD MUSEUM OF WILDFOWL ART 909 S SCHUMAKER DR SALIBURY,MD 218048722	23-7088071	501(C)3	112,330				ARTS/CULTURE			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WESLEY THEOLOGICAL SEMINARY OF THE METHODIST CHURCH 4500 MASSACHUSETTS AVE NW WASHINGTON, DC 200165632	53-0245887	501(C)3	21,514				FAITH BASED PRO GRAMS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WICOMICO FRIENDS OF RECREATION AND PARKS INC 500 GLEN AVE SALISBURY, MD 218045202	02-0614786	501(C)3	12,000				YOUTH			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WICOMICO PRESBYTERIAN CHURCH 129 BROAD STREET SALISBURY,MD 218014912	52-0650792	501(C)3	71,102				HUMAN SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WOR-WIC COMMUNITY COLLEGE FOUNDATION INC MTC 103 32000 CAMPUS DRIVE SALISBURY, MD 218041485	52-1264019	501(C)3	538,908				EDUCATION			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORCESTER COUNTY GOLDGIVING OTHER LIVES DIGNITY PO BOX 39 SNOW HILL, MD 218630039	52-2041906	501(C)3	8,538				HUMAN SERVICES			

form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WOR-WIC COMMUNITY COLLEGE MTC 101 32000 CAMPUS DRIVE SALIBURY,MD 218041485	52-1048147	GOVT	10,655				EDUCATION		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORCESTER COUNTY SHERIFF DEPARTMENT 1 W MARKET ST RM 1001 SNOW HILL, MD 218631192	52-6001064	GOVT	10,000				SANTA HOUSE			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
WORCESTER YOUTH & FAMILY COUNSELING SERVICES INC PO BOX 925 BERLIN,MD 218110925	52-1227987	501(C)3	5,000				SAGES PROGRAM, CASA			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
YMCA OF THE CHESAPEAKE INC 715 SOUTH SCHUMAKER DRIVE SALIBURY,MD 218023296	52-0646895	501(C)3	96,208				HUMAN SERVICES			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SOMERSET COUNTY LONG TERM RECOVERY COMMITTEE INC 384 W MAIN STREET PO BOX 68 CRISFIELD,MD 21817	46-2196813	501(C)3	10,000				BUILDING MATERIALS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ST JUDE CHILDRENS RESEARCH HOSPITAL INC ONE ST JUDE PLACE BLDG PO BOX 810 MEMPHIS,TN 381010810	62-0646012	501(C)3	10,000				YOUTH		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
ST GEORGE ORTHODOX CHURCH 8805 COASTAL HWY OCEAN CITY,MD 218422739	52-1401701	501(C)3	5,000				FAITH BASED PRO GRAMS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THE SALVATION ARMY OF NAPLES FLORIDA PO BOX 413005 NAPLES,FL 341013005	59-1631403	501(C)3	10,000				FOR LATCHKEY LEAGUE		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	cash	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
THREE LOWER COUNTIES COMMUNITY SERVICES INC 32033 BEAVER RUN DRIVE SALIBURY, MD 21804	52-1860379	501(C)3	5,000				HEALTH		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance		
TRI-COUNTY COUNCIL 31901 TRI-COUNTY WAY STE 201 SALISBURY,MD 21804	52-2340238	501(C)3	5,000				TRANSPORTATION		

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
TRINITY UNITED METHODIST CHURCH 112 HIGH STREET SALIBURY,MD 218014237	52-0713522	501(C)3	8,000				HUMAN SERVICES		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
VETERANS SUPPORT CENTERS OF AMERICA INC 22121 ROYAL OAK ROAD QUANTICO,MD 21856	14-1872454	501(C)3	59,500				HUMAN SERVICES	

Form 990,Schedule 1, Pa	rt II, Grants an	a Otner Assistance	e to Governments	and Organization	<u>s in the United Sta</u>	ites	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE HISTORICAL SOCIETY INC PO BOX 194 MARDELA SPRINGS, MD 218370194	52-1591937	501(C)3	9,800				CONSERVATION & HISTORIC PRESERVATION

Form 990,Schedule I, Pa	form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WICOMICO COUNTY BOARD OF EDUCATION PO BOX 1538 SALIBURY, MD 218021538	52-6001052	GOVT	11,250				EDUCATION		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WICOMICO COUNTY FREE LIBRARY INC 122-126 S DIVISION STREET SALIBURY, MD 21801	52-0658332	501(C)3	7,150				EDUCATION	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WOMEN SUPPORTING WOMEN INC 1320 BELMONT AVENUE STE 402 SALIBURY, MD 21804	52-1870971	501(C)3	7,650				HEALTH	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
WORCESTER COUNTY DEVELOPMENT CENTER INC PO BOX 70 NEWARK,MD 21841	23-7300625	501(C)3	5,000				HUMAN SERVICES	

Form 990,Schedule I, Pa	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
WORCESTER COUNTY HUMANE SOCIETY INC PO BOX 48 BERLIN,MD 218110048	52-1122738	501(C)3	21,663				HUMAN SERVICES		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493030005265

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**SCHEDULE M** 

(Form 990)

## ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

**Noncash Contributions** 

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public <u>Inspection</u>

ЮМІ	MUNITY FOUNDATION OF THE EASTERN S	SHORE INC			52-1	326014			
Pa	rt I Types of Property								
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	r	( <b>d</b> ) Method of de noncash contrib	etermi	_	ts
1	Art—Works of art								
2	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
	Securities—Publicly traded .	Х	20	354,238	FULL	STOCK PRICE	-SAL	.E	
	Securities—Closely held stock .			·					
11	Securities—Partnership, LLC, or trust interests								
12	Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
	Food inventory								
	Drugs and medical supplies .								
	Taxidermy								
	Historical artifacts								
	Scientific specimens								
	Archeological artifacts								
	Other ► ()								
	O ther ▶()								
	Other ►()								
	Other►( )								
29	Number of Forms 8283 received	by the orga	inization during the tax yea	r for contributions					
	for which the organization comple	eted Form 8	283, Part IV, Donee Acknowledge	owledgement	29				
						_		Yes	No
30a	During the year, did the organiza	ation receiv	e by contribution any prope	rty reported in Part I, lines	1 thr	ough 28, that			
	it must hold for at least three ye	ars from the	e date of the initial contribu	ition, and which is not requi	ired to	be used			
	for exempt purposes for the enti	re holding p	period?				30a		Νo
b	If "Yes," describe the arrangem	ent in Part 1	II						
31	Does the organization have a gif	ft acceptand	ce policy that requires the i	review of any non-standard	contr	ributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third parti	ies or related organizations	to solicit, process, or sell	nonca	ash			
					•	• •	32a	Yes	
	If "Yes," describe in Part II  If the organization did not report	t an amount	in column (c) for a type of	property for which column (	(a) is	checked			
33	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (	(a) ıs	checked,			

describe in Part II

	nether the organization is reporting in Part I, column (b), the number of contributions, the ceived, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
PART I. LINE 32B	PUBLICLY TRADED SECURITIES ARE SOLD BY MORGAN STANLEY SMITH BARNEY. LLC

Schedule M (Form 990) (2013)

OMB No 1545-0047

2013

Open to Public Inspection

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization COMMUNITY FOUNDATION OF THE EASTERN SHORE INC

Employer identification number

52-1326014

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	
FORM 990, PART III, LINE 1	THE COMMUNITY FOUNDATION OF THE EASTERN SHORE HAS BEEN SERVING THE EASTERN SHORE OF MARYLA
	ND COUNTIES OF SOMERSET, WICOMICO, AND WORCESTER FOR MORE THAN 30 YEARS THE MISSION OF TH
	E COMMUNITY FOUNDATION OF THE EASTERN SHORE IS TO ENCOURAGE PHILANTHROPY AND STRENGTHEN OU
	R COMMUNTIES THE FOUNDATION HAS MORE THAN 550 FUNDS PROVIDING DONORS WITH A WIDE VARIETY
	OF OPPORTUNITIES TO REALIZE THEIR CHARITABLE DREAMS AS WELL AS SUPPORT FOR VARIOUS NON- PRO
	FIT'S EDUCATIONAL INITIATIVES TO LEARN MORE ABOUT THE COMMUNITY FOUNDATION, LOG ON TO THE IR WEBSITE AT WWW CFES ORG "PHILANTHROPY IS CONTAGIOUS CATCH IT!"
FORM 990, PART VI, SECTION A, LINE 6	CORPORATE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7A	CORPORATE MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	CORPORATE MEMBERS ARE PAST BOARD MEMBERS AND APPROVE CHANGES IN BY LAWS, ARTICLES OF INCORP
7, 21142 7 2	ORATION, BOARD MEMBERSHIP, APPOINTMENT OF MEMBERSHIP COMMITTEE, AND APPROVAL OF AUDITOR
FORM 990, PART VI, SECTION B, LINE 11	THE 990 WAS REVIEWED BY MANAGEMENT, THE AUDIT COMMITTEE AND BY THE BOARD OF DIRECTORS PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY REQUIRED TO SIGN CONFLICT OF INTEREST AGREEMENT AND REQUIRED ANNUALLY TO DISCLOSE INTEREST THAT COULD RESULT IN CONFLICT
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD PER THE EXECUTIVE EVALUATION AND COMPENSATION POLICY AND PROCEDURES
FORM 990, PART VI, SECTION C, LINE 18	UPON REQUEST AND AT WWW CFES ORG/LEARN/FINANCIALS-ACCOUNTABILITY/
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST AND AT WWW CFES ORG/LEARN/FINANCIALS-ACCOUNTABILITY/
FORM 990, PART XI, LINE 9	ACTIVITY FOR AGENCY FUNDS NOT ON THE FINANCIAL STATEMENTS -3,631,334
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR