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EXTENSION GRANTED

Form **990-PF**

Return of Private Foundation ·

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs gov/form990pf.

Open to Public Inspection

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and ending		A Emplo	yer identification number	
Na	me of four	ndation			A Chipio	yer identificadori isamber	
т	ик и	HAZEL FARM PROPERTY FOUNDATIO	N		20-	-1330518	
		street (or P O box number if mail is not delivered to street address)		om/suite		one number (see instructions)	
		BELMONT AVENUE, STE 403E			410	-430-1455	
		state or province country, and ZIP or foreign postal code			C If exem	aption application is pending, cl	neck here
S	ALIS	SBURY MD 21804		_	O II EXEII	iption application is pending, or	ioux note
G	Check a	all that apply Initial return Initial retur	n of a former public cha	anty	D 1 For	eign organizations, check here	▶ ∐
		Final return Amended	return		2. For	eign organizations meeting the	
		Address change Name cha	nge		859	% test, check here and attach of	computation
H (Check to	ype of organization X Section 501(c)(3) exempt private	foundation		E If priva	te foundation status was termii	nated under
		~	e private foundation		section	507(b)(1)(A), check here	▶ []
		ket value of all assets at J Accounting method	X Cash Acc	uat	F If the fe	oundation is in a 60-month tem	nination
е	nd of ve	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B), check her	• ▶ <u></u>
	ne 16)		oe on cash basis)				
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(h) Not rou	aatmant	(a) Advested not	(d) Disbursements for chantable
<u> </u>		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inv		(c) Adjusted net income	purposes
,	т-	the amounts in column (a) (see instructions))		:			(cash basis only)
1	1	Contributions, gifts, grants, etc., received (attach schedule)	100,005				
	2	Check ► if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	105 250		05 250	105 250	
	4	Dividends and interest from securities	105,352	<u></u>	05,352	105,352	······································
	5a	Gross rents	7,200		7,200	7,200	
; <u>o</u>	b	Net rental income or (loss) 7,200					
Revenue	6a	. Net gain or (loss) from sale of assets not on line 10 STMT 1	-299,250				
ي پر	b	Gross sales price for all assets on line 6a 828,553			54 000		
" <u>~</u>	7	Capital gain net income (from Part IV, line 2)			54,978		
	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					••••••••••••
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) STMT 2	3,807			3,807	
_	12	Total. Add lines 1 through 11	-82,886		67,530	116,359	
w	13	Compensation of officers, directors, trustees, etc.	0				CT TOO
enses	14	Other employee salanes and wages EIVED	67,720				67,720
e	15	Pension plans, employee benefits	5,678			10 605	5,678
ΩX.		Legal fees (attach schedule) SEE SEME Accounting fees (attach schedule)	10,695			10,695	
ш	b	Accounting fees (attact) schedule)					
Ě	C	Other professional fees (attach schedule)					
tra	17	Interest OGDEM, UT	4 654	-			4 074
Operating and Administrative Ex	18	Taxes (attach schedule) (see instructions) STMT 4	4,874	 			4,874
Ë	19	Depreciation (attach schedule) and depletion	01 705	 			01 705
þ	20	Occupancy	91,725	 			91,725
ΨÞ	21	Travel, conferences, and meetings		 			
a D	22	Printing and publications	65.700		15 202	15 000	E0 E00
Þ	23	Other expenses (att sch) STMT 5	65,790	·	15,290	15,290	50,500
¥‡	24	Total operating and administrative expenses.	046 400		15 200	35 005	220 407
e		Add lines 13 through 23	246,482		15,290	25,985	220,497
Q C	25	Contributions, gifts, grants paid	046 433		15 000	05 005	220 423
_	26	Total expenses and disbursements. Add lines 24 and 25	246,482	 	15,290	25,985	220,497
	27	Subtract line 26 from line 12	200	1			
	a	Excess of revenue over expenses and disbursements	-329,368		FO 040		<u> </u>
	b	Net investment income (if negative, enter -0-)		1 1	52,240		
_	C	Adjusted net income (if negative, enter -0-)	<u> </u>	1		90,374	
Fo	Paper	Adjusted net income (if negative, enter -U-) work Reduction Act Notice, see instructions.	J			38	990-PF (2014

	Part I	Raladon Sharts Attached schedules and amounts in the description column	Beginning of year	End of	/ear
	rait i	Balarice Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Vatue	(c) Fair Market Value
	1	Cash – non-interest-bearing	6,276	12,644	12,644
	2	Savings and temporary cash investments	51,855	102,812	102,812
	3	Accounts receivable ▶ 4,260		-	
-		Less allowance for doubtful accounts ▶		4,260	4,260
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other	[
		disqualified persons (attach schedule) (see			
		instructions)			
	7	Other notes and loans receivable (att. schedule)			
ļ		Less: allowance for doubtful accounts ▶ 0			
Ω	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Asi	10a	Investments – U S and state government obligations (attach schedule)			
	b	Investments – corporate stock (attach schedule)			
	С	Investments – corporate bonds (attach schedule) SEE STMT 6	699,701	611,055	651,731
	11	Investments – land, buildings, and equipment basis			,
		Less accumulated depreciation (attach sch.) > STMT 7	692,787		
	12	Investments – mortgage loans			
	13	Investments – other (attach schedule) SEE STATEMENT 8	1,989,708	2,414,746	2,621,056
	14	Land, buildings, and equipment. basis ► 750, 959			
		Less accumulated depreciation (attach sch.) > STMT 9	750,959	750,959	750,959
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the			
		instructions. Also, see page 1, item I)	4,191,286	3,896,476	4,143,462
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ► SEE STATEMENT 10)	6,290	40,848	
	23	Total liabilities (add lines 17 through 22)	6,290	40,848	,
		Foundations that follow SFAS 117, check here			
Ś		and complete lines 24 through 26 and lines 30 and 31.			
ည	24	Unrestricted			
쿌	25	Temporanly restricted			
ä	26	Permanently restricted			,
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here	1		
Ē		and complete lines 27 through 31.			
2	27	Capital stock, trust principal, or current funds			•
á	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
ŞS	29	Retained earnings, accumulated income, endowment, or other funds	4,184,996	3,855,628	
귫	30	Total net assets or fund balances (see instructions)	4,184,996	3,855,628	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	4,191,286	3,896,476	
	Part l	II Analysis of Changes in Net Assets or Fund Balances			
		net assets or fund balances at beginning of year - Part II, column (a), line 30 (must	agree with		
		of-year figure reported on pnor year's return)		1	4,184,996
2		r amount from Part I, line 27a		2	-329,368
3	3 Othe	r increases not included in line 2 (itemize) ▶		3	
4		lines 1, 2, and 3		4	3,855,628
5		eases not included in line 2 (itemize)		5	
_6		net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b),	line 30	6	3,855,628
_				·	5 990 PE 1994

Form	990-PF (2014) THE HAZEL FARM PROPERTY FOUNDATION 20-1330518	·		Pa	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1				
	Date of ruling or determination letter 12/19/06 (attach copy of letter if necessary—see instructions)	1.			
b		1			
	here and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of	I			
	Part I, line 12, col (b)				
2		2			0
3		3			
4		4			<u> </u>
5		5			0
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b	Exempt foreign organizations – tax withheld at source 6b	I			
c	Tax paid with application for extension of time to file (Form 8868) 6c	1			
d	Backup withholding erroneously withheld 6d	1			
7		7			
8		8			
9		9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			
11		1			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			- 1	
	published or distributed by the foundation in connection with the activities.			I	
C	Did the foundation file Form 1120-POL for this year?		1c	,	<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
	(1) On the foundation > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1	
	on foundation managers > \$			ı	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities			1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1	.
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		
þ	if "Yes," has it filed a tax return on Form 990-T for this year?	M/W	4b 5		x
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		"		
6	If "Yes," attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
0	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	x	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	MD				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	•			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	x	L
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	•			
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses STMT 1	1	10	X	L
			Form 9	90-PF	(2014)

		RM PROPERTY FOUNDA		330518	·		P	age 6
Pá	art VII-B Statements Regardin	ng Activities for Which Form	4720 May Be Re	equired (conti	nued)		 ;	
5a	During the year did the foundation pay or it	ncur any amount to			_			
	(1) Carry on propaganda, or otherwise att	empt to influence legislation (section 4	1945(e))?	\ \ \\	∕es X No	- 1		
	(2) Influence the outcome of any specific	public election (see section 4955), or t	o carry on,	_	<u></u>			
	directly or indirectly, any voter registra			<u> </u>	∕es X No	.		
	(3) Provide a grant to an individual for trav			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	res 🗓 No	. 1		
	(4) Provide a grant to an organization other	er than a charitable, etc., organization	described in					
	section 4945(d)(4)(A)? (see instruction	ıs)		□ '	∕es X No			
	(5) Provide for any purpose other than rel		educational					
	purposes, or for the prevention of crue				∕es X No			
b	If any answer is "Yes" to 5a(1)-(5), did any			cribed in	37/3		i	
	Regulations section 53 4945 or in a curren	• •	,		N/A	5b		
	Organizations relying on a current notice re				▶□			
С	If the answer is "Yes" to question 5a(4), do		m the tax	N/A 🗍	, –, .			
	because it maintained expenditure respons	•		И/А 📋	∕es ∐ No			
	If "Yes," attach the statement required by F							
6a	Did the foundation, during the year, receive	any funds, directly or indirectly, to pa	y premiums	п,	res 🗓 No			
_	on a personal benefit contract?	omuma disaethi as indisaethi an a nai	anal hanafit anntrast	. —	res X No	6.	1	х
D	Did the foundation, during the year, pay priff "Yes" to 6b, file Form 8870	emidins, directly or indirectly, on a per	sonai beneni contract	•		6b		
7-	At any time during the tax year, was the fo	undation a party to a prohibited tay sh	elter transaction?		res X No			
	If "Yes," did the foundation receive any pro	• • •		_	N/A	7b	1	Ī
	······································	icers, Directors, Trustees, F						L
(*	and Contractors		oanaanon mana	.go.o,g, .	ala Employo	,		
1 1	List all officers, directors, trustees, found	dation managers and their compen	sation (see instructi	ons).				
		<u>, , , , , , , , , , , , , , , , , , , </u>			(d) Contributions to			
	(a) Name and so	ddress	(b) Title, and average hours per week	(c) Compensation (if not paid,	employee benefit		pense ac	
			devoted to position	enter -0-)	plans and deferred compensation	Oule	r allowa	nces
CC	DLLEEN HAZEL	PARSONSBURG	DIRECTOR					
31	594 FRED ADKINS RD	MD 21849	5.00	0	0			0
JC	SEPH J PEARCE	OCEAN CITY	TREASURER					
39	005 ATLANTIC AVE	MD 21842	1.00	0	0			0
MC	ORGAN HAZEL	HEBRON	DIRECTOR					
27	135 E LILLIAN ST	MD 21830	5.00	0	0	L		0
			İ					
			1	<u> </u>	<u> </u>			
2	Compensation of five highest-paid emp	oloyees (other than those included	on line 1 – see instr	uctions). If none,	enter			
	"NONE."	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u></u>	·			
			(b) Title, and average		(d) Contributions to employee benefit	(a) Ev	pense ad	····
	(a) Name and address of each employee pa	id more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowa	
					compensation	!		
NC	DNE							
								
			-	1		1		
			-	-		\vdash		
			}			1		
			-	 		 		
						 		
				1	İ			
Tota	Il number of other employees paid over \$50,	000	<u> </u>	L	l	<u></u>	\top	0
oud	in number of other employees paid over \$50.	000			_ 	<u></u>	10 Bi	F (2014)
					F	om Jü	/U-L1	(2014)

Form 990-PF (2014) THE HAZEL FARM PROPERTY FOUNDATION 20-1330518		Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Em	ploye	es,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."		·
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
	-+	
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1 SEE STATEMENT 12		
		220,495
THE FOUNDATION OFFERS ITS FACILITIES TO TEACHERS AND		
SCHOOLS FOR FIELD TRIPS AND OUTDOOR CLASSROOMS.		
BOY SCOUT TROOPS HELD CAMP OUTS AND GIRL SCOUT TROOPS HELD	├──	-
CAMP OUTINGS		
CAME COLLINGS		
OTHER ACTIVITIES INCLUDED USE BY CHILDREN WITH THE FAMILY		
YOUTH CENTER AND KIDS OF HONOR. THERE IS ALSO A "LOOP" FOR		
CYCLISTS THAT RUNS THROUGH THE PROPERTY.	<u> </u>	
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	 	Amount
1 N/A		
	ļ	
2	 	
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

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

Program-related investments — total from Part IX-B

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

Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income
Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2014)

EASTERN SHORE OF MARYLAND DELAWARE AND VIRGINIA

Part XV Supplementary Information (co.	ntinued)		•	
3 Grants and Contributions Paid During the	Year or Approved for Fu	ıture Payment		
Recipient	tf recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	CONTIDUION	
a Paid during the year				
N/A				
			1	
			,	
			1	
			1	
			1	
			1	
-				
			1	
			1	
		1		
			1	
		<u> </u>	<u> </u>	·
Total		T	> 3a	
b Approved for future payment				
N/A				
		1		•
			1	
			1	
]	
			1	
			1	
j			1	
Total		L	▶ 3b	
i Otal			⇒ 3h l	

Part XVI-A		1		1		
Enter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program se	rvice revenue					
		-				
		-				
		-				
				<u> </u>		
e		-				
f		-		-		
-	nd contracts from government agencies			 		
	dues and assessments					
	savings and temporary cash investments			14	105,352	
	nd interest from securities			1	103,332	····
	come or (loss) from real estate	<u> </u>			·	
	anced property t-financed property			16	7,200	
	n-imanced property scome or (loss) from personal property			1-0-	7,200	
7 Other invest				1		
	s) from sales of assets other than inventory			14	54,978	-354,228
•	or (loss) from special events			+	33,313	
	or (loss) from sales of inventory			-		
11 Other reven						
	ER SALE					3,807
е						
12 Subtotal Ac	ld columns (b), (d), and (e)		(0	167,530	-350,421
	ine 12, columns (b), (d), and (e)				13	-182,891
	in line 13 instructions to verify calculations)					
Part XVI-B	Relationship of Activities to the A	ccomplishm	ent of Exempt P	urposes	5	
Line No.	Explain below how each activity for which income					
N/A	accomplishment of the foundation's exempt purpo	ses (other than t	by providing lunds for s	such purp	uses). (See instructions	· <u>)</u>
N/A						
·				· · ·	· · · · · · · · · · · · · · · · · · ·	
			 -			
		. <u> </u>				
					· · · · · · · · · · · · · · · · · ·	
					<u> </u>	

	(2014) THE HAZEI					30518			Pag	ge 13
Part XVII	Information Regardate Exempt Organization	_	ansfers To and	Transaction	is and Relation	ships With	n Noncharitable	!		
1 Did the	organization directly or indi		e in any of the follow	ing with any other	er organization descr	 ibed			Yes	No
	on 501(c) of the Code (other		*	•	=					
organiza	ations?									,
a Transfe	rs from the reporting founda	ation to a nor	ncharitable exempt o	organization of						
(1) Cas	sh							1a(1)		<u> </u>
• •	er assets							1a(2)		X
b Other tr										.
• •	es of assets to a noncharita		-					1b(1)		X
	chases of assets from a no ntal of facilities, equipment,							1b(2) 1b(3)		X
, ,	mbursement arrangements		515					1b(4)		X
, ,	ans or loan guarantees							1b(5)		X
• •	formance of services or me	mbership or	fundraising solicitat	ions				1b(6)		х
• •	of facilities, equipment, ma		_					1c		Х
d If the ar	nswer to any of the above is	"Yes," comp	olete the following so	chedule Column	(b) should always sl	now the fair m	arket			
	f the goods, other assets, o	_								
value in	any transaction or sharing	arrangement	t, show in column (c	l) the value of the	e goods, other asset	s, or services	received			
(a) Line no	(b) Amount involved	(c) Nan	ne of nonchantable exemp	t organization	(d) Descripti	on of transfers, tra	ansactions, and sharing air	angemen	ts	
N/A		<u> </u>					.			
		 							-	
										
		<u> </u>								
		· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
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20 le the fe	Lundation disastly or indisast	the offiliated is	ath or rolated to on	a or more tay o	compt organizations					
	oundation directly or indirect ed in section 501(c) of the (-						П v.	. X	No
	" complete the following sch	•	nan seellen se i(e)(of in section .	J271			··	.5 [==	
<u> </u>	(a) Name of organization		(b) Type of o	rganization		(c) Descrip	tion of relationship			
N/A										
				,						
1 11-4	er penalties of penury, I declare the	at I have averse	and the natural including a		Idea and statements, and	to the best of my	knowledge and bakeful at			
	ect, and complete Declaration of p									
6:							May the IRS disc with the preparer			
Sign Here					1 1		(see instructions)		Yes [No
Liete	A PL.	2004	24-	1 9	136/5-	\ \ \ \ (1 \rightarrow \)	20.7.			
	Signature of officer or trustee	<u> </u>		Date	/-/-	Title	ALLO WILLE AC			
Р	nnt/Type preparer's name)		Preparer's signatur	re		Date		C	\Box
	. ,			12-		L			Check self-em	ıfif ∩ployed
Paid	GINA MONTAGNA			Soma!	Mala	no of	AUG 3	2015		
Preparer F	ım's name ► FAW,		1 & CO., L	(L)P			PTIN			
Use Only F	rm's address ▶ 9748		EN DECATUR		E 103		Firm's EIN ▶			
	OCEAI	V CITY	<u>, MD 2184</u>	2-9358	····		Phone no 410	-21	<u>3-8</u>	700

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2014

THE HAZEL FARM PROPERTY FOUNDATION 20-1330518 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions \$ totaling \$5,000 or more during the year Caution, An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization-

THE HAZEL FARM PROPERTY FOUNDATION

Employer identification number 20-1330518

Part I	Contributors (see instructions) Use duplicate copies of Pa	rt I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMMUNITY FOUNDATION OF THE EASTERN SHORE - HAZEL FUND 1324 BELMONT AVENUE SUITE 401 SALISBURY MD 21804	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for rioncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

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

a C	Description		How				•
מ	Secretarion		עפרפועפת				
Whom	Date	Date	Sale				Net
Sold	Acquired	Sold	Price	Cost	Expense	Depreciation	Gain / Loss
BLACKROCK EQUITY DIV A	А		PURCHASE				
	7/08/13	2/11/14 \$	104,904 \$	98,040 \$		ςς.	\$ 6,864
COLUMBIA DIVIDEND INCOME CL A	COME CL A		PURCHASE				
	7/03/13	2/11/14	106,350	100,000			6,350
GEN ELEC CAP CORP 6/4/14 5.5%	4/14 5.5%		PURCHASE				-
	4/01/09	6/04/14	92,000	88,716			3,284
PIMCO GLOBAL ADVANTAGES STRGT	GES STRGT		PURCHASE				•
	4/10/12	9/30/14	130,321	131,324			-1,003
HOUSE AND LAND			DONATION				-
	80/08/9	6/30/08 10/03/14	340,000	686,888	22,835		-369,723
TOTAL		φ 	773,575 \$	1,104,968 \$	22,835	0 \$	\$ -354,228

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Reve	evenue per Books	Net Investment Income	Adj	djusted Net Income
TIMBER SALE	ς.	3,807	\$	ς	3,807
TOTAL	\$	3,807	\$	\$	3,807

Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Charitable Purpose	\$	٥ «
Adjusted Net	\$ 10,695	\$ 10,695
Net Investment	\$	\$
Total	\$ 10,695	\$ 10,695
Description	LEGAL & ACCOUNTING	TOTAL

		Charitable Purpose	\$ 4,874		Charitable Purpose	<u>~</u>	1,263 9,108 1,512 15,455 7,270 15,787	\$ 50,500		Fair Market Value	\$ 106,376 100,286 110,730 91,158 99,178 76,400 67,603 \$ 651,731		
	Si	Adjusted Net	\$ \$	<u>sesuec</u>	Adjusted Net	\$	15,290	\$ 15,290	d Investments	Basis of Valuation	COST COST COST COST COST COST		
Statements	F, Part I, Line 18 - Taxes	Net Investment	w w	rm 990-PF, Part I, Line 23 - Other Expenses	Net Investment	\$	15,290	\$ 15,290	Line 10c - Corporate Bond Investments	End of Year	\$ 104,770 98,928 88,958 95,577 92,376 70,507 59,939 \$ 611,055		
Federal Sta	Statement 4 - Form 990-PF,	Fotal \$ 4,874 \$ 4,874	Total 4,87 4,87	Total 4,87 4,87	<u>P</u>	Total	<u>٠</u>	15,290 1,263 9,108 1,512 15,455 7,270	\$ 65,790	- Form 990-PF, Part II, Lir	Beginning of Year	\$ 104,700 98,928 88,958 88,716 95,577 92,376 70,507 59,939	
20-1330518	Sta	Description	PROPERTY TAXES TOTAL	Statement 5	Description		EXPENSES INVESTMENT FEES PROGRAM EXPENSE INSURANCE WEB SITE HEALTH INSURANCE TCC ADMIN FEE FACILITIES REPAIR & MAINT	TOTAL	Statement 6 - Fo	Description	BARCLAYS BK PLC CATERPILLAR FNL GEN ELEC CAP CP 5.4% GEN ELEC CAP CP 5.5% HSBC FINANCE CRP PEPSI COLA PFIZER INC WAL-MART TOTAL		

Statement 7 - Form 990-PF, Part II, Line 11 - Land, Building, and Equipment Investments

Net FMV	٠ د	w
End Accumulated Depreciation	ഗ	8
End Cost / Basis	0	0
ပို	က	ς, M
Beginning Net Book	692,787	692,787
" -	ၯ	ς, l
Description	LAND, BUILDINGS, ETC	TOTAL

Statement 8 - Form 990-PF, Part II, Line 13 - Other Investments

ket	,338	-	,021	, 51					, 790	39			,84	,830	, 10	90'	, 13	, 68	, 17	, 33	, 25	, 80	,056
Fair Market Value	\$ 168)	153	ω					223	\sim			0	214	$^{\prime\prime}$								\$ 2,621
Basis of Valuation	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COST	COSI	COST	COST	COST	COST	COST	COST	COST	COST	
End of Year	100,050	†) †)	153,206	62,37						00,00			00'0	200,000	9,85	6,30	0,32	00'0	6,30	9,40	3,25	, 13	2,414,746
Beginning of Year	\$ 100,050 \$	F () . F ()	53,20	278,171	55,83				00'0	00,00	8,04	00'00	00'0	00	9,85								\$ 1,989,708
Description	VANGUARD UTILITIES	BLACKROCK INFLATION	DOUBLELINE TTL RETURN	LOOMIS SAYLES BD FD	PIMCO GLOBAL ADVANTAGE	OTAL F	T ROWE PRICE ST	VANGUARD TIL BD MKT	AMERICAN FD BALANCED FD	AMERICAN FD INCOME FUND	BLACKROCK EQTY DIV	COLUMBIA DIVIDEND INCOME	FIRST EAGLE GLOBAL FUND	THORNBURG INVT INCOME	VANGUARD CONSUMR STAPLES	PIMCO SHORT TERM CL D	PRUDENTIAL GLOBAL TOTAL	THOMPSON BOND FUND	WEITZ SHORT INTERMEDIATE	AMERICAN BEACON BALANCED	SUNAMERICA FOCUSED DIV	GUGGENHEIM EXCH TRD FD	TOTAL

		Net FMV	750,959	750,959
			ψ	န ျ
	ment	End Accumulated Depreciation		0
	and Equip	End Ad Dep	ഗ	S
nts	nd, Building, a	End Cost / Basis	750,959	750,959
teme	14 - La	O	φ.	တ
Federal Statements	PF, Part II, Line 14 - Land, Building, and Equipmen	Beginning Net Book	750,959	750,959
	990-PF	ш -	თ	တ
20-1330518	Statement 9 - Form 990-	Description	CONTRIBUTED PROPERTY USED IN EXEMPT	TOTAL
20-13			CONTR	

20-1330518

Federal Statements

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	eginning of Year	 End of Year
PAYROLL TAXES ACCOUNTS PAYABLE	\$ 6,290	\$ 17,800 23,048
TOTAL	\$ 6,290	\$ 40,848

Federal Statements

Statement 12 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

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

Name of Manager	Amount
COLLEEN HAZEL CONTRIBUTED PROPERTY IN A PRIOR YEAR	\$
TOTAL	\$0
Form 990-PF, Part XV, Line 2b - Application Format	and Required Contents
Description	
WRITTEN	
Form 990-PF, Part XV, Line 2c - Submissi	on Deadlines
Description	
NONE	
Form 990-PF, Part XV, Line 2d - Award Restrict	ions or Limitations
Description	

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

• If you a	re filing for an Automatic 3-Month Extension, our filing for an Additional (Not Automatic) 3-Month of the Part II unless you have already been g	nth Extens	sion, complete only	Part II (on page 2 of t	his fo	rm).			
Electror a corpor 8868 to Return f	tic filing (e-file). You can electronically file Form ation required to file Form 990-T), or an additionarequest an extension of time to file any of the for Transfers Associated With Certain Personal ons). For more details on the electronic filing of the	8868 if you al (not auto orms listed Benefit C is form, vis	need a 3-month au matic) 3-month extern in Part I or Part II ontracts, which mu it www.irs.gov/efile	atomatic extension of the consion of time. You can with the exception of list be sent to the IRS and click on e-file for Consideration.	ime to elec Form S in	o file (tronic 8870 paper	(6 months for ally file Form), Information format (see		
Part I	Automatic 3-Month Extension of Time	. Only sub	mit original (no co	pies needed).					
A corpo	ration required to file Form 990-T and requestly	sting an a	utomatic 6-month	extension—check this			▶ 🗆		
	corporations (including 1120-C filers), partnersh come tax returns.	ips, neiviic	s, and trusts must t	Enter filer's identifying					
	Name of exempt organization or other filer, see in	etructione		Employer identification r					
Type or			TUIO	• •	iai iibc	. (,	, 0.		
print	THE HAZEL FARM PROPERTY FOUL			20-1330518	0011				
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ictions.	Social security number (SSN)				
due date f	or 1320 BELMONT AVENUE, SUITE 4	403E							
filing your return. See Instruction		r a foreign ac	dress, see instruction	s.					
Enter th	e Return code for the return that this application i	is for (file a	separate application	n for each return) .			. 04		
Application Is For			Application Is For	• •			Return Code		
Form 9	90 or Form 990-EZ	01	Form 990-T (corpo	Form 990-T (corporation)			07		
Form 9		02	Form 1041-A	orm 1041-A			08		
	720 (individual)	03	Form 4720 (other t	han individual)			09		
Form 9		04	Form 5227		***		10		
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
	90-T (trust other than above)	06	Form 8870	12					
	poks are in the care of ► JOSEPH J. PEAR		10,110070						
	none No. ► <u>(410) 430–1455</u>		ax No. ►				_		
If this	organization does not have an office or place of t is for a Group Return, enter the organization's fo	ur digit Gro	up Exemption Num	ber (GEN)		lf	this is		
	whole group, check this box ▶ ☐ l If the names and EINs of all members the extens		t of the group, chec	k this box	▶ [] and	attach		
!	request an automatic 3-month (6 months for a cuntil AUGUST 17, 20, 15, to file the exert for the organization's return for: Calendar year 20, 14, or					The e	extension is		
	► 🗆 tax year beginning, 20, and ending, 20								
i	If the tax year entered in line 1 is for less than 12 Change in accounting period				n ——				
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
	nonrefundable credits. See instructions.				3a	\$	0.00		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$									
С	Balance due. Subtract line 3b from line 3a. Inclu EFTPS (Electronic Federal Tax Payment System)	de your pa	yment with this form		3c		0.00		
	. If you are going to make an electronic funds withdraw			8, see Form 8453-EO and	•				

Form 886	8 (Rev. 1-2014)			•		Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only	Part II and check this	s box	▶ 🚺		
	Only complete Part II if you have already been gran are filing for an Automatic 3-Month Extension, o				filed Form 88	368.		
Part I					es needed).			
	<u> </u>			Enter filer's identifying				
Type or	Name of exempt organization or other filer, see in		1	Employer identification	number (EIN) c	or		
print	THE HAZEL FARM PROPERTY FOUN			20-1330518				
File by the	Number, street, and room or suite no. If a P.O. bo	Social security number	(SSN)					
due date	for 1320 BELMONT AVENUE, SUITE 4							
filing your return. Se	e Oity, town or post office, state, and zin oode 10							
instructions. SALISBURY, MD 21804								
Enter th	e Return code for the return that this application i	s for (file a		for each return) .		. 04		
Applic	ation	Return	Application			Return		
Is For		Code	Is For		·	Code		
	990 or Form 990-EZ	01		是自然的特殊				
	990-BL	02	Form 1041-A			08		
	1720 (individual)	03	Form 4720 (other the	an individual)		09		
	990-PF	04	Form 5227			10		
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form S	990-T (trust other than above)	06	Form 8870			12		
Telep • If the • If this for the vist with 4 5 6	ooks are in the care of ► JOSEPH J. PEARC hone No. ► (410) 430–1455 organization does not have an office or place of b is for a Group Return, enter the organization's found whole group, check this box ►	Fax Nusiness in ur digit Grootitis for par is for. until mg months, ch	up Exemption Numbe t of the group, check NOVEM , 20 eck reason:	er (GEN) this box	If the last of the las	nis is ttach a		
	If this application is for Forms 990-BL, 990-PF, 99 nonrefundable credits. See instructions.	ю-т, 4720,	or 6069, enter the ter	ntative tax, less any	8a \$	0.00		
	If this application is for Forms 990-PF, 990-T, estimated tax payments made. Include any pricamount paid previously with Form 8868.	or year ove	erpayment allowed as	s a credit and any	8b \$	0.00		
	Balance due. Subtract line 8b from line 8a. Include y (Electronic Federal Tax Payment System). See instruc		it with this form, if requi	ired, by using EFTPS	8c \$	0.00		
	Signature and Verifica	ition mus	t be completed for	r Part II only.				
	penalties of perjury, I declare that I have examined the lige and belief, it is true, correct, and complete, and that	I am authon	zed to prepare this form			•		
Signature	They we subdiffee	Title ▶	CPA	Da		06/15		
					Form 886	8 (Rev. 1-2014)		