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. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

Open to Public Inspection

, 2014, and ending For the 2014 calendar year, or tax year beginning D Employer identification number Check if applicable: Community Foundation of Southern Marylan Address change 84-1701434 P. O. Box 716 Telephone number Name change Charlotte Hall, MD 20622 Initial return (240) - 670 - 4483Final return/terminated **G** Gross receipts \$ Amended return 699,837. H(a) Is this a group return for subordinates **F** Name and address of principal officer: Application pending Yes **H(b)** Are all subordinates included? If 'No,' attach a list. (see instructions) Yes Same As C Above Tax-exempt status X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or 527 Website: ► N/A H(c) Group exemption number ► X Corporation Other ► L Year of formation: 2005 Form of organization: Trust Association M State of legal domicile: MD Part I Summary Briefly describe the organization's mission or most significant activities: It is the mission of the Community Foundation of Southern Maryland to enhance the quality of life for the community Governance of Southern Maryland by aligning philanthropic interests with community needs through stewardship, collaboration, and charitable giving. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 3 જ Number of independent voting members of the governing body (Part VI, line 1b)... 8 Total number of individuals employed in calendar year 2014 (Part V, line 2a)..... 5 Total number of volunteers (estimate if necessary)..... 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T. line 34. 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h)..... $\overline{12}3,459$ 143,909. Program service revenue (Part VIII, line 2g) $83,5\overline{61}$ 34,867. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)...... 23,740. 59,966. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 177,998. 11 6,008. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 408,758 244,750. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... 93,585 89,713. Benefits paid to or for members (Part IX, column (A), line 4)..... Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 55,868 62,023. **16a** Professional fundraising fees (Part IX, column (A), line 11e)..... **b** Total fundraising expenses (Part IX, column (D), line 25) ► 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 112,354 84,411. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)...... 236,147. 261,807. Revenue less expenses. Subtract line 18 from line 12..... 146,951. 8,603. **Beginning of Current Year** End of Year Total assets (Part X, line 16)..... 150,425 1,173,053 Total liabilities (Part X, line 26)..... 21 41,075 43,192. 22 Net assets or fund balances. Subtract line 21 from line 20..... 1,109,350 1,129,861. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Here Gretchen Heinze Hardman Executive Director Type or print name and title. Print/Type preparer's name Preparer's signature Date Check Helen Nelson self-employed P01343112 Helen Nelson **Paid** Preparer ► HELEN NELSON CPA Use Only Firm's address P. O. BOX 575 Firm's EIN ► 52-1680924 SHARPSBURG, MD 21782 (301) - 653 - 7110May the IRS discuss this return with the preparer shown above? (see instructions)..... X Yes

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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	Х	
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		Х
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 V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		X
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Χ
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
	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.	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	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	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		Х
	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		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14b		Х
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Χ
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? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	Х	
	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		Х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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		Х
24 a	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		Х
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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
t	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		Х
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 'Yes', complete Schedule L, Part II.	26		Х
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		Х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf '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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

BAA Form **990** (2014)

Form 990 (2014) Community Foundation of Southern Marylan 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....

Check if Schedule O contains a response or note to any line in this Part V			П
-		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	:	Х
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		, A	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 <i>a</i>		Х
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i> .			21
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)?			Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)	-		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
•		+	
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	1	Χ
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 k)	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
services provided to the payor?			
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70	;	Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		_	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	↓	Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	3	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 ł	1	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8	\bot	X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		1	Х
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 t)	Х
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a 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	1	
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.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
Note. See the instructions for additional information the organization must report on Schedule O.			
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			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>		_	11
BAA TEEA0105L 05/28/14		ກ 990	(2014)

Form 990 (2014) Community Foundation of Southern Marylan 84-1701434 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Nο 1 a 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** Enter the number of voting members included in line 1a, above, who are independent . . . 8 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7 a 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?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ a The governing body?.... 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?...... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. O...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a b 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?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records:

Gretchen Heinze Hardman Unit A-2 41630 Courthouse Drive Leonardtown MD 20650 (240)-67

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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.....

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

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

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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (E) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other

	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Shawn Salta	3									
Chairman	0	Х		Χ				0.	0.	0.
(2) Gene Townsend	3_									_
Treasurer	0	Х		Χ				0.	0.	0.
(3) Daniel Michael	3									_
Secretary	0	Х		Χ				0.	0.	0.
(4) Joanne Williams Barnes	2									
Director	0	Χ						0.	0.	0.
(5) Ellen Flowers Fields	2									
Director	0	Х						0.	0.	0.
(6) Brian W. Ritter, Jr. Esq.	2									
Director	0	Χ						0.	0.	0.
(7) Rose Haft	2									
Director	0	Χ						0.	0.	0.
(8) Karrie Wood	2									
Director	0	Χ						0.	0.	0.
(9) Gretchen Heinze Hardman	40									
Executive Dir.	0		Χ					52,159.	0.	5,490.
(10)										
(11)										
<u> </u>										
<u>(12)</u>										
(13)										
(14)										

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Part VII Section A. Officers, Directors, Tru		Key	Εm			es,	and	d Highest Com	pensated Empl	oyee	S (conti	nued)
	(B)			•	C)							
(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	amo	(F) Estimated ount of ot	her			
	(list any hours	Indiv or di	iņsuļ	Officer	Кеу	High:	uoa	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		npensation from the ganizatio	
	for related organiza	Individual trustee or director	nstitutional trustee	èr	Key employee	est co	ner			a	nd related ganization	t
	- tions below)r trus	ial tr		oyee	ompe						
	dotted line)	tee	stee			Highest compensated employee						
<u>(15)</u>												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total							•	52,159.	0.		5.4	190.
c Total from continuation sheets to Part VII, Secti	on A						•	0.	0.			0.
d Total (add lines 1b and 1c)							•	52,159.	0.			190.
2 Total number of individuals (including but not limited	to those I	isted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0											Yes	No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for suc	tor, or tru	ıstee,	key	/ en	nplo	/ee,	or h	nighest compensa	ted employee	3	103	X
For any individual listed on line 1a, is the sum of the organization and related organizations greated.	f reportab	le co	mpe	ensa	ation	and	oth	er compensation				71
such individual		 nsatio	on fr	om	 anv	unre	 late	ed organization or	individual			Х
for services rendered to the organization? If 'Yes	s,' comple	te So	chea	lule	J fo	r suc	ch p	erson		. 5		X
1 Complete this table for your five highest compen	sated ind	epen	dent	t coi	ntra	ctors	tha	t received more the	nan \$100,000 of			
compensation from the organization. Report compensation for the calendar year ending with (A) Name and business address							(B) Description		((C) ensatio	n	
Total number of independent contractors (including to \$100,000 of compensation from the organization)		ited to	o tho	se I	listed	d abo	ve)	who received more	than			

<u>,94</u>2

0

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII...... (B) Related or (A) Total revenue (D) Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c 12,979 **d** Related organizations 1 d e Government grants (contributions) 1 e **f** All other contributions, gifts, grants, and similar amounts not included above . . . 130,930 g Noncash contributions included in lines 1a-1f: \$ 1,025 143,909 Program Service Revenue **Business Code** 2a Community Activities 34,867 34,867 f All other program service revenue. . . g Total. Add lines 2a-2f 34,867 Investment income (including dividends, interest and other similar amounts) 21,942 21,942. Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 485,225 **b** Less: cost or other basis and sales expenses 447,201 c Gain or (loss)..... 38,024. d Net gain or (loss)..... 38,024 38,024 8 a Gross income from fundraising events Other Revenue 10,529. (not including..\$_ of contributions reported on line 1c). See Part IV, line 18..... a 13,894 **b** Less: direct expenses **b** 7,886 c Net income or (loss) from fundraising events 6,008 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** e Total. Add lines 11a-11d

244,750

72,891

Total revenue. See instructions.....

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX									
_		,	(B)	(C)	(D)					
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	89,713.	89,713.							
2	Grants and other assistance to domestic individuals. See Part IV, line 22	05,715.	05,715.							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	55,163.	35,259.	13,670.	6,234.					
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.					
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b)	2 524	1 600							
•	èmployer contributions)	2,634.	1,683.	653.	298.					
9	Other employee benefits	_	_							
10	Payroll taxes	4,226.	2,702.	1,047.	477.					
	Fees for services (non-employees):									
	Management									
	b Legal									
(c Accounting	12,720.	8,131.	3,152.	1,437.					
(d Lobbying									
	e Professional fundraising services. See Part IV, line 17									
1	Investment management fees	13,917.	13,917.							
ç	Other. (If line 11g amt exceeds 10% of line 25, column	2,989.		7.41	227					
12	(A) amount, list line 11g expenses on Schedule 0)		1,911.	741.	337.					
	· · · · · · · · · · · · · · · · · · ·	495.	495.	F72	417					
13	Office expenses	2,469.	1,479.	573.	417.					
14	Information technology	1,725.	1,103.	427.	195.					
15	Royalties									
16	Occupancy	2,250.	1,438.	558.	254.					
17	Travel									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	145.			145.					
20	Interest									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	1,801.	1,151.	446.	204.					
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.).	,	, .							
i	events	31,003.	31,003.							
	Supplies	9,141.	6,611.		2,530.					
	Printing and Publications	2,430.	1,156.		1,274.					
		1,364.	859.	333.	1,274.					
	memberships, subscriptions	1,364.	1,154.	679.	172.					
	a All other expenses	236,147.	199,765.	22,279.	14,103.					
23	·	230,147.	199,703.	22,219.	14,103.					
26	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)									
DAA					F 000 (001.4)					

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.		1	
	2	Savings and temporary cash investments	101,206.	2	117,474.
	3	Pledges and grants receivable, net	5,258.	3	7,640.
	4	Accounts receivable, net		4	1,625.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	_
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	1,418.	9	432.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities	1,041,862.	11	1,045,882.
	12	Investments – other securities. See Part IV, line 11		12	,
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	1,173,053.
	17	Accounts payable and accrued expenses	41,075.	17	43,192.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
ij	23	Secured mortgages and notes payable to unrelated third parties		23	
	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	2 4 25	· ·		24	
		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.	41 075	25	40.100
	26	Total liabilities. Add lines 17 through 25.	41,075.	26	43,192.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets.	1,109,350.	27	1,129,861.
Bal	28	Temporarily restricted net assets.		28	
þ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
et	33	Total net assets or fund balances	1,109,350.	33	1,129,861.
Z	34	Total liabilities and net assets/fund balances	1.150.425	34	1 173 053

Form **990** (2014) BAA

Pai	rt XI Reconciliation of Net Assets		•	
	Check if Schedule O contains a response or note to any line in this Part XI			П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	244.	750.
2	Total expenses (must equal Part IX, column (A), line 25)	2		147.
3	Revenue less expenses. Subtract line 2 from line 1	3		603.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,109,	
5	Net unrealized gains (losses) on investments.	5	11,	908.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	10	1 100	0.61
Dai	rt XII Financial Statements and Reporting	10	1,129,	861.
rai				
	Check if Schedule O contains a response or note to any line in this Part XII			-
			Yes	No No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ite		
	basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 8	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?		3 a	Х
ı	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		3 b	
BAA			Form 990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

(D)

(E)

Total

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Community Foundation of Southern Marylan 84-1701434 Part I Reason for Public Charity Status (All organizations must complete this part. See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (v) Amount of monetary (vi) Amount of other (i) Name of supported (iv) Is the organization listed in your governing organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (A) (B) (C)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 Community Foundation of Southern Marylan 84-1701434 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.)

Sec	tion A. Public Support	1					
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	107,565.	139,953.	162,962.	123,459.	134,609.	668,548.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	107,565.	139,953.	162,962.	123,459.	134,609.	668,548.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						176,016.
	Public support. Subtract line 5 from line 4						492,532.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	107,565.	139,953.	162,962.	123,459.	134,609.	668,548.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,246.	22,710.	24,893.	23,740.	21,942.	127,531.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						796,079.
12	Gross receipts from related activ	rities, etc (see inst	ructions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	······ <u>►</u>
	tion C. Computation of Pul					T T	
	Public support percentage for 20 Public support percentage from 2		•				61.87%
						<u> </u>	42.51%
	a 33-1/3% support test – 2014. If and stop here. The organization	qualifies as a pub	olicly supported or	ganization			► <u>X</u>
t	33-1/3% support test – 2013. If to and stop here. The organization						
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	nd-circumstances	' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances to organization meets the 'facts-and organization meets and organizatio	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	test, check this tion qualifies as	box and stop her a publicly supporte	e. Explain in Part ed organization	VI how the▶
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	з, 16a, 16b, 17a,			
RΔΔ					Sch	edule A (Form 99)	0 or 990 E7) 2014

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.)

Sec	tion A. Public Support							
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
1	Gifts, grants, contributions and membership fees							
	received. (Do not include any 'unusual grants.')							
2	Gross receipts from admis-							
	sions, 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							
3	that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the							_
	organization's benefit and either paid to or expended on its behalf							
5	The value of services or							
	facilities furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							_
7 a	Amounts included on lines 1,							
	2, and 3 received from disqualified persons							
	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.							
	Add lines 7a and 7b							
	Public support (Subtract line							
	7c from line 6.)							
	tion B. Total Support		T	T	T		_	
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 201	4	(f) Total
	Amounts from line 6							
10 a	a 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							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
10	regularly carried on							
12	Other income. Do not include gain or loss from the sale of							
	capital assets (Explain in							
12	Part VI.)	 						
13	10c, 11 and 12.)							
14	First five years. If the Form 990	is for the organiz	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 5	01(c)(3)	
Sac	organization, check this box and							
	etion C. Computation of Pul Public support percentage for 20			ne 13 column (f)	\		15	 %
	Public support percentage from 2						16	
	tion D. Computation of Inv						10	-0
<u> </u>	Investment income percentage f				ımn (f))		17	
18	Investment income percentage f	•	• •	-			18	%
	a 33-1/3% support tests – 2014. If							
	is not more than 33-1/3%, check 33-1/3% support tests — 2013. If	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organ	ization	
	line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ne organization qu	nalifies as a public	ly supported	d organiz	ation
20	Private foundation. If the organize		•		·		-	_

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 8	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ŀ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
(Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4 8	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ŀ	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
(c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		_
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	8		
9 8	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
ŀ	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
(Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10 a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
ŀ	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion E	B. Type I Supporting Organizations			
1	Did th	a directors, tructoos, or mambarchin of one or more supported organizations have the power to regularly appoint		Yes	No
'	or election of the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sect		C. Type II Supporting Organizations	<u>!</u>		1
		Mr. salka a 2 2 and a		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organ	nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	nes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
C1		s regard	3		
Seci	lion E	E. Type III Functionally-Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	П	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	П	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Λ otivi	ties Test. Answer (a) and (b) below.	1	V	NI.
				Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted the organization of the organization o	2a		
		antially all of its activities	Za		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the	24		
_		ization's involvement	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
а	Did theach	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>ıniza</u> t	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe	er 20. 1970. See instruct	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
_ 7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	٠		
á	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions.	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-inte	grated	Type III supporting or	ganization

(see instructions).

BAA
Schedule A (Form 990 or 990-EZ) 2014

Par	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ntions (continued)	
	tion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity.			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations.		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizati in Part VI). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount.			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount.			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
Ч	Excess from 2013			

Schedule **A** (Form 990 or 990-EZ) 2014

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

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC DISCLOSURE COPY

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

2014

Employer identification number

Community Foundation of Sou	ıthern Marylan	84-1701434
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number)	organization
	4947(a)(1) nonexempt charital	ole trust not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private found	dation
	4947(a)(1) nonexempt charital	ole trust treated as a private foundation
	501(c)(3) taxable private found	·
Check if your organization is covered by the	e 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		
For an organization filing Form 990, 99	0-EZ, or 990-PF that received, during the mplete Parts I and II. See instructions for	ne year, contributions totaling \$5,000 or more (in money or or determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b)(1)(A)	(vi), that checked Schedule A (Form 990 o	nat met the 33-1/3% support test of the regulations r 990-EZ), Part II, line 13, 16a, or 16b, and that reater of (1) \$5,000 or (2) 2% of the amount on (i) II.
For an organization described in section during the year, total contributions of m purposes, or for the prevention of cruel	n 501(c)(7), (8), or (10) filing Form 990 nore than \$1,000 <i>exclusively</i> for religiou ty to children or animals. Complete Par	or 990-EZ that received from any one contributor, s, charitable, scientific, literary, or educational ts I, II, and III.
during the year, contributions <i>exclusive</i> \$1,000. If this box is checked, enter he	ly for religious, charitable, etc., purpose re the total contributions that were rece ete any of the parts unless the General	or 990-EZ that received from any one contributor, es, but no such contributions totaled more than lived during the year for an <i>exclusively</i> religious, Rule applies to this organization because of or more during the year
Caution: An organization that is not covere 990-PF), but it must answer 'No' on Part IN Part I, line 2, to certify that it does not mee	/, line 2, of its Form 990; or check the I	al Rules does not file Schedule B (Form 990, 990-EZ, or box on line H of its Form 990-EZ or on its Form 990-PF, (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of **Part 1**

Community Foundation of Southern Marylan

Employer identification number

84-1701434

Part I	Contributors	(see instructions).	Use duplicate of	copies of Part I	if additional space is needed.
--------	--------------	---------------------	------------------	------------------	--------------------------------

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>38,750.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>11,450.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>7,607.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>5,650.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>5,320.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

BAA

Page

1 to

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

of Part II

Community Foundation of Southern Marylan

Employer identification number

84-1701434

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (c) FMV (or estimate) (see instructions) (b) (d) Description of noncash property given Date received Part I (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from Part I (b) Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) (a) No. from (d) Date received (b) Description of noncash property given (c) FMV (or estimate) Part I (see instructions) (a) No. (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received from Part I

TEEA0703L 07/14/14

1 to

1 of Part III

Name of organization
Community Foundation of Southern Marylan

Employer identification number

84-1701434

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year.	he year from any one contribompleting Part III, enter the tota	outor. Comple	te columns (a) through (e) and ely religious, charitable, etc.,	
(a) No. from	Use duplicate copies of Part III if additional (b) Purpose of gift	space is needed. (c) Use of gift		(d) Description of how gift is held	
Part I	N/A	Use of gift		Description of now gift is field	
		(a)			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
Part I					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			ationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	Community Foundation of Sou	-		84-1701434	
Pai	rt Organizations Maintaining Dono	r Advised Funds or Other	Similar Fun	ds or Accounts.	
	Complete if the organization answ	wered 'Yes' to Form 990, P	art IV, line 6	5.	
		(a) Donor advised fun	ds	(b) Funds and other a	ccounts
1	Total number at end of year		3		10
2	Aggregate value of contributions to (during year)				39,090.
3	Aggregate value of grants from (during year)		1,956.		46,140.
4	Aggregate value at end of year		61,861.		99,947.
5	Did the organization inform all donors and dor are the organization's property, subject to the				□No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	rs, and donor advisors in writing of the donor or donor advisor, or	that grant fund for any other	s can be used only purpose conferring	_
	impermissible private benefit?			X Yes	No
Pai	rt II Conservation Easements.				
	Complete if the organization answ			7.	
1	Purpose(s) of conservation easements held by	the organization (check all that	apply).		
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of	f a historically important land	area
	Protection of natural habitat		Preservation of	f a certified historic structure	
	Preservation of open space	_			
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contrib	ution in the form	n of a conservation easement or	n the
				Held at the End of	the Tax Year
	a Total number of conservation easements				
	b Total acreage restricted by conservation easer				
•	c Number of conservation easements on a certif	fied historic structure included in	(a)	2c	
•	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and	not on a histor	ic 2d	
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or	terminated by th	e organization during the	
4	Number of states where property subject to conse	rvation easement is located >			
5	Does the organization have a written policy re		nspection, han	dling of violations,	
	and enforcement of the conservation easemer				No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservati	on easements o	luring the year	
7	Amount of expenses incurred in monitoring, inspe ▶\$	cting, and enforcing conservation e	asements during	g the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of sec	etion 170(h)(4)(B)(i)	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to	conservation easements in its reve o the organization's financial sta	enue and expens tements that de	se statement, and balance shee escribes the organization's ac	t, and counting for
Pai	conservation easements. Telescript Complete if the organization answers	ctions of Art, Historical Tr	easures, or	Other Similar Assets.	
	· · · · · · · · · · · · · · · · · · ·				
1 6	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education, of	or research in fu	nue statement and balance sh rtherance of public service, prov	eet works of /ide,
l	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or re	search in furthe	rance of public service, provide	works of art, the
	(i) Revenue included in Form 990, Part VIII, I				
_	(ii) Assets included in Form 990, Part X				
	If the organization received or held works of art, hamounts required to be reported under SFAS				
	a Revenue included in Form 990, Part VIII, line			the state of the s	
	b Assets included in Form 990, Part X			▶\$	

Part III Organizations Maintain	ning Collections	ot Art, Histori	cal Treasures, or C	otner Similar Ass	ets (c	ontinu	iea)
3 Using the organization's acquisition, items (check all that apply):	accession, and other	records, check any	of the following that are	a significant use of its	collectio	n	
a Public exhibition		d Loan or	exchange programs				
b Scholarly research		e Other					
c Preservation for future genera	tions						
4 Provide a description of the organiza Part XIII.	tion's collections and	explain how they for	urther the organization's e	exempt purpose in			
5 During the year, did the organizati to be sold to raise funds rather that	an to be maintained	as part of the org	anization's collection?.		Yes		No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements. mount on Form	Complete if the 990, Part X, lin	e organization ansv ne 21.	vered 'Yes' to For	m 990), Part	: IV,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian, or otl	her intermediary for	or contributions or other	assets not included	Yes	Г	No
b If 'Yes,' explain the arrangement i						L	
					Amoun	t	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance				. 1f			
2 a Did the organization include an ar				-	Yes	<u></u>	No
b If 'Yes,' explain the arrangement i	n Part XIII. Check h	ere if the explana	tion has been provided	in Part XIII		L	
Part V Endowment Funds. Co		Y					
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back		Four year	
1 a Beginning of year balance	938,718.	857,63		· · · · · · · · · · · · · · · · · · ·		782 ,	215.
b Contributions			10,000	. 38,519.			
c Net investment earnings, gains, and losses	67,362.	137,33	2. 95,050	-13,418.		103	679.
d Grants or scholarships	-41,116.	-36,81					917.
e Other expenditures for facilities	-41,110.	-30,61	-42,690	-40,030.	-	-34,	917.
and programs				0.			
f Administrative expenses	-22,849.	-19,42	912,975	-14,008.		-12,	980.
g End of year balance	942,115.	938,71	8. 857,631	808,452.		837,	997.
2 Provide the estimated percentage	of the current year	end balance (line	1g, column (a)) held as	s:			
a Board designated or quasi-endowme	nt ► 100	0.00%					
b Permanent endowment ►	%						
c Temporarily restricted endowment	· ·	%					
The percentages in lines 2a, 2b, a	and 2c should equal						
3. And the mean and a constant founds and in the							
3 a Are there endowment funds not in th organization by:	e possession of the o	rganization that are	neid and administered to	or the	ſ	Yes	No
(i) unrelated organizations					. 3a(i)		Х
(ii) related organizations					3a(ii)		X
b If 'Yes' to 3a(ii), are the related or					. 3b		
4 Describe in Part XIII the intended	~	•					
Part VI Land, Buildings, and E							
Complete if the organiz		'Yes' to Form	990 Part IV line 1	1a See Form 990) Parl	t X lir	ne 10
	•						
Description of property	(a) Cost	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(a) i	Book va	alue
1 a Land	`		(/				
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Column		m 990, Part X. co	lumn (B), line 10c.)				<u> </u>

BAA Schedule **D** (Form 990) 2014

Part VII Investments – Other Securities.	'Vac' to Farm 000	N/A Nort IV line 11h See Form 000 Port V line	. 10
(a) Description of security or category (including name of security)	(b) Book value	O, Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation: Cost or end-of-year market value	: 12
(1) Financial derivatives	(b) book value	(C) Welliou of Valuation. Cost of enu-of-year market value	
(2) Closely-held equity interests.			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments — Program Related.		N/A	_
Complete if the organization answered), Part IV, line 11c. See Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market va	ılue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX Other Assets.	N/A		
Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X, line	: 15
	scription	(b) Book value	е
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3), line 15.)	▶	
Part X Other Liabilities.	000 B 1 W 1: 1:	1 116 0 F 000 D LV I' 0F	
Complete if the organization answered 'Yes' to Fo (a) Description of liability	orm 990, Part IV, line I (b) Book value		
(1) Federal income taxes	(b) book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foctax positions under FIN 48 (ASC 740). Check here if the text of the footnote h	=		

BAA

Schodulo D (Form 990)	2014 C	ommiin i tir	Foundation	۰£	Couthorn	Marr	.1 an
Schedule D (Form 990)	2014 C	OIIIIIuiiitty	roundation	OT	Southern	Mary	Tan

84-1701434

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statem	<u> </u>	Return N/A
Complete if the organization answered 'Yes' to Form 990	•	17,11
Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		<u> </u>
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities.		-
c Recoveries of prior year grants		-
d Other (Describe in Part XIII.)		-
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	I I	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)		-
c Add lines 4a and 4b .	<u> </u>	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
Part XII Reconciliation of Expenses per Audited Financial State		
Complete if the organization answered 'Yes' to Form 990		17 11
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses.	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b.		4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	18.)	5

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

BAA Schedule **D** (Form 990) 2014

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

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OMB No. 1545-0047

	munity Foundation of S	Southern M	farwl an			84-170143	
					Yes' to Form 990. Part		.4
Par	Form 990-EZ filers are not re	equired to comp	olete this p	art.		·	
1	Indicate whether the organization	raised funds th	rough any	of the follo	~		
а	Mail solicitations			е	Solicitation of non-	government grants	
b	Internet and email solicitations	S		f	Solicitation of gove	ernment grants	
С	Phone solicitations			g	Special fundraising	events	
d	In-person solicitations						
2 a	Did the organization have a written o	r oral agreemen	t with anv i	individual (i	includina officers, directo	rs. trustees or kev	
	employees listed in Form 990, Par	rt VII) or entity	in connéct	tion with p	rofessional fundraising	services?	Yes X No
b	If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	viduals or entities	s (fundraise	ers) pursua	nt to agreements under v	which the fundraiser is to	be
(1)	<u> </u>	-		1	Cara Ourana and a landa		
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser		(iv) Gross receipts from activity	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	,		have custody or control of contributions?		,	fundraiser listed in	organization
			1.			column (i)	
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							0.
3	List all states in which the organization	on is registered	or licensed	to solicit c	ontributions or has been	notified it is exempt fron	n registration
	or licensing.						

Schedule **G** (Form 990 or 990-EZ) 2014 Community Foundation of Southern Marylan 84-1701434 Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (d) Total events (a) Event #1 **(b)** Event #2 (c) Other events (add column (a) None Waterfowl even through column (c)) (event type) (event type) (total number) REVENUE **1** Gross receipts..... 24,423. 24,423. 2 Less: Contributions..... 10,529. 10,529. **3** Gross income (line 1 minus line 2)..... 13,894 13,894. Cash prizes..... 6 Rent/facility costs..... 7 Food and beverages 3,252 3,252. Other direct expenses..... 4,634. 4,634. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 7,886. Net income summary. Subtract line 10 from line 3, column (d)..... 6,008. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming (add column (a) through column (c)) bingo/progressive bingo REVENUE Gross revenue..... **2** Cash prizes..... D X P E N C T S Rent/facility costs..... **5** Other direct expenses..... Yes Yes Yes No No No 8 Net gaming income summary. Subtract line 7 from line 1, column (d)..... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If 'No,' explain:

b If 'Yes,' explain:

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?.....

	edule G (Form 990 or 990-E2) 2014 Community Foundation of Southern Marylan 82			
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to			
	administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
ä	a The organization's facility.	13 a		%
ŀ	a An outside facility	13 b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
		. — — — –		
	Address ►			
	Address			
15:	a Does the organization have a contact with a third party from whom the organization receives gaming revenue	.7	Yes	No
	b If 'Yes,' enter the amount of gaming revenue received by the organization► \$ and th			
	of accessor was source watering of but the third marks by C	e amoun	ıt	
(c If 'Yes,' enter name and address of the third party:			
	Mayee N			
	Name •			
	Address •			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the			
	state gaming license?		Yes	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year ► \$			
Pai	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, col			/),
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any	/ additi	onal	
	information (see instructions).			

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 84-1701434 Community Foundation of Southern Marylan Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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. 1 (a) Name and address of organization (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (book, FMV, appraisal, (a) Description of (h) Purpose of grant other) (1) American Cancer Society 636 W. Lexington Street Baltimore, MD 21201 58-0659875 49,617 0 cure cancer (2) College of So. MD Foundation 8730 Mitchell Road victims/dom La Plata, MD 20646 23-7279944 10,000 0 violence (3) 3 Enter total number of other organizations listed in the line 1 table.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
3					
,					

BAA Schedule I (Form 990) (2014)

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

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OMB No. 1545-0047

Employer identification number

Community Foundation of Southern Marylan

84-1701434

Form 990, Part III, Line 1 - Organization Mission

It is the mission of the Community Foundation of Southern Maryland to enhance the quality of life for the community of Southern Maryland by aligning philanthropic interests with community needs through stewardship, collaboration, and charitable giving.

Form 990, Part VI, Line 11b - Form 990 Review Process

IRS Form 990 was distributed to board members prior to filing. Input on the form was provided by the Executive Director and the form was prepared by a CPA, and then reviewed by the Executive Director.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Community Foundation of Southern Maryland reviews the conflict of interest policy annually and all officers and directors are required to disclose any interests that could give rise to conflicts of interest as part of the process.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

In determining the compensation of the Executive Director, the board uses salary data of the Executive Directors of comparable community foundations, as provided by the Council on Foundations. The Foundation has no key employees.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Community Foundation of Southern Maryland makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. In addition, the 990 is available on the organization's website under "Transparency".