### HELEN NELSON CPA P. O. BOX 575 SHARPSBURG, MD 21782 (301)-653-7110

November 01, 2016

Community Foundation of Southern Marylan P. O. Box 716 Charlotte Hall, MD 20622

Dear Client:

Your 2015 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Please be sure to call us if you have any questions.

Sincerely,

Helen Nelson

2015 Federal Income	Page 1									
Community Foundation of Southern Marylan										
REVENUE	2015	2014	Diff							
Contributions and grants Program service revenue Investment income Other revenue	222,254 45,933 53,881 7,355	143,909 34,867 59,966 6,008	78,345 11,066 -6,085 1,347							
Total revenue	329,423	244,750	84,673							
EXPENSES  Grants and similar amounts paid Salaries, other compen., emp. benefits Other expenses	101,449 37,879 94,090	89,713 62,023 84,411	11,736 -24,144 9,679							
Total expenses	233,418	236,147	-2,729							
NET ASSETS OR FUND BALANCES Revenue less expenses. Total assets at end of year. Total liabilities at end of year. Net assets/fund balances at end of year.	96,005 1,218,552 38,908 1,179,644	8,603 1,173,053 43,192 1,129,861	87,402 45,499 -4,284 49,783							

015	Fed	eral Wor	ksheet	s			Page '
Co	ommunity F	oundation o	Souther	n Maryl	an		84-170143
Form 990, Part III, Line 4e Program Services Totals							
	Program Service Total	es	m 990		Sou	irce	
Total Expenses Grants Revenue	209,1 101,4 45,9	149. 1	01,449.	Part	IX, Line 2 IX, Lines VIII, Line	1-3, Col.	B A
Form 990, Part IX, Line 11g Other Fees For Services							
	Total <u>\$</u>	(A) Total 4,132. 4,132.	Pro Serv	B) gram vices 1,033 1,033	(C) Managem & Gener . 3, \$ 3,		(D) 'und- ising 0
Form 990, Part IX, Line 24e Other Expenses							
		(A) Total	Pro Serv	B) gram vices		ral Fund	(D) Iraising
computer software filing fees Postage and Shipping Printing and Publications	Total 🕏	40. 201. 212. 509. 962.		26 138 509 673		10. 201. 51. 262. \$	23
Excess Contributions Schedule A, Part II, Line 5							
<u>2011</u> <u>2012</u> <u>Julia King &amp; Raymond Canne</u> 0 10,000	2013 tti 10,000	2014 7,607	<u>201</u>	5 ,394	Total 38,001	2% Amt 17,258	Excess 20,74
William Bruce Bowen 10,825 10,000	11,075	11,450		, 250	53,600	17,258	36,34
Chaney Foundation 46,100 27,600	31,300	0		0	105,000	17,258	87,74

0 10,000 10,000

0 7,000 7,000

0

0

 $\begin{array}{ccc} \text{Cooper-Grebmeier Family} \\ 0 & 0 \end{array}$ 

 $\begin{array}{cccc} \text{Christopher J. Hardman} & 0 & 0 \\ \end{array}$ 

015		Fede	ral Works	heets		Page 2		
	C	ommunity Fo	undation of So	outhern Maryl	an	84	-1701434	
Excess Contribution Schedule A, Part II,	ns (continued Line 5	)						
SW Barrick & Son	ns O	0	0	5,000	5,000	0	0	
Cara Fogarty 0	0	0	0	5,000	5,000	0	0	
56,925	47,600	52,375	19,057	47,644	223,601	51,774	144,827	
	47,600	52,375	19,057	47,644	223,601	51, //4	144,82	

### Form **8879-EO**

### IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2015, or fiscal year beginning	. 2015, and ending

OMB No. 1545-1878

► Do not send to the IRS. Keep for your records. Department of the Treasury ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Employer identification number Community Foundation of Southern Marylan 84-1701434 Gretchen Heinze Hardman Executive Director Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I. 1 a Form 990 check here.... ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)...... 1 b 2a Form 990-EZ check here ..... b Total revenue, if any (Form 990-EZ, line 9)...... 2b 3 a Form 1120-POL check here. b b Total tax (Form 1120-POL, line 22). 3b
4 a Form 990-PF check here. b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 Officer's PIN: check one box only X | authorize | HELEN NELSON CPA to enter my PIN as my signature Enter five numbers, but on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

### Part III | Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.....

27283217268

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Helen Nelson

Officer's signature >

Date ▶

Date ▶

ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2015)

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

,	re filing for an Additional (Not Automatic) 3-Mont				X	
Do not com	nplete Part II unless you have already been grante	d an autom	atic 3-month extension on a previously t	filed Form 8868.		
Electronic of corporation request an e Associated	filing (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not extension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which milling of this form, visit www.irs.gov/efile and click of	if you need automatic) I or Part II wust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	e to file (6 months for ectronically file Form n Return for Transfers	n 8868 to	
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed).			
	on required to file Form 990-T and requesting an a		• • • • • • • • • • • • • • • • • • • •		, ▶ □	
	prporations (including 1120-C filers), partnerships,				ш	
income tax		REIVIICS, ai	,			
	T.,		Enter filer's identi	fying number, see i		
<b>T</b>	Name of exempt organization or other filer, see instructions.			Employer identification r	number (EIN) or	
Type or print						
•	Community Foundation of Southe Number, street, and room or suite number. If a P.O. box, see in		<i>r</i> lan	84-1701434	CCNI	
File by the due date for		ISTRUCTIONS.		Social security number (SSN)		
filing your return. See	P. O. Box 716  City, town or post office, state, and ZIP code. For a foreign add	ress see instru	ctions			
instructions.		1000, 000 111011 0	ottorio.			
	Charlotte Hall, MD 20622					
Enter the R	eturn code for the return that this application is fo	r (file a sep	parate application for each return)		01	
Application Is For	1	Return Code	Application Is For		Return Code	
Form 990 or	Form 990-EZ		07			
Form 990-E	BL	02	Form 1041-A		08	
Form 4720 (	individual)	03	Form 4720 (other than individual)		09	
Form 990-F	PF	04	Form 5227		10	
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-T	(trust other than above)	06	Form 8870		12	
Telephon  If the or  If this is check the the external to the external to the content to the con	ks are in the care of ► <u>Gretchen Heinze I</u> ne No. ► <u>240-670-4483</u> ganization does not have an office or place of bus s for a Group Return, enter the organization's four his box ► If it is for part of the group, of ension is for.  est an automatic 3-month (6 months for a corporation  8/15 , 20 16 , to file the exempt organ	Fax No siness in the digit Group heck this be required to f	e United States, check this box	this is for the whole	e group,	
The e  ▶ ∑	xtension is for the organization's return for:  calendar year 20 <u>15</u> or  tax year beginning, 20	, and endir	ng, 20			
	tax year entered in line 1 is for less than 12 mont nange in accounting period	hs, check re	eason: Initial return Fin	nal return		
	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3a \$	0.	
tax pa	application is for Forms 990-PF, 990-T, 4720, or ayments made. Include any prior year overpaymen	nt allowed a	s a credit	3 b \$	0.	
c Balan EFTP:	<b>ce due.</b> Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment w instructions	vith this form, if required, by using	3c \$	0.	
Caution. If payment in:	you are going to make an electronic funds withdra structions.	awal (direct	debit) with this Form 8868, see Form 84	53-EO and Form 88	379-EO for	

## 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 2015

Open to Public Inspection

<u> </u>	ror tile	e 2015 Calen	idar year, or tax year	beginning	, 2015, and en	unig		,		
В	Check if	applicable:	С				D Employe	er identif	ication number	<u></u>
	Δdd	lress change	Community For	undation of Souther	n Marulan		9.4 - 1	17014	134	
	$\vdash$	-	P. O. Box 71		п магутап		E Telepho			
	Nam	ne change	Charlotte Ha				L Telepho	ne numb	<b>5</b> 1	
	Initia	al return	Charrotte na	II, MD 20022			240-	-670-	-4483	
	Final	I return/terminated								
	$\vdash$	ended return					<b>G</b> Gross re	to S	017	770
	$\vdash$		F			112 > 1- 41-:	_			770.
	App	olication pending	<b>F</b> Name and address of	principal officer:		` '	s a group returr		'c³	X No
			Same As C Ab	ove		H(b) Are a	all subordinates o,' attach a list.	included	? Yes	No
ī	Tax-ex	xempt status		(c) ( ) <b>◄</b> (insert no.)	4947(a)(1) or 527	11 140	, attacii a iist.	(See IIISII	uctions)	
Ť		-		(-, ( , (	(.)(.)	III Crow	p exemption nu	mahar <b>b</b>		
<u> </u>		/			T-	\ \','	· · ·			
K	Form o	of organization:	X Corporation Tru	st Association Other ►	L Year of for	mation: 20(	)5 <b>M</b> s	tate of le	gal domicile: MD	
Pa	ırt I	Summar	γ							
	1 E	Briefly descri	ibe the organization's	s mission or most significant a	ctivities: Tt is	the mis	sion of	the	Community	V
	1	Foundati	on of Souther	rn Maryland to enha	nce the quali	tv of 1	ife for	+ ho	Communit	<u>y</u>
Governance	-									·y
ᇤ	-			<u>by aligning philan</u>			th comm	<u>un1 t</u>	<u>y neeas</u>	
듩				collaboration, and						
ð	2	Check this bo		nization discontinued its opera				_	ets.	
G				e governing body (Part VI, line				3		8
∞8	4 1	Number of in	idependent voting me	embers of the governing body	(Part VI, line 1b)			4		8
<u>. ši</u>	5 ⊺	Total number	r of individuals emplo	oyed in calendar year 2015 (P.	art V, line 2a)			5		1
·≣	6 T	Total number	r of volunteers (estim	nate if necessary)				6		15
Activities &				from Part VIII, column (C), lin				7a		0.
~				come from Form 990-T, line 3				7b		0.
	D I	vet uniciated	a business taxable in	leome nom rom 330 1, line s				75	0 11/	
							Prior Year		Current Ye	
d)	8	Contributions	s and grants (Part VI	II, line 1h)			143,9	09.	222,	254.
Revenue	9 F	Program ser\	vice revenue (Part VI	III, line 2g)			34,8	67.	45,	,933.
ĕ	10 I	nvestment ir	ncome (Part VIII, coli	umn (A), lines 3, 4, and 7d)			59,9			881.
æ			•	(A), lines 5, 6d, 8c, 9c, 10c, a			6,0			355.
				igh 11 (must equal Part VIII, c			244,7			,423.
			·	(Part IX, column (A), lines 1-3	•		89,7	13.	101,	<u>,449.</u>
	14 E	Benefits paid	d to or for members (	(Part IX, column (A), line 4)						
	15	Salaries, oth	er compensation, em	nployee benefits (Part IX, colu	mn (A), lines 5-10).		62,0	23.	37.	,879.
es				rt IX, column (A), line 11e)			02,0		<u> </u>	
Expenses										
<u>ş</u> .	b⊺	Total fundrais	sing expenses (Part	IX, column (D), line 25) ►	7,882	2.				
ш	<b>17</b> (	Other expens	ses (Part IX, column	(A), lines 11a-11d, 11f-24e)			84,4	11	9.1	,090.
		•	•	(must equal Part IX, column (						
		•			•		236,1			418.
	<b>19</b> F	Revenue less	s expenses. Subtract	line 18 from line 12			8,6	03.	96,	,005.
2 8						Beginn	ing of Current	t Year	End of Ye	ar
Net Assets or Fund Balances	<b>20</b> T	Total assets	(Part X, line 16)				1,173,0	53.	1,218,	, 552 .
₽₽	<b>21</b> T	Total liabilitie	es (Part X. line 26)				43,1			,908.
ĕĔ			,						•	
				tract line 21 from line 20			1,129,8	61.	1,179,	<u>,644.</u>
Pa	ırt II	Signatur	re Block							
Unde	er penaltie			this return, including accompanying sch	edules and statements, and	to the best of	my knowledge	and belie	f, it is true. correct.	, and
comp	olete. Dec	claration of prepa	arer (other than officer) is be	this return, including accompanying schased on all information of which prepare	r has any knowledge.		,		, , ,	
٥.		Signatu	ure of officer				Date			
Sig	jn –	Cignate	are or officer							
He	re	▶ Gre	tchen Heinze	Hardman		Exec	cutive D	irec	tor	
			r print name and title.							
		Print/Type i	preparer's name	Preparer's signature	Date		Check	if F	PTIN	
_							<u></u>	_		
Pa			Nelson	Helen Nelson			self-employe	ea []	201343112	
	eparei		e ► <u>HELEN NEI</u>	LSON CPA						
Us	e Only	y Firm's addr	ess ► P. O. BOX	K 575	<u> </u>		Firm's EIN	52-	1680924	
	_	1								
			CHADDCDIII	RG, MD 21782			Phone no.	(301	)-653-711	Λ

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A</i>	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	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, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ı	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
•	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		Х
•	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
1	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		Х
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? If 'Yes,' complete Schedule F, Parts I and IV	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? If 'Yes,' complete Schedule F, Parts II and IV.	15		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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
k	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
k	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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	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		X
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		X
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? <i>If 'Yes,' complete Schedule R, Part I</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		Х
k	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? <i>If 'Yes,' complete Schedule R, Part VI</i>	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	Х	

# Form 990 (2015) 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				. $\square$
·			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4			
<b>b</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?		1 c	X	
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	1			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_	2 b	Х	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		20	21	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a		Х
<b>b</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> .		3 b		71
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u> </u>	4a		Х
<b>b</b> If 'Yes,' enter the name of the foreign country:		a		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)				
<b>5 a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5 a		Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	ation			
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiza solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
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?		7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7с		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?		7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	1			
organization have excess business holdings at any time during the year?		8		X
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	<u> </u>	9 a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10 b</b>				
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?		12 a		
<b>b</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		
Note. See the instructions for additional information the organization must report on Schedule O.				
<b>b</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?	-	14a		Х
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule Q.</i>	-	14 a		
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Form 990 (2015) 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 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 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?..... 8 b 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 240-670-

Form <b>990</b> (20	15) C	ommunity	Found	dation	of	Southern	Mary	<i>i</i> lan

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Page **7** 

## 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.

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) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated (list any employee hours for and related related organizations organiza tions helow dotted (1) Shawn Salta 3 0 Chairman Χ Χ 0 0 (2) Gene Townsend 3

0. Treasurer 0 Χ Χ 0 0 0. (3) Daniel Michael 3 0. Secretary 0 Χ Χ 0 0 (4) Joanne Williams Barnes 2 Director 0 Χ 0 0 0. (5) Ellen Flowers Fields 2 Director 0 Χ 0 0. 0. 2 (6) Brian W. Ritter, Jr. Esq. 0 Χ 0. Director 0 0. 2 (7) Rose Haft 0 Χ 0. Director 0. 0. 2 (8) Karrie Wood 0 Χ Director 0 0 0. (9) Gretchen Heinze Hardman 40 35,510 Executive Dir. 0 0. 634. (10) (11)(12)(13)(14)

**BAA** TEEA0107L 10/12/15 Form **990** (2015)

Part VII   Section A. Officers, Directors, Tru	(B)	Key	Em	ıplo ()		es,	and	d Highest Com	pensated Empl	oyees	(conti	nued)
	(6)			•	•			<b>(D)</b>	<b>(F)</b>		<b>(</b> E)	
<b>(A)</b> Name and title	Average hours	box	, unle	ess pe	erson	is both	both an Reportable Reportable		<b>(E)</b> Reportable	E	<b>(F)</b> stimated	
Name and the	per week	_	-			or/trus Io ⊥		compensation from the organization (W-2/1099-MISC)	compensation from related organizations	amo	unt of oth pensation	her
	(list any hours for	Individual or director	nstit.	Officer	Key employee	lighe mplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	org	om the anization	
	related organiza	dual	tion	약	mpl	st co yee	er.				d related anization	
	- tions below	Individual trustee or director	nstitutional trustee		)yee	mpe						
	dotted line)	ee	stee			Highest compensated employee						
						a						
(15)												
(16)												
(17)												
		•										
(18)												
(19)												
(20)												
		•										
(21)												
(22)												
(23)												
(20)												
(24)												
(25)												
1 b Sub-total							•	35,510.	0.			534.
c Total from continuation sheets to Part VII, Section							•	0.	0.			0.
d Total (add lines 1b and 1c)							•	35,510.	0.		6	534.
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	า	
from the organization • 0											I I	
											Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc.	tor, or tru <i>h individu</i>	stee, ıal	key	em	ıploy	/ee,	or h	nighest compensa	ted employee	. 3		Х
· ·												
the organization and related organizations greate	r than \$1	50,00	00?	If '	es'	com	plet	e Schedule J for	110111	4		37
such individual										4		X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper ,' comple	te So	chea	dule	J fo	r suc	iale ch p	erson	maividuai 	. 5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest compen- compensation from the organization. Report compen	sated indi sation for	epen the c	deni alen	t coi dar '	ntrad year	ctors endi	tha ng v	it received more th vith or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business addi								_ (B)		. (	C)	
Name and business addi	ess							Description (	of services	Compe	nsatio	n
2 Total number of independent contractors (including b		ited to	o the	se l	isted	abo	ve)	who received more	than			
\$100,000 of compensation from the organization	<b>►</b> 0											

	990 (2015) Community Foundation of Souther	ern Marylan		84-1701434	Page \$
Par	t VIII Statement of Revenue	v line in this Dort VII	ı		
	Check if Schedule O contains a response or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a   b Membership dues 1b   c Fundraising events 1c   d Related organizations 1d   e Government grants (contributions) 1e   f All other contributions, gifts, grants, and similar amounts not included above 1f   g Noncash contributions included in lines 1a-1f: \$ 418.   h Total. Add lines 1a-1f Business Code	222,254.			
Program Service Revenue	2a Community Activities b c d	45,933.			45,933.
Program	f All other program service revenue  g Total. Add lines 2a-2f.	45,933.			
	3 Investment income (including dividends, interest and other similar amounts)	23,313.			23,313.
	d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory  (i) Securities (ii) Other  513,568.				
	b Less: cost or other basis and sales expenses 483,000. c Gain or (loss)	30,568.	30,568.		
Other Revenue	8 a Gross income from fundraising events (not including. \$ 3,268. of contributions reported on line 1c).  See Part IV, line 18				
	c Net income or (loss) from fundraising events	7,355.			
	c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less returns and allowances				
	Miscellaneous Revenue  Business Code  11 a  b  c  d All other revenue				

329,423

30,568

0.

e Total. Add lines 11a-11d . .

### Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX						
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses	
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	101,449.	101,449.			
_	Grants and other assistance to foreign					
4	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	34,558.	22,462.	8,294.	3,802.	
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) employer contributions)	529.	344.	127.	58.	
9	Other employee benefits					
10	Payroll taxes	2,792.	1,815.	670.	307.	
11	Fees for services (non-employees):	,	,			
a	Management					
Ł	Legal					
C	: Accounting	4,852.	3,154.	1,164.	534.	
	Lobbying					
	Professional fundraising services. See Part IV, line 17					
	Investment management fees	12,433.	12,433.			
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	4,132.	1,033.	3,099.		
	Office expenses	607.	394.	146.	67.	
14	·	1,365.	887.	328.	150.	
15		_/ = 7 = 5 = 7	99.1			
16	Occupancy	5,400.	3,510.	1,296.	594.	
17	Travel	,	,	,		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19 <b>20</b>	Conferences, conventions, and meetings					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance	1,636.	1,064.	393.	179.	
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.).					
	<u>events</u>	57,196.	57,196.			
	Supplies	3,184.	1,153.		2,031.	
	memberships, subscriptions	1,206.	784.	289.	133.	
	bank fees	1,117.	827.	290.		
	All other expenses	962.	673.	262.	27.	
25	Total functional expenses. Add lines 1 through 24e	233,418.	209,178.	16,358.	7,882.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)					

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing.		1	
	2	Savings and temporary cash investments.	117,474.	2	191,449.
	3	Pledges and grants receivable, net	7,640.	3	<u> </u>
	4	Accounts receivable, net		4	2,920.
	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	
S.	7	Notes and loans receivable, net.		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	774.
	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.	1,045,882.	11	1,023,408.
	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	1.
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		16	1,218,552.
_	17	Accounts payable and accrued expenses	43,192.	17	38,908.
	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	22	Secured mortgages and notes payable to unrelated third parties		22	
	23			24	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	42, 100	25 26	20.000
	26	Total liabilities. Add lines 17 through 25.	43,192.	26	38,908.
ces		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,129,861.	27	1,179,644.
Ва	28	Temporarily restricted net assets.		28	
пd	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.			
S	30	Capital stock or trust principal, or current funds		30	
se	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	1,129,861.	33	1,179,644.
Z	34	Total liabilities and net assets/fund balances		34	1.218.552.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		329,	423.
2	Total expenses (must equal Part IX, column (A), line 25)	2		233,	418.
3	Revenue less expenses. Subtract line 2 from line 1	3			005.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,129,	861.
5	Net unrealized gains (losses) on investments	5			222.
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					
	column (B))	10	1	,179,	644.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				🔲
				Yes	s 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	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a	,		
	separate basis, consolidated basis, or both:	Ju 0 u			
	Separate basis Consolidated basis Both consolidated and separate basis				
	b Were the organization's financial statements audited by an independent accountant?		2	2b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ate			
	basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit				
	review, or compilation of its financial statements and selection of an independent accountant?			2 c	$\bot$
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3	a 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	X
	<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	lit			
	or audits, explain why in Schodulo O and describe any stone taken to undergo such audits			o h	

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

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

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
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  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
name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  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
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  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
170(b)(1)(A)(iv). (Complete Part II.)  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 in section 170(b)(1)(A)(vi). (Complete Part II.)  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
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts
in section 170(b)(1)(A)(vi). (Complete Part II.)  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
9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts
9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts
from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization afte June 30, 1975. See section 509(a)(2). (Complete Part III.)
An organization organized and operated exclusively to test for public safety. See <b>section 509(a)(4).</b>
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of or or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a 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.
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.
d 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.
e Check this box if the organization received a written determination from the IRS that it 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).
(i) Name of currented (ii) FIN (iii) Amount of monetary (iii) Amount of other
organization  (iii) Type of organization (described on lines 1-9 above (see instructions))  (iv) Silie organization (the control of the contr
Yes No
(A)
(B)
(C)
(D)
(E)
Total  BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule A (Form 990 or 990-EZ) 2015

### 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							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	139,953.	162,962.	123,459.	134,609.	185,329.	746,312.	
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	<b>Total.</b> Add lines 1 through 3	139,953.	162,962.	123,459.	134,609.	185,329.	746,312.	
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)						144,827.	
	<b>Public support.</b> Subtract line 5 from line 4						601,485.	
	tion B. Total Support	Г	<u> </u>			1		
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 2015	(f) Total	
7	Amounts from line 4	139,953.	162,962.	123,459.	134,609.	185,329.	746,312.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,710.	24,893.	23,740.	21,942.	23,313.	116,598.	
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						862,910.	
12	Gross receipts from related activ	rities, etc. (see ins	tructions)			12	0.	
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	<b>&gt;</b> _	
Sec	tion C. Computation of Pu	blic Support P	ercentage					
	Public support percentage for 20						69.70%	
	Public support percentage from						61.87 %	
16 a	a 33-1/3% support test — 2015. If and stop here. The organization	the organization of qualifies as a pub	lid not check the lolicly supported or	oox on line 13, ar ganization	nd line 14 is 33-1/	3% or more, chec	k this box ► X	
b 33-1/3% support test — 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	17 a 10%-facts-and-circumstances test — 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and organization meets the 'facts-and organization meets the 'facts-and organization' meets the 'facts-and-circumstances to organization' meets the 'facts-and-circumstances to organization' meets the 'facts-and-circumstances' meets and 'facts-and-circumstances' m	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	tion qualifies as	box and <b>stop her</b> a publicly support	e. Explain in Part ed organization	VI how the▶	
18	Private foundation. If the organize	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check thi	s box and see ins	tructions >	
BAA				•	Sch	nedule A (Form 99	0 or 990-F7) 2015	

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							
Calen	dar year (or fiscal year beginning in) ►	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 201	5	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include							
	any 'unusùal grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total. Add lines 1 through 5  Amounts included on lines 1, 2, and 3 received from disqualified persons							
I	a 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.)							
Sec	ction B. Total Support							
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> 201	5	(f) Total
	Amounts from line 6	(4) 20 1 1	(2) 20 12	(0) 20 10	(4) 20 1 1	(0) = 0		(1) 10101
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
	14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.							
	tion C. Computation of Pu							
	Public support percentage for 20						15	%
16	Public support percentage from	2014 Schedule A,	Part III, line 15		<u></u>		16	%
Sec	ction D. Computation of Inv							
17		•	• •	-			17	%
18	Investment income percentage f						18	%
	a 33-1/3% support tests — 2015. If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies a	as a publicly supp	orted organ	ization	
ı	b 33-1/3% support tests — 2014. If line 18 is not more than 33-1/3%	tne organization  check this box	aid not check a b and <b>stop here.</b> Th	ox on line 14 or l e organization di	ine 19a, and line i ialifies as a public	i 6 is more t Iv supported	nan 33-1 1 organiz:	/3%, and ation ► □
20	<b>Private foundation.</b> If the organi		-				-	_

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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 <b>Part VI</b> 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 <b>Part VI</b> how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		
3	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		
	<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ju		
,	satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	35		
	purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4	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		
		4a		
ı	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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		
		Ju		
	b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one			
	or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	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 or 990-EZ)	8		
9 :	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 <b>Part VI</b>	9a		
ı	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b>	9b		
•	c Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b>	9с		
10 a	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
	<b>b</b> Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	·va		
	whether the organization had excess business holdings.)	10b		

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
		he organization accepted a gift or contribution from any of the following persons?			
	<b>a</b> A pers gover	son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
	<b>b</b> A fam	nily member of a person described in (a) above?	11b		
	<b>c</b> A 35%	% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Se	ction E	B. Type I Supporting Organizations			
				Yes	No
1	or elect Part \ If the direct	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 the window of the supported organization of the supported organization one supported organization, describe how the powers to appoint and/or remove to trustees were allocated among the supported organizations and what conditions or restrictions, if any, sed to such powers during the tax year.	1		
2	Did the that of the benefit	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 <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Se		C. Type II Supporting Organizations			
				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 <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction [	D. All Type III Supporting Organizations			
				Yes	No
1	organ year,	ne organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	voice all tim	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 nees during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
٥٥		s regard.  E. Type III Functionally-Integrated Supporting Organizations	•		
<b>J</b> C	CHOIL	L. Type in 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):			
	a 🔲 ⊺	he organization satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> $\Box$ $\Box$	he organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗌 TI	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	s).		
2	Activi	ties Test. Answer (a) and (b) below.		Yes	No
	a Did su suppo organ	ubstantially 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 <b>Part VI identify those supported inizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was pursive to those supported organizations, and how the organization determined that these activities constituted		103	
		antially all of its activities	2a		
	the or the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of rganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for rganization's position that its supported organization(s) would have engaged in these activities but for the nization's involvement.	2b		
3		nt of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	<b>a</b> Did th each	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 <b>Part VI</b></i>	3a		
	<b>b</b> Did th	be organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V	<u>nızat</u>	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	vembe	er 20, 1970. <b>See instruct</b> ons A through E.	ons. 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):			
	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	<b>Distributable Amount.</b> 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 (see instructions).	grated	Type III supporting or	ganization

BAA

Schedule **A** (Form 990 or 990-EZ) 2015

	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sec	tion D — Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
_ 7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions	on is responsive (provide	details	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2015:			
a				
b				
С				
d	From 2013			
е	From 2014			
1	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
c	Excess from 2013			
d	Excess from 2014			

BAA

**e** Excess from 2015.....

Schedule **A** (Form 990 or 990-EZ) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

2015

Employer identification number

Community Foundation of Southe	ern Marylan	84-1701434
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organiza	ation
	4947(a)(1) nonexempt charitable trust I	not treated as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust t	reated as a private foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the <b>General</b>	Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) orga	nization can check boxes for both the Gene	ral Rule and a Special Rule. See instructions.
General Rule		
For an organization filing Form 990, 990-EZ property) from any one contributor. Complet	, or 990-PF that received, during the year, or Parts I and II. See instructions for determ	contributions totaling \$5,000 or more (in money or nining a contributor's total contributions.
Special Rules		
For an organization described in section 501 under sections 509(a)(1) and 170(b)(1)(A)(vi), t received from any one contributor, during th Form 990, Part VIII, line 1h, or (ii) Form 990	hat checked Schedule A (Form 990 or 990-F7)	Part II. line 13, 16a, or 16b, and that
For an organization described in section 501 during the year, total contributions of more to purposes, or for the prevention of cruelty to	(c)(7), (8), or (10) filing Form 990 or 990-E than \$1,000 <i>exclusively</i> for religious, charita children or animals. Complete Parts I, II, a	Z that received from any one contributor, able, scientific, literary, or educational and III.
For an organization described in section 501 during the year, contributions <i>exclusively</i> for \$1,000. If this box is checked, enter here the charitable, etc., purpose. Do not complete a it received <i>nonexclusively</i> religious, charitables	religious, charitable, etc., purposes, but no e total contributions that were received duri ny of the parts unless the <b>General Rule</b> app	o such contributions totaled more than ng the year for an <i>exclusively</i> religious, plies to this organization because
<b>Caution.</b> An organization that is not covered by 990-PF), but it <b>must</b> answer 'No' on Part IV, line Part I, line 2, to certify that it does not meet the	e 2, of its Form 990; or check the box on lin	ne H of its Form 990-EZ or on its Form 990-PF.

Page

1 of

2 of Part I

Community Foundation of Southern Marylan

Employer identification number

84-1701434

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Comm. Foundation of Anne Arundel		Person X Payroll
•	914 Bay Ridge Road	\$20,000.	Noncash
	Annapolis, MD 21403		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>2</u>	William Bruce Bowen		Person X Payroll
	12633 Santa Rose Circle	\$10,250.	Noncash
	Lusby, MD 20657		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Julia King & Raymond Cannetti		Person X Payroll
	P. O. Box 213	\$ <u>10,394.</u>	Noncash
	St. Mary's City, MD 20686		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Number	(b) Name, address, and ZIP + 4  Cooper-Grebmeier Family		Type of contribution  Person X
Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family		Type of contribution
Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family	\$10,000.	Person X Payroll
Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family  P.O. Box 1214	\$10,000.	Person X Payroll Noncash  (Complete Part II for
4 (a) Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family  P.O. Box 1214  Solomons, MD 20688  (b)	\$10,000.	Type of contribution  Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person X
4 (a) Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family  P.O. Box 1214  Solomons, MD 20688  Name, address, and ZIP + 4	\$10,000.	Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family  P.O. Box 1214  Solomons, MD 20688  Name, address, and ZIP + 4  Christopher J. Hardman	\$10,000.  (c) Total contributions	Type of contribution  Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)  (d)  Type of contribution  Person X  Payroll
4 (a) Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family  P.O. Box 1214  Solomons, MD 20688  Name, address, and ZIP + 4  Christopher J. Hardman  44660 Boxwood Drive	\$10,000.  (c) Total contributions	Type of contribution  Person X Payroll
(a) Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family P.O. Box 1214  Solomons, MD 20688  Name, address, and ZIP + 4  Christopher J. Hardman 44660 Boxwood Drive  Callaway, MD 20620	\$10,000.  (c) Total contributions  \$7,000.	Type of contribution  Person X Payroll
(a) Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family P.O. Box 1214  Solomons, MD 20688  Name, address, and ZIP + 4  Christopher J. Hardman 44660 Boxwood Drive  Callaway, MD 20620  Name, address, and ZIP + 4	\$10,000.  (c) Total contributions  \$7,000.	Person X Payroll
(a) Number  5  (a) Number	Name, address, and ZIP + 4  Cooper-Grebmeier Family  P.O. Box 1214  Solomons, MD 20688  Name, address, and ZIP + 4  Christopher J. Hardman  44660 Boxwood Drive  Callaway, MD 20620  Name, address, and ZIP + 4  Cara Fogarty	\$10,000.  (c) Total contributions  \$7,000.  (c) Total contributions	Type of contribution  Person X  Payroll

Page

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2 of Part I

Community Foundation of Southern Marylan

Employer identification number 84-1701434

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional space	is needed.
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(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SW Barrick & Sons  LeGore Bridge Road  Woodsboro, MD 21798	\$5,000.	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
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)

Name of organization

Page

1 of Part II

Employer identification number

Community Foundation of Southern Marylan 84-1701434 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-E	

TEEA0703L 10/12/15

Page

1 to

of Part III

Name of organization
Community Foundation of Southern Marylan

Employer identification number

84-1701434

Part III	or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)				
	Use duplicate copies of Part III if additional:	(Enter this information once. Se space is needed.	e instruction	s.)	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
			·		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
			· – – – – - · – – – – -		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee	

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

Department of the Treasury Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 84-1701434 Community Foundation of Southern Marylan **Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations Yes X No **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (i) Name and address of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (iii) Did fundraiser or entity (fundraiser) from activity (or retained by) (or retained by) have custody or control of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 5 6 7 9 10 Total. 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule **G** (Form 990 or 990-EZ) 2015 Community Foundation of Southern Marylan 84-1701434 Fundraising Events. Complete if the organization answered 'Yes' on 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..... 12,652 12,652. 2 Less: Contributions..... 2,100. 2,100. **3** Gross income (line 1 minus line 2)..... 10,552 10,552. 

6 Rent/facility costs..... 7 Food and beverages ..... 20 20. Other direct expenses..... 4,575. 4,575. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 4,595. Net income summary. Subtract line 10 from line 3, column (d)..... 5,957. Gaming. Complete if the organization answered 'Yes' on 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: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... **b** If 'Yes,' explain:

	edule G (Form 990 of 990-EZ) 2015 Community Foundation of Southern Marylan 87		Page 3
11	Does the organization conduct 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
12	Indicate the percentage of gaming activity conducted in:	1 1	
	Indicate the percentage of gaming activity conducted in:  a The organization's facility	120	%
	<b>b</b> An outside facility.		<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
•			
	Name ►		
	Address ►		
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenu	ie? <b>Yes</b>	No
	<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization► \$ and the		
	of gaming revenue retained by the third party > \$		
	c If 'Yes,' enter name and address of the third party:		
	Name ►		
	Name P		
	Address •		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	□ Director/officer   □ Employee   □ Independent contractor		
17	Mandatory distributions		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		
•	state gaming license?	Yes	No
ı	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	_
	organization's own exempt activities during the tax year ► \$		
Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, col	umns (iii) and (	(v);
	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	y additional	
	iniornation (see instructions).		

### SCHEDULE I (Form 990)

(3)

Department of the Treasury

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

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

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

2015

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service 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' on 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 or assistance other) (1) American Cancer Society 636 W. Lexington Street Baltimore, MD 21201 58-0659875 20,000 0 cure cancer

(4) (5) (6) (7)

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
 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
1					
2					
3					
1					
i					
5					
7					

### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

84-1701434

Department of the Treasury Internal Revenue Service

Community Foundation of Southern Marylan

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.