	000
Form	330

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

The organization may have to use a conv of this return to satisfy state reporting requirements

_			ndar year, or tax year beginning , 2012, and enc			mopeetion
A			ing	D Employee	, 20 r identification number	
B		f applicable:	C Name of organization Community Foundation of Southern Maryland		D Employer	
✓		s change	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/	ovito	E Telephone	84-1701434
✓	Name cl	•		suite	· ·	
	Initial ref		2960 Technology Place Suite 102B			240-670-4483
	Termina		City, town or post office, state, and ZIP code			
		ed return	Waldorf, MD 20601		G Gross rec	·
	Applicat	tion pending	F Name and address of principal officer:			r affiliates? 🗌 Yes 🗹 No
			Gretchen Heinze Hardman 2960 Technology PI Suite 102B Waldorf MD	` ´ ´		luded? L Yes L No
		empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527			ist. (see instructions)
J	Website		v.cfcomd.org	.,	p exemption r	
			✓ Corporation Trust Association Other ► L Year of form	nation: 2005	M State o	f legal domicile: MD
P	art I	Summ	-			
	1		scribe the organization's mission or most significant activities:			
ø			ce the quality of life for the community of Southern Maryland by aligning	philanthropic	interest wit	h community needs
anc		through s	tewardship, collaboration, and charitable giving.			
ern						
Ň	2		is box \blacktriangleright \Box if the organization discontinued its operations or disposed			s net assets.
∞ ∞	3		of voting members of the governing body (Part VI, line 1a)			14
es	4		of independent voting members of the governing body (Part VI, line 1	,		14
iviti	5	Total nur	nber of individuals employed in calendar year 2012 (Part V, line 2a)			1
Activities & Governance	6		nber of volunteers (estimate if necessary)		. 6	15
	7a		elated business revenue from Part VIII, column (C), line 12		. 7a	0
	b	Net unre	ated business taxable income from Form 990-T, line 34		. 7b	0
				Prior Y	ear	Current Year
e	8		ions and grants (Part VIII, line 1h)		139,953	162,962
Revenue	9		service revenue (Part VIII, line 2g)			17,352
Sev	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		48,048	24,893
-	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,219	(243)
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		228,220	204,964
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		101,407	149,904
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		55,025	55,849
Expenses	16a		nal fundraising fees (Part IX, column (A), line 11e)			
, xp	b		draising expenses (Part IX, column (D), line 25) ►			
ш	17	Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		31,892	39,790
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		188,324	245,543
	19	Revenue	less expenses. Subtract line 18 from line 12		39,896	(40,579)
or Ces				Beginning of C	urrent Year	End of Year
sets	20	Total ass	ets (Part X, line 16)		982,665	1,056,779
Net Assets or Fund Balances	21		ilities (Part X, line 26)		44,024	48,432
ž,5	22	Net asse	ts or fund balances. Subtract line 21 from line 20		938,641	1,008,347

Part II Signature Block

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

Sign Here	Signature of officer			Date	
	Type or print name and title				
Paid	Print/Type preparer's name	Preparer's signature	Date	Check	✓ if PTIN
Preparer	Helen Nelson		11/13/13		
Use Only	Firm's name 🕨 Helen Nelson, CPA			Firm's EIN 🕨	52-1680924
	Firm's address ► 18110 Horseshoe Bend	Phone no.	301-653-7110		
May the IRS	discuss this return with the preparer	shown above? (see instructions) .			🗸 Yes 🗌 No
Fau Damanua	d. Deduction Act Nation and the commu	to inclused one	0 · · · · · · · · · · · · · · · · · · ·		

For Paperwork Reduction Act Notice, see the separate instructions.

OMB No. 1545-0047

Open to Public

2

20

Form 99	0 (2012)				Page 2
Part		atement of Program Service Acc			
			onse to any question in this Pa	rt III	<u> </u>
1		escribe the organization's mission:			
				the quality of life for the community of ough stewardship, collaboration, and	
	charitabl				
	charitabi	<u>giving</u> .			
2		organization undertake any significa			
	•	m 990 or 990-EZ?		· · · · · · · · · · · □ Y	′es 🗹 No
-		describe these new services on Sch			
3		organization cease conducting, o			
		?		· · · · · · · · · · · · · · · · · · ·	′es ✓ No
4		describe these changes on Schedu		ts three largest program services, as r	noncurad by
-				ort the amount of grants and allocation	
		expenses, and revenue, if any, for e			,
4a	(Code:) (Expenses \$210	,894 including grants of \$	149,904) (Revenue \$1	7,352)
	During 2	012, the Community Foundation of So	uthern Maryland made grants fron	n various funds to benefit other non-profi	t
				e the public about the benefit of aligning	
	philanthr	opic interests with community needs.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$)
4d	Other pr	ogram services (Describe in Schedu	le O.)		
	(Expense			ie\$)	
4e	<u> </u>	ogram service expenses ►	210,894		

Form 99	0 (2012)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\checkmark	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .	4		\checkmark
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		1
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? <i>If "Yes," complete Schedule D, Part I</i>	6	√	
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		
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		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		▼
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		· ✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\checkmark
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11f		\checkmark
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	✓	
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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\checkmark
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	146		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	14b 15		 ✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	15		 ✓
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		 ▼ ✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	17	✓	×
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	•	✓
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		\checkmark
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-

Form **990** (2012)

Form 990 (2012) Checklist of Required Schedules (continued) Part IV No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II √ 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 \checkmark Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b С Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I ✓ 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or 26 disgualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 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 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 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 √ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete h 28b 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 ✓ 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 1 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," √ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II, III. 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a b √ controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 √ 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, √ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 \checkmark 38

Form 990 (2012)

Page 4

Form 99	0 (2012)		F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	\checkmark	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			(
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		1
h	If "Yes," enter the name of the foreign country:	4a		•
b	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		•
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		•
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		\checkmark
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	\checkmark	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\checkmark	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>√</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
~	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		
8				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	0		v
a	Did the organization make any taxable distributions under section 4966?	9a		\checkmark
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\overline{\checkmark}$
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
Ŀ	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b				
с				
с 14а		14a		
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		✓
	in res, has a modiar similation report mode payments: in ris, provide an explanation in ochedule 0.	1 10		

Form 99	00 (2012)		F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . <u>1b</u> 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		\checkmark
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		\checkmark
6	Did the organization have members or stockholders?	6		\checkmark
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
b	one or more members of the governing body?	7a		✓ ✓
0	stockholders, or persons other than the governing body?	7b		•
8	the year by the following:			
а	The governing body?	8a	\checkmark	
b	Each committee with authority to act on behalf of the governing body?	8b	\checkmark	
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? <i>If "Yes," provide the names and addresses in Schedule O</i> .	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	·
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.) Yes	No
Secti 10a	Did the organization have local chapters, branches, or affiliates?	ue Co 10a		No √
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes ✓	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes ✓	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes ✓ ✓ ✓	
10a b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes ✓ ✓ ✓	
10a b 11a b 12a c 13	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes ✓ ✓ ✓ ✓	
10a b 11a b 12a c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes ✓ ✓ ✓ ✓	
10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes ✓ ✓ ✓ ✓ ✓ ✓	
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes ✓ ✓ ✓ ✓ ✓ ✓ ✓	
10a b 11a b 12a b c 13 14 15 a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes ✓ ✓ ✓ ✓ ✓ ✓ ✓	
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes ✓ ✓ ✓ ✓ ✓ ✓ ✓	
10a b 11a b 12a b c 13 14 15 a b 16a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes ✓ ✓ ✓ ✓ ✓ ✓ ✓	
10a b 11a b 12a c 13 14 15 a b 16a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes ✓ ✓ ✓ ✓ ✓ ✓ ✓	
10a b 11a b 12a c 13 14 15 a b 16a b Secti	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes ✓ ✓ ✓ ✓ ✓ ✓ ✓	
10a b 11a b 12a c 13 14 15 a b 16a b Secti 17	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	✓ ✓	✓
10a b 11a b 12a c 13 14 15 a b 16a b Secti	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a 16b	✓ ✓	✓

19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,
	and financial statements available to the public during the tax year.

20	State the name	, physical address, and te	lephone numbe	er of the person who possesses the	e books and records of the
	organization: 🕨	Gretchen Heinze Hardman	240-670-4483	2960 Technology Place Suite 102B	Waldorf, MD 20601

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)			,		,
(A)	(B)	(do 10	at ak		ition	then a		(D)	(E)	(F)
Name and Title	Average		o not check more x, unless person					Reportable	Reportable	Estimated
	hours per week (list any	office	officer and a				tee)	compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)	ndividua or directo	Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee Officer		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ellen Flowers-Fields										
Chair	3	√		1				0	0	0
(2) Nick Rogers										
Vice Chair	3	1		1				0	0	0
(3) Paul Kravic										
Treasurer	3	✓		1				0	0	0
(4) Mary Grant										
Secretary	3	√		✓				0	0	0
(5) Basile Aziagbe										
Director	2	\checkmark						0	0	0
(6) Cornell Barnett										
Director	2	✓						0	0	0
(7) Rose Haft										
Director	2	✓						0	0	0
(8) Diane Deskins Hicks										
Director	2	✓						0	0	0
(9) Carol Jackson										
Director	2	✓						0	0	0
(10) Michael A. Jean										
Director	2	✓						0	0	0
(11) Shawn Salta										
Director	2	✓						0	0	0
(12) Ernestine Terrell										
Director	2	✓						0	0	0
(13) Kate Zabriskie										
Director	2	✓						0	0	0
(14) Gretchen Hardman		-								
Executive Director	40			\checkmark				48,700	0	2,700

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	vees	s, a	nd H	lighes	st C	ompensated E	mployees (contin	ued)		Fage O
	· · · · · · · · · · · · · · · · · · ·					C)	0		••••••		/		
	(A)	(B)	(do n	ot of		ition	e than c	200	(D)	(E)		(F)	
	Name and title	Average					is both		Reportable	Reportable		imated	
		hours per week (list any		er and		lirect	or/trust	<u> </u>	compensation from	compensation from related		ount of other	
		hours for	Individual trustee or director	Insti	Officer	Key	Highest compensated employee	Former	the	organizations	comp	ensatio	on
		related organizations	rect	Institutional	ěř	emp	est o loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the inizatio	n
		below dotted	or tru	nalt		Key employee	eom					related	
		line)	stee	trustee		ő	bens				orgai	nizatior	15
				ee			ated						
(15)													
(16)			-										
(17)													
(17)													
(18)													
(19)			-										
(00)													
(20)													
(21)													
<u></u>		+											
(22)													
(23)			-										
(24)													
(47)			-										
(25)													
1b	Sub-total					• •			48,700				2,700
c	Total from continuation sheets to Part			•	•	•							
d 2						 	 		48,700	there \$100.00	0 = f		2,700
2	Total number of individuals (including but reportable compensation from the organi		1 to tr	iose	e lisi	tea	above	e) w	no received m	ore than \$100,00	U OT		
												Yes	No
3	Did the organization list any former of							emp	oloyee, or high	lest compensate	d		
	employee on line 1a? If "Yes," complete										<u> </u>		\checkmark
4	For any individual listed on line 1a, is the	e sum of re	porta	ble	con	npe	nsatio	n a	nd other comp	ensation from th	ie		
	organization and related organizations individual										h 4		
5	Did any person listed on line 1a receive c												✓
5	for services rendered to the organization										5		\checkmark
Sectio	on B. Independent Contractors		-									1	<u></u>
1	Complete this table for your five highest												
	compensation from the organization. Rep	port compe	nsatio	on fo	or th	ne c	alend	ar y	ear ending wit	h or within the or	ganizati	on's t	ax
	year.												

	(A) Name and business address	(B) Description of services	(C) Compensation
none			
2	Total number of independent contractors (including but not limited to	o those listed above) who	
	received more than \$100,000 of compensation from the organization ►	0	

Form 990 (2012)

Part VIII Statement of Revenue

		Check if Schedule O contains a response to any	question in this Part	VIII		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated campaigns 1a				
ran	b	Membership dues 1b				
, G	c		35,324			
ifts ar A	d	Related organizations 1d	50,021			
a, G nila	e	Government grants (contributions) 1e				
Sir	f	All other contributions, gifts, grants,				
her	-	and similar amounts not included shous	27,638			
g ti	g	Noncash contributions included in lines 1a-1f: \$	0			
Contributions, Gifts, Grants and Other Similar Amounts	b b	Total. Add lines 1a–1f	162,962			
		Business				
Program Service Revenue	2a	philanthropy luncheons	4,996	4,996		
Rev	b	community activities	12,356			
ice	c		12,000	12,000		
erv	d					
a S	e					
gra	f	All other program service revenue .				
Pro	g	Total. Add lines 2a–2f	. • 17,352			
	3	Investment income (including dividends, inte	erest,			
		and other similar amounts)				24,893
	4	Income from investment of tax-exempt bond procee				
	5	Royalties				
		(i) Real (ii) Perso	onal			
	6a	Gross rents				
	b	Less: rental expenses				
	с	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Oth	er			
		assets other than inventory 133,592				
	b	Less: cost or other basis				
		and sales expenses . 167,896				
	с	Gain or (loss) (34,304)				
	d	Net gain or (loss)	. (34,304)			(34,304)
¢						
ňu	8a	Gross income from fundraising				
eve		events (not including \$ 35,324				
ĕ		of contributions reported on line 1c).				
Other Revenue			75,178			
đ			41,117			
	c		. • 34,061			34,061
	9a	Gross income from gaming activities. See Part IV, line 19 a				
		Less: direct expenses b				
	C	Net income or (loss) from gaming activities .				
	IVa	Gross sales of inventory, less returns and allowances a				
	h					
	D C	Less: cost of goods sold b Net income or (loss) from sales of inventory .				
	<u> </u>	Miscellaneous Revenue Business				
	11a					
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a–11d				
	12	Total revenue. See instructions.		17,352		24,650
			204,704	17,002		5 00 (0010)

Part IX Statement of Functional Expenses

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

Do no	Check if Schedule O contains a response tinclude amounts reported on lines 6b, 7b,	se to any question i (A) Total expenses	n this Part IX (B) Program service	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	149,904	149,904		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	50,191	31,039	14,590	4,562
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,400	866	407	127
9 10	Other employee benefits	4,258	2,633	1.220	207
11	Fees for services (non-employees):	4,258	2,033	1,238	387
а	Management				
b	Legal				
С	Accounting	8,342	5,159	2,425	758
d					
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	4.272	4.070		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,373	4,373		
12	Advertising and promotion				
13	Office expenses	650	266	125	259
14	Information technology	2,199	1,113	523	563
15	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,428	3,211	653	564
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization .	4 4 7 0			
23 24	Other expenses. Itemize expenses not covered	1,173	725	341	107
24	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	supplies	9,012	8,029		983
b	telephone	1,850	1,144	538	168
С	printing, publications	5,735	1,963		3,772
d	postage	296	155	73	68
e	All other expenses bank fees Total functional expenses. Add lines 1 through 24e	1,732	314	257	1,161
25 26	Joint costs. Complete this line only if the	245,543	210,894	21,170	13,479
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶				
					Form 990 (2012)

Form 990 (2012)

Part X	Balance Sheet			1
	Check if Schedule O contains a response to any question in this Part >	(🗆
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	79,033	2	91,475
3	Pledges and grants receivable, net	16,670	3	2,070
4	Accounts receivable, net		4	
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	
7 set	Notes and loans receivable, net		7	
Assets			8	
9	Prepaid expenses and deferred charges	1 077	9	1.40/
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,877	9	1,496
b			10c	
11	Investments—publicly traded securities	885,085	11	961,038
12	Investments—other securities. See Part IV, line 11	000,000	12	701,030
13	Investments—program-related. See Part IV, line 11		13	
14			14	
15	Other assets. See Part IV, line 11		15	700
16	Total assets. Add lines 1 through 15 (must equal line 34)	982,665	16	1,056,779
17	Accounts payable and accrued expenses	44,024	17	48,432
18	Grants payable	17,021	18	10,102
19			19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
j 23	Secured mortgages and notes payable to unrelated third parties		23	
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		25	
26	Total liabilities. Add lines 17 through 25	44,024	26	48,432
ses	Organizations that follow SFAS 117 (ASC 958), check here ► □ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	25,488	27	30,869
28	Temporarily restricted net assets	69,455	28	110,571
2 29	Permanently restricted net assets	843,698	29	866,907
01 rund balances 82 82 99	Organizations that do not follow SFAS 117 (ASC 958), check here \blacktriangleright and complete lines 30 through 34.			
ຍ 2 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
30 31 32 33 33	Total net assets or fund balances	938,641	33	1,008,347
34	Total liabilities and net assets/fund balances	982,665	34	1,056,779

Form **990** (2012)

	00 (2012)			Pa	age 1 2
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		20	04,96
2	Total expenses (must equal Part IX, column (A), line 25)	2		24	45,54
3	Revenue less expenses. Subtract line 2 from line 1	3		(4	0,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		93	38,64
5	Net unrealized gains (losses) on investments	5		11	10,28
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1,00	08,34
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>. </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp Schedule O.	olain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were comp		2a		✓
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	\checkmark	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	ed on a			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	versight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou	ntant?	2c		\checkmark
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain in			-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	et forth in			
ou	the Single Audit Act and OMB Circular A-133?		3a		1
			32		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		38		•

Form **990** (2012)

SCH	EDU	LE A	
(Form	990	or 990	-EZ)

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.

OMB No. 1545-0047 2012 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Insp Employer identification number

Community Foundation of S	Southern Maryl	and							01434		
		ity Status (All orga					,	nstructic	ons.		
The organization is not a p				•			,				
1 🗌 A church, conven					ed in sec	tion 170(b)(1)(A)(i).			
		170(b)(1)(A)(ii). (Attac		,							
		pital service organiza									
4 A medical researce hospital's name,	0	n operated in conjund :	ction with	i a hospit	al descrit	oed in se	ction 170	0(b)(1)(A)	(iii). Ente	r the	
5 An organization of section 170(b)(1)		he benefit of a collegolete Part II.)	ge or uni	versity o	wned or	operated	by a go	vernment	tal unit d	escrib	ed in
7 🖌 An organization t	that normally	iment or government receives a substantia (A)(vi). (Complete Par	l part of					it or fron	n the ger	neral p	oublic
8 🗌 A community trus	st described ir	section 170(b)(1)(A)	(vi). (Cor	nplete Pa	art II.)						
receipts from act support from gro											
10 An organization of	organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).			
509(a)(3). Check a [Type I e [By checking this	or more pub the box that c b Type box, I certify ation manage	licly supported organ lescribes the type of s II c Type III	izations supportin –Function is not con	describe og organiz nally inte ntrolled c	d in secti zation and grated lirectly or	ion 509(a d comple d □ 1 r indirectl <u>y</u>	i)(1) or se te lines 1 Fype III–N y by one	ection 50 1e throug Ion-funct or more	9(a)(2). S gh 11h. tionally in disqualifi	ee se tegrat ed pe	ction ed rsons
•		written determinatio								portir	ig □
g Since August 17, following persons		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•			
(i) A person who	o directly or in	ndirectly controls, eith	ner alone	or toget	her with	persons	describe	d in (ii) ar	nd	Yes	No
(iii) below, the	governing bo	dy of the supported of	organizati	ion?		·			11g(i)		
(ii) A family mem	ber of a perso	on described in (i) abo	ve?						11g(ii)		
(iii) A 35% contro	olled entity of a	a person described in	(i) or (ii) a	above? .					11g(iii)		
h Provide the follow	ving information	on about the supporte	ed organi	zation(s).							
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis governing (rganization sted in your document?	the organ col. (i) supp	ou notify nization in of your port?	organizat (i) organi U.	s the ion in col. zed in the S.?	(vii) Amour su	nt of mo pport	netary
			Yes	No	Yes	No	Yes	No			
(A)											
(B)											

(C)

(D)

(E)

Total

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

 Section A. Public Support

	dar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	(,	(0) = 000	(1) = 1 =	(0) = 0 + 1	(0) = 0 = -	() • • • •
-	membership fees received. (Do not						
	include any "unusual grants.")	895,647	89,747	107,565	139,953	162,962	1,395,874
2	Tax revenues levied for the	0,0,017	07,111	107,000	107,700	102,702	1,070,071
-	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	895,647	89,747	107,565	139,953	162,962	1,395,874
		075,047	07,747	107,505	137,733	102,702	1,373,074
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						000 7 41
6	Public support. Subtract line 5 from line 4.						999,741
	on B. Total Support						396,133
	dar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	895,647	89,747	107,565	139,953	162,962	1,395,874
8	Gross income from interest, dividends,	095,047	09,141	107,305	139,903	102,902	1,393,074
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	5 704		04.044	00 740	0.4.000	407 400
•		5,781	20,800	34,246	22,710	24,893	107,430
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	73,252	82,622	46,638	40,219	34,061	276,792
11	Total support. Add lines 7 through 10						1,780,096
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th	-			-		
0	organization, check this box and stop he						🕨 🗋
	on C. Computation of Public Suppor	-		(0)			
14	Public support percentage for 2012 (line 6	, ()		, ())		14	22.25 %
15	Public support percentage from 2011 Sch					15	18.01 %
16a	33 ¹ / ₃ % support test—2012. If the organize box and stop here. The organization qual						
b	33 ¹ / ₃ % support test-2011. If the organ						
	check this box and stop here. The organi	-					
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa						
	organization						. 🕨 🗸
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat						
	Explain in Part IV how the organization m				•		publicly
	supported organization						. 🕨 🗌
18	Private foundation. If the organization die		,				
	instructions						. 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2012

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual 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							
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	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						
с	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						
10	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						+
10	and 12.)						
4.4	,		'a firat accor	d third fourth	or fifth tox w	or as a sasti	200 = 501(0)(2)
14	First five years. If the Form 990 is for the	•					
Centi	organization, check this box and stop he						
	on C. Computation of Public Suppor			0		45	0/
15	Public support percentage for 2012 (line					15	%
<u>16</u>	Public support percentage from 2011 Scl					16	%
	on D. Computation of Investment In			<u> </u>	(0)		~
17	Investment income percentage for 2012 (-		17	%
18	Investment income percentage from 201					18	%
19a	33 ¹ / ₃ % support tests-2012. If the organ						
	17 is not more than $33^{1/3}$ %, check this box		-	-		-	
b	331/3% support tests-2011. If the organiz						
	line 18 is not more than 33 ¹ / ₃ %, check this		-	-			
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instr	uctions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2012

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Part II Line 10 Net income from fundraising events.
Part II Line 17a Explain in Part IV how the organization meets the "facts and circumstances" test.
Since its inception the Community Foundation of Southern Maryland (CFSM) has been working diligently to solicit funds from governmental
units and the general public. In the beginning, our main goal was to find key leaders from the community who would be willing to provide
seed funding to build charitable activities and a solicitation program. In addition to finding key supporters, the Board of Directors selected
six areas of focus that represented the broad common interests of the community and they are: Arts and Culture, Education and
Scholarships, Environment, General Community Improvements – Housing, Recreation & Transportation, Health and Wellness, and Youth
Initiatives. The CFSM is organized in such way as to solicit public funding through three key areas:
1. The first area is focused on soliciting funding, in-kind support and awareness in the community through our annual events. Our growing
circle of volunteers and our all volunteer Board of Directors work tirelessly to solicit funding by recruiting sponsors, selling tickets,
requesting donations, sending press releases and articles to the news media, and recruiting guest speakers. In addition to our annual
events, we have created a "Friends of the Community Foundation" Initiative to raise funds for capacity building at the Community
Foundation of Southern Maryland. For this initiative, we mailed letters and brochures introducing the community foundation and
requesting support. Our database of supporters is growing this year and between 500 and 1000 pieces were mailed.
2. Our second area of focus is growing our Board of Directors. We have an active volunteer governing Board of Directors that play a major
role in attracting new and additional support from governmental units, contributions from the general public, and in-kind support.
Board selection is based on our Board Matrix, created to ensure they represent the broad interests of Southern Maryland. Our Board Matrix
includes age, gender, geography, skill, and experience. Our Board Matrix helps to ensure folks are selected who represent a cross-section
view of our community.
3. Our third area of focus is providing opportunities for donors with varying interests and giving capacities and streamlining these
funds to respond to emerging and ever changing needs in our community. Our first charge was creating a competitive grant program
for nonprofits in the community. The grants were based on the Priority Needs Assessment of Charles County study we completed in
March 2008. The study could not have been completed with out the help of key donors, the local United Way and the Charles County
Commissioners. Our first restricted fund was created in 2008 with several funds created thereafter through a match program provided
by one of our key supporters. Our first competitive grant cycle was introduced in January 2009. Since our inception, we have
distributed nearly \$500,000 through our Funds and our own competitive Community Grant Program.
In addition to our annual events, our diverse Board of Directors and our charitable giving programs, we produce a newsletter, called "This Is
Giving" and encourage folks to our website: www.somdgiving.org. Our vision is to make Southern Maryland the best place to live and give. Schedule A (Form 990 or 990-EZ) 2012

Name of the organization

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

OMB No. 1545-0047

2012

Employer identification number

84-1701434

Community Foundation of Southern Maryland						
Organization type (check one):						

Filers of:	Section:				
Form 990 or 990-EZ	✓ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- □ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (F	Form 990,	990-EZ, or	990-PF)	(2012)
---------------	-----------	------------	---------	--------

Name of organization

Employer identification number

Community Foundation of Southern Maryland

84-1701434

Part I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Chaney Foundation 12480 Mattawoman Drive Waldorf, MD 20601	\$	Person✓Payroll□Noncash□(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Coastal Sunbelt Produce 8704 Bollman Place Savage, MD 20763	\$5,000	Person ✓ Payroll □ Noncash □ (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Chaney Enterprises 12480 Mattawoman Drive Waldorf, MD 20601	\$	PersonImage: CompletePayrollImage: CompleteNoncashImage: Complete(CompletePart II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	United Way of Charles County 10250 LaPlata Road LaPlata, MD 20646	\$10,000	Person✓Payroll□Noncash□(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Julia A. King and Raymond Cannetti P. O. Box 213 St. Mary's City, MD 20686	\$	Person✓Payroll□Noncash□(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Civista Health 6 Garrett Avenue LaPlata, MD 20646	\$5,636	PersonIPayrollINoncashI(Complete Part II if there is a noncash contribution.)

SCHE	DULE	D
(Form	990)	

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.
 ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name o	of the organization		Employe	er identification number
Comm	nunity Foundation of Southern Maryland			84-1701434
Par		r Advised Funds or Other Similar Fu	nds or A	
	organization answered "Yes" to Fo			
		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year	8		8
2	Aggregate contributions to (during year) .	84,123		6,880
3	Aggregate grants from (during year)	81,940		67,963
4	Aggregate value at end of year	106,167		879,273
5	Did the organization inform all donors and o	donor advisors in writing that the assets	held in d	onor advised
	funds are the organization's property, subject			
6	Did the organization inform all grantees, don	ors, and donor advisors in writing that gra	ant funds	
	only for charitable purposes and not for the			
	conferring impermissible private benefit?			· · · · · · · · Ves 🗌 No
Par	t II Conservation Easements. Compl	ete if the organization answered "Yes'	" to Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held b	-		, ,
	Preservation of land for public use (e.g., re		of an hist	orically important land area
	Protection of natural habitat			ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribut	ion in the	form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements .		[2a
b	Total acreage restricted by conservation ease			2b
с	Number of conservation easements on a cert			2c
d	Number of conservation easements include	ed in (c) acquired after 8/17/06, and not	t on a 🗍	
	historic structure listed in the National Register	er		2d
3	Number of conservation easements modified	, transferred, released, extinguished, or te	rminated	by the organization during the
	tax year 🕨			
4	Number of states where property subject to c	conservation easement is located ►		_
5	Does the organization have a written polic			
	violations, and enforcement of the conservati	on easements it holds?		· · · · 🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservatio	n easeme	ents during the year
	▶			
7	Amount of expenses incurred in monitoring, in	nspecting, and enforcing conservation eas	sements o	during the year
	▶\$			
8	Does each conservation easement reported of	on line 2(d) above satisfy the requirements	of sectio	
	(i) and section 170(h)(4)(B)(ii)?			· · · · DYes 🗌 No
9	In Part XIII, describe how the organization rep			
	balance sheet, and include, if applicable, the		inancial s	tatements that describes the
	organization's accounting for conservation ea			
Part		ctions of Art, Historical Treasures, o		Similar Assets.
	· · · · ·	ered "Yes" to Form 990, Part IV, line 8		
1 a	If the organization elected, as permitted und			
	works of art, historical treasures, or other s public service, provide, in Part XIII, the text of			
b	If the organization elected, as permitted un			
	works of art, historical treasures, or other s public service, provide the following amounts	-	suucation	, or research in jurtherance of
	(i) Devenues included in Farma 200, D. (1) (iii)			► ¢
	(i) Revenues included in Form 990, Part VIII,			· • •
0	(II) Assets included in Form 990, Part X			. 🕨 🦻
2	If the organization received or held works of following amounts required to be reported un			ior infancial gain, provide the
-				► ¢
a k	Revenues included in Form 990, Part VIII, line	91		· • •
b	Assets included in Form 990, Part X			. 💌 🖇

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

Schedu	le D (Form 990) 2012							Page	2
Part	III Organizations Maintaining	Collections of A	rt, Historical 1	reasures, or	Other Simil	ar Ass	ets (cont	inued)	ī
3	Using the organization's acquisition, a collection items (check all that apply):	,	er records, chec	k any of the fo	llowing that a	re a sig	nificant u	se of it	s
а	Public exhibition		d 🗌 Loan	or exchange p	rograms				
b	Scholarly research		e 🗌 Other	•					
с	Preservation for future generations	3							
4	Provide a description of the organizat		nd explain how t	hey further the	organization's	s exem	ot purpose	e in Pa	rt
	XIII.		·						
5	During the year, did the organization assets to be sold to raise funds rather					similar	 □ Yes	□ No	c
Part	t IV Escrow and Custodial Arra line 9, or reported an amoun	-		anization ans	wered "Yes"	to For	m 990, P	art IV,	_
1a	Is the organization an agent, trustee,			or contributions	s or other ass	ets not			-
	included on Form 990, Part X?						_		С
b	If "Yes," explain the arrangement in Pa								
		·· ·· · · · ·	5	[Arr	ount		_
с	Beginning balance				1c				_
d					1d				-
e	Distributions during the year				1e				_
f	Ending balance				1f				-
2a	Did the organization include an amour						Yes	🗌 No	_ o
b	If "Yes," explain the arrangement in Pa								-
Par									-
		(a) Current year	(b) Prior year	(c) Two years ba			(e) Four ye	ars back	_
1a	Beginning of year balance	855,467	881,667	808,7		629,214	., ,		0
b	Contributions	13,850	43,130			527,214		810,22	-
c	Net investment earnings, gains, and	13,850	43,130	12,1	105			010,22	<u>.</u> _
Ũ		100 702	(12,702)	100	100	100.020		175 14	ر
d	Grants or scholarships	100,783	(13,793)			190,930		(175,142	<u> </u>
e	Other expenditures for facilities and	(44,637)	(40,637)	(34,9	17)				_
C	programs								
4	Administrative expenses	(12.025)	(14.000)	(10.)	2.4)	(11, 11, 0)		(5.0()	_
f	-	(13,925)	(14,900)			(11,413)		(5,866	_
g	End of year balance	911,538	855,467	881,6		808,731		629,21	4
2	Provide the estimated percentage of t	-		, column (a)) ne	eid as:				
a	Board designated or quasi-endowmer		%						
b	Permanent endowment	95%							
С	Temporarily restricted endowment		201						
20	The percentages in lines 2a, 2b, and 2			at are hold and	administered	fortho			
38	Are there endowment funds not in the organization by:	e possession of the	e organization that	at are neid and	administered	for the			_
								es No	_
	(i) unrelated organizations					• •	3a(i)	√	_
	(ii) related organizations					• •	3a(ii)	√	_
b	If "Yes" to 3a(ii), are the related organi					• •	3b		
4	Describe in Part XIII the intended uses								_
Part									_
	Description of property	(a) Cost or othe (investmen		or other basis ther)	(c) Accumulated depreciation		(d) Book v	alue	
1a	Land								
b	Buildings								_
С	Leasehold improvements								
d	Equipment								_
е	Other								_
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	0, Part X, columr	(B), line 10(c).					-

Schedule D (Form 990) 2012

Schedule D (Fo				Page 3
Part VII	Investments-Other Securities	. See Form 990, Part X,	line 12.	
(a	 Description of security or category (including name of security) 	(b) Book value	(c) Method of va Cost or end-of-year n	
(1) Financial	derivatives			
(2) Closely-h	neld equity interests			
(3) Other	· · · ·			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related	See Form 990 Part X	line 13	
				luotion
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year r	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets. See Form 990, Pa			
	(8	a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Colu	mn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990, (a) Description of liability	(b) Book value		
		(b) DOOK Value	-	
	income taxes		-	
(2)			_	
(3)			_	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	b) must equal Form 990, Part X, col. (B) line 25.) 🕨			
	C 740) Ecotocto In Part VIII, provide the		envirotion in financial statements that	t roporte the organization's

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .

Schedu	le D (Form 990) 2012				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents V	Vith Revenue per	Retu	ırn
1	Total revenue, gains, and other support per audited financial statements			1	366,417
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	110,286		
b	Donated services and use of facilities	2b	10,050	-	
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		41,117		
e	Add lines 2a through 2d			2e	161,453
3	Subtract line 2e from line 1			3	101,433
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :	i .			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)			-	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line</i>			5	
	XII Reconciliation of Expenses per Audited Financial Staten			-	204,964
	Total expenses and losses per audited financial statements			-	
1		• •		1	296,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	10,050	-	
b	Prior year adjustments	2b		-	
С	Other losses			-	
d	Other (Describe in Part XIII.)		41,117		
е	Add lines 2a through 2d			2e	51,167
3	Subtract line 2e from line 1	· · .		3	245,543
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)		5	245,543
Part	XIII Supplemental Information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and	l 9; Par	t III, lines 1a and 4; P	art IV	, lines 1b and 2b;
	, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4t	b. Also	complete this part to	prov	/ide any additional
inform	ation.				
Part V	Line 4				
Endov	ment funds are held and invested to achieve a total return that will maintain th	he endo	wment permanently w	/hile	
meetir	g its philanthropic goals.				
Part X	I and Part XIII Line 2d \$41,117 is the amount of direct fundraising events expe	enses, i	ncluded as an expense	e in th	ne audited
financ	ial statements, but deducted from gross revenue for IRS Form 990.				

Schedule D (Form 990) 2012

Schedule D (Fo	chedule D (Form 990) 2012 Page 5					
Part XIII	Supplemental Information (continued)					

SCHE	D	JLE	G	

(Form 990 or 990-	ΕZ
-------------------	----

Department of the Treasury Internal Revenue Service

 Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name c	f the organization				-	Employer identifie	cation number
Comm	nunity Foundation of Southern Mary	land					1701434
Par	Fundraising Activities.	•	•		vered "Yes" to F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are n						
1	Indicate whether the organizatio	n raised tunds t			-		
a b	Internet and email solicitation	20	e _ f [ion of non-govern ion of government		
b C	Phone solicitations	15	g [fundraising events		
d	In-person solicitations		9 -			•	
2a	Did the organization have a writ	ten or oral agre	ement with	anv indivi	dual (including off	icers. directors. trus	tees
	or key employees listed in Form						
b	If "Yes," list the ten highest paid			draisers) p	ursuant to agreem	ents under which th	ne fundraiser is to be
	compensated at least \$5,000 by	the organizatio	on.				
			_				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					1		
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tatal							
Total 3	List all states in which the orga	nization is regis	stered or lic	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
Ū	registration or licensing.						

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Golf Tournament	Bull Roast	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	45,881	38,162	26,459	110,502
_	2	Less: Contributions	1,884	24,420	9,020	35,324
	3	Gross income (line 1 minus	.,	,	.,	
		line 2)	43,997	13,742	17,439	75,178
	4	Cash prizes				
	5	Noncash prizes	2,296	0	0	2,296
sesue	6	Rent/facility costs	3,057	6,682	0	9,739
Direct Expenses	7	Food and beverages	991	9,131	0	10,122
Direc	8	Entertainment	150	2,700	100	2,950
	9	Other direct expenses .	6,383	1,318	8,309	16,010
	10	Direct expense summary. Ad				41,117)
	11	Net income summary. Combi Gaming. Complete if the		34,061		

than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	□ Yes% □ No	□ Yes% □ No	
	7	Direct expense summary. Ac	ld lines 2 through 5 in co	olumn (d) . . .		()
	8	Net gaming income summar	y. Combine line 1, colun	nn d, and line 7		
-	 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 					
10		Were any of the organization's g If "Yes," explain:	aming licenses revoked	l, suspended or termina	ited during the tax year'	? . 🗌 Yes 🗌 No

Schedu	le G (Form 990 or 990-EZ) 2012 Page 3
11 12	Does the organization operate gaming activities with nonmembers? Image: Comparization operate gaming act
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility 13a %
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ►
	Address ►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ and the first of the third party.
	Name ►
	Address ►
16	Gaming manager information:
	Name
	Gaming manager compensation \$
	Description of services provided
	Director/officer
17 а	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I (Form 990) Governments, and Individuals in the United States							OMB No. 1545-0047	
							2012	
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.								Open to Public Inspection
Name of the organization							Employer identification number	
Community Foundation of Souther							8	34-1701434
Part I General Informat	ion on Grants and	Assistance						
 Does the organization ma 			unt of the grants o	r assistance, the g	grantees' eligibility	for the grants or a	ssistance, an	d
the selection criteria used	to award the grants	or assistance?						🗸 Yes 🗌 No
2 Describe in Part IV the org	ganization's procedur	res for monitoring	the use of grant fu	inds in the United	States.			
	Assistance to Go any recipient that							1 "Yes" to Form 990,
1 (a) Name and address of organizatio or government	n (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description non-cash assista		(h) Purpose of grant or assistance
(1) American Cancer Society								
Baltimore MD	58-0659875	501(c)3	52,579				cure	e cancer
(2) College of So. Md Foundation								
8730 Mitchell Rd La Plata, MD	23-7279944	501(c)3	14,400				vict	ims/dom. violence
(3) University of Rochester								
910 Genessee St Rochester, NY	16-0743209	501(c)3	39,000				can	cer research
(4) Children's Hospital Foundatio	n							
Silver Spring, MD	52-1640402	501(c)3	20,000				bloc	odmobile
(5) Friedreichs Ataxia Research								

(8)							
(9)							
(10)							
(11)							
(12)							
2	Enter total number of section	501(c)(3) and gov	/ernment organiza	tions listed in the	ine 1 table	 	. ► 5
3	Enter total number of other of	organizations listed	d in the line 1 table			 	

10,000

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

52-2122720

501(c)3

Alliance / Exton, PA

(6)

(7)

.

unrestricted

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.					Form 990, Part IV, line 22.
	(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						
4						
5						
6						
7						
Part IV	Supplemental Information. Cor information.	nplete this part to pro	vide the informati	on required in Part I	, line 2, Part III, column (b), and any other additional
Part I - Cor	nmunity Foundation of Southern Marylar	nd performs due diligence	before awarding gra	ints, and after grants ha	ave been awarded, CFSM requ	ires written reporting on the
use of grar	it funds.					

Schedule I (Form 990) (2012)

SCHEDULE O	Supplemental Information to Form 990 or 9	90-F7	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.		20 12 Open to Public
Internal Revenue Service	Attach to Form 990 or 990-EZ.		Inspection
Name of the organization Community Foundation	of Southern Maryland	Employer identifi	4-1701434
Part VI Section B Line 1	Ib The complete IRS Form 990 with all attachments was circulated to all board	d members prior	to filing.
Board members were of	fered an opportunity to ask questions and provide input.		
Part VI Section B Line	I2c Community Foundation of Southern Maryland reviews the conflict of inte	rest policy annu	ally and all officers and
directors are required to	disclose any interests that could give rise to conflicts of interest as part of th	e process.	
Part VI Section B Line	15 In determining the compensation of the Executive Director, the board uses	s salary data of t	he Executive
Directors of comparable	community foundations, as provided by the Council on Foundations. The Fo	undation has no	key employees.
Part VI Section C Line	19 The Community Foundation of Southern Maryland makes its governing do	cuments, conflic	t of interest policy,
and financial statements	available to the public upon request. In addition, the 990's and audited finar	icial statements	are available on the
organization's website u	nder "Transparency". All documents are available upon request.		