

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO		D Employer identification number
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		52-2098698
	900 BESTGATE ROAD STE 400		
	City or town State ZIP code	E Telephone number	
	ANNAPOLIS MD 21401	(410) 280-1102	
	Foreign country name Foreign province/state/county Foreign postal code		
F Name and address of principal officer: MARY GRACE FOLWELL 900 BESTGATE RD STE 400, ANNAPOLIS,			G Gross receipts \$ 13,861,052
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: WWW.CFAAC.ORG			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶
L Year of formation: 1998			M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ASSEMBLE & MANAGE A POOL OF CHARITABLE ASSETS TO SUPPORT LOCAL CHARITABLE ORGANIZATIONS AND FOSTER CHARITABLE GIVING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	52
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,790,810	7,254,182
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,655	32,982
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	352,825	347,521
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	157,371	46,782
		7,321,661	7,681,467
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,670,752	4,432,379
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	384,297	475,421
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,409		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	261,517	280,138
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,316,566	5,187,938
	19 Revenue less expenses. Subtract line 18 from line 12	4,005,095	2,493,529
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	18,963,960	23,194,920
	22 Net assets or fund balances. Subtract line 21 from line 20	57,999	493,578
		18,905,961	22,701,342

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 Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jeffrey S Griffith	Jeffrey S Griffith	9/9/2021		P01081433
	Firm's name ▶ Alta CPA Group, LLC	Firm's EIN ▶ 82-1650312			
	Firm's address ▶ 59 Franklin Street, Annapolis, MD 21401	Phone no. 410-349-5101			

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

- 1** Briefly describe the organization's mission:
 ASSEMBLE & MANAGE A POOL OF CHARITABLE ASSETS TO SUPPORT LOCAL CHARITABLE ORGANIZATIONS AND FOSTER CHARITABLE GIVING.
-
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
-
- 4a** (Code:) (Expenses \$ 4,724,383 including grants of \$ 4,432,379) (Revenue \$ 32,982)
 TO PROMOTE PHILANTHROPY, HELP TO IDENTIFY CRITICAL NEEDS IN ANNE ARUNDEL COUNTY, PARTNER WITH DONORS TO HELP THEM MEET THEIR PHILANTHROPIC GOALS, AND PROMOTE COLLABORATION TO HELP STRENGTHEN LOCAL NONPROFITS.
-
- 4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
-
- 4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)
-
- 4d** Other program services (Describe on Schedule O.)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
-
- 4e** Total program service expenses ▶ 4,724,383

Part IV 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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2 X	
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	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
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	X
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? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
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	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
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	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
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	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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	X
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	X
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	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions.	17	X
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 X	
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	X
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 X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
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	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
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? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	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? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
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	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	9
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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).		
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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.		
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	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15	X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1a 18		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
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 on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		X
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? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13. 12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. 12c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 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. 15a	X	
b Other officers or key employees of the organization. 15b		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? 16a		X
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? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **MD**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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 ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records **MARY SPENCER** **410-280-1102**
900 BESTGATE ROAD STE 400, ANNAPOLIS, MD 21401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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****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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY SPENCER PRESIDENT & CEO	40.00 0.00			X				146,298	0	6,063
(2) MARY GRACE FOLWELL CHAIR	5.00 0.00	X		X				0	0	0
(3) JIM HUMPHREY VICE CHAIR	5.00 0.00	X		X				0	0	0
(4) CARL GUTSCHICK TREASURER	5.00 0.00	X		X				0	0	0
(5) GREG STROTT SECRETARY	5.00 0.00	X		X				0	0	0
(6) JIM NOLAN IMM PAST CHAIR	1.00 0.00	X		X				0	0	0
(7) LARRY CLARK ASSIST SECRETARY	1.00 0.00	X		X				0	0	0
(8) KATE CALDWELL TRUSTEE	1.00 0.00	X						0	0	0
(9) ANNE HAMEL TRUSTEE	1.00 0.00	X						0	0	0
(10) JENNY KOTTLER TRUSTEE	1.00 0.00	X						0	0	0
(11) RENEE KREMM TRUSTEE	1.00 0.00	X						0	0	0
(12) MICHAEL LEHR TRUSTEE	1.00 0.00	X						0	0	0
(13) JOHN MAGNOLIA TRUSTEE	1.00 0.00	X						0	0	0
(14) PAUL SERINI TRUSTEE	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DAVID MITCHELL TRUSTEE	1.00 0.00	X						0	0	0
(16) JENNIFER PRATT TRUSTEE	1.00 0.00	X						0	0	0
(17) JOHN ROSSO TRUSTEE	1.00 0.00	X						0	0	0
(18) AMY TATE TRUSTEE	1.00 0.00	X						0	0	0
(19) KAREN WHALEY TRUSTEE	1.00 0.00	X						0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								146,298	0	6,063
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								146,298	0	6,063

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	114,935				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	1,114,800				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,024,447				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,679,752				
	h	Total. Add lines 1a-1f		7,254,182				
	Program Service Revenue				Business Code			
		2a	PROGRAM FEES	900099	23,150	23,150		
b		MANAGEMENT FEES	900099	9,832	9,832			
c			0				
d			0				
e			0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f		32,982				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		338,933			338,933	
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
					0	6,129,664		
					0	6,121,076		
	b	Less: cost or other basis and sales expenses	7b	0	6,121,076			
	c	Gain or (loss)	7c	0	8,588			
	d	Net gain or (loss)		8,588				
	8a	Gross income from fundraising events (not including \$ 114,935 of contributions reported on line 1c). See Part IV, line 18						
					105,291			
	b	Less: direct expenses	8b	58,509				
	c	Net income or (loss) from fundraising events		46,782				
9a	Gross income from gaming activities. See Part IV, line 19.							
				0				
				0				
b	Less: direct expenses	9b	0					
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances							
				0				
				0				
b	Less: cost of goods sold	10b	0					
c	Net income or (loss) from sales of inventory		0					
Miscellaneous Revenue				Business Code				
	11a		0				
	b		0				
	c		0				
	d	All other revenue		0				
	e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions.		7,681,467	32,982	0	338,933		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21	4,432,379	4,432,379		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	177,719	93,503	55,411	28,805
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			
7	Other salaries and wages	253,238	94,714	104,295	54,229
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,833	1,247	1,048	538
9	Other employee benefits	9,447	4,157	3,495	1,795
10	Payroll taxes	32,184	13,416	10,688	8,080
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	17,711	3,542	13,815	354
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	60,447		60,447	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	20,710	20,710	0	
12	Advertising and promotion	7,626	1,909	0	5,717
13	Office expenses	44,889	16,779	17,216	10,894
14	Information technology	28,235	21,237	6,998	0
15	Royalties	0			
16	Occupancy	53,574	2,007	51,567	
17	Travel	611	159	226	226
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,868	2,321	1,547	0
23	Insurance	7,453	1,943	245	5,265
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	CREDIT CARD FEES	14,866	14,360	0	506
b	LIFE INSURANCE PREMIUMS	20,148		20,148	
c		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	5,187,938	4,724,383	347,146	116,409
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,419,276	1	612,003
	2 Savings and temporary cash investments	0	2	
	3 Pledges and grants receivable, net	3,004,787	3	2,851,129
	4 Accounts receivable, net	6,758	4	10,000
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	
	9 Prepaid expenses and deferred charges	0	9	7,321
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 26,480		
	b Less: accumulated depreciation	10b 9,365	3,828	10c 17,115
	11 Investments—publicly traded securities	13,511,932	11	19,252,243
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	17,379	15	445,109
16 Total assets. Add lines 1 through 15 (must equal line 33)	18,963,960	16	23,194,920	
Liabilities	17 Accounts payable and accrued expenses	52,119	17	50,666
	18 Grants payable	0	18	21,250
	19 Deferred revenue	5,880	19	1,050
	20 Tax-exempt bond liabilities	0	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	420,612
	26 Total liabilities. Add lines 17 through 25	57,999	26	493,578
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	483,020	27	849,240
	28 Net assets with donor restrictions	18,422,941	28	21,852,102
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
	32 Total net assets or fund balances	18,905,961	32	22,701,342
33 Total liabilities and net assets/fund balances	18,963,960	33	23,194,920	

Part XI Reconciliation of Net AssetsCheck 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	7,681,467
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,187,938
3	Revenue less expenses. Subtract line 2 from line 1	3	2,493,529
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,905,961
5	Net unrealized gains (losses) on investments	5	909,853
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 on Schedule O)	9	391,999
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	22,701,342

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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.**

► **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

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 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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.**
- 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 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,032,253	2,702,348	5,797,843	6,790,810	7,254,182	29,577,436
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	7,032,253	2,702,348	5,797,843	6,790,810	7,254,182	29,577,436
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)						
6 Public support. Subtract line 5 from line 4						29,577,436

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	7,032,253	2,702,348	5,797,843	6,790,810	7,254,182	29,577,436
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	507,069	667,956	0	353,078	338,933	1,867,036
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						31,444,472
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	94.06%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.47%
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2019. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First 5 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a 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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization'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 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	0	0
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	0	0

Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)		
6	Other distributions (<i>describe in Part VI</i>). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		0
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.		
9	Distributable amount for 2020 from Section C, line 6		0
10	Line 8 amount divided by line 9 amount		0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015	0		
b From 2016	0		
c From 2017	0		
d From 2018	0		
e From 2019	0		
f Total of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		0	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			0
7 Excess distributions carryover to 2021. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016	0		
b Excess from 2017	0		
c Excess from 2018	0		
d Excess from 2019	0		
e Excess from 2020	0		

Part VI

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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	82	88
2 Aggregate value of contributions to (during year)	4,490,626	1,475,025
3 Aggregate value of grants from (during year)	2,573,071	1,859,307
4 Aggregate value at end of year	13,552,145	7,675,339
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c 0
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,874,696	2,261,028	1,988,337	1,658,655	1,130,234
b Contributions	593,837	509,548	558,620	246,078	503,694
c Net investment earnings, gains, and losses	297,885	231,406	-166,925	216,715	108,819
d Grants or scholarships	103,658	126,289	78,096	111,828	68,072
e Other expenditures for facilities and programs		997	20,801	1,220	1,451
f Administrative expenses			20,107	20,063	14,569
g End of year balance	3,662,760	2,874,696	2,261,028	1,988,337	1,658,655

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☒ 32%

b Permanent endowment ☒ 68%

c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	26,480	9,365	17,115
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 17,115

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) OPERATING LEASE	420,612
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	420,612

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . . . ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	8,530,873
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	909,853
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	909,853
3	Subtract line 2e from line 1	3	7,621,020
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,447
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	60,447
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,681,467

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,127,491
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,127,491
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	60,447
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	60,447
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,187,938

Part XIII Supplemental Information.

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

Part V Line 4 THE FOUNDATION'S ENDOWMENT FUNDS ARE ACTIVELY MANAGED TO PROVIDE AN INCOME

STREAM TO THE NONPROFIT ORGANIZATIONS WHO HAVE INVESTED THEIR ENDOWMENT WITH THE

FOUNDATION, WHILE ALSO PROVIDING FOR SUFFICIENT GROWTH IN INVESTMENTS FOR LONG TERM

SUSTAINABILITY.

Part X Line 2 THE FOUNDATION IS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. THE FOUNDATION IS EXEMPT FROM

PAYING FEDERAL INCOME TAX ON ANY INCOME EXCEPT UNRELATED BUSINESS INCOME. NO PROVISION HAS

BEEN MADE FOR INCOME TAXES AS THE FOUNDATION HAS HAD NO UNRELATED BUSINESS INCOME. THE

FOUNDATION FOLLOWS THE GUIDANCE OF ASC 740-10 WHICH CLARIFIES THE ACCOUNTING FOR THE

RECOGNITION AND MEASUREMENT OF THE BENEFITS OF INDIVIDUAL TAX POSITIONS IN THE FINANCIAL

STATEMENTS, INCLUDING THOSE OF NONPROFIT ORGANIZATIONS. TAX POSITIONS MUST MEET A

RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT IN ORDER FOR THE BENEFIT OF THOSE TAX

POSITIONS TO BE RECOGNIZED IN THE FOUNDATION FINANCIAL STATEMENTS. THE FOUNDATION ANALYZES

Part XIII Supplemental Information *(continued)*

TAX POSITIONS TAKEN, INCLUDING THOSE RELATED TO THE REQUIREMENTS SET FORTH BY IRC SECTION

501(C) TO QUALIFY AS A TAX EXEMPT ORGANIZATION, ACTIVITIES PERFORMED BY VOLUNTEERS AND

BOARD MEMBERS, THE REPORTING OF UNRELATED BUSINESS INCOME, AND ITS STATUS AS A TAX-EXEMPT

ORGANIZATION UNDER MARYLAND STATE STATUTE. THE FOUNDATION DOES NOT KNOW OF ANY TAX

BENEFITS ARISING FROM UNCERTAIN TAX POSITIONS AND THERE WAS NO EFFECT ON THE FOUNDATIONS

FINANCIAL POSITION OR CHANGES IN NET ASSETS AS A RESULT OF ANALYZING ITS TAX POSITIONS.

THE FOUNDATION INFORMATIONAL RETURN FILINGS ARE SUBJECT TO AUDIT BY THE INTERNAL REVENUE

SERVICE, GENERALLY FOR THREE YEARS AFTER FILING.

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, line 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

Part I 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.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	0	0

3 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.

Part II 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>HANEY BULLROAS</u> (event type)	<u>GOLF TOURNAMEN</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	94,840	125,386	0	220,226
	2 Less: Contributions	67,549	47,386	0	114,935
	3 Gross income (line 1 minus line 2)	27,291	78,000	0	105,291
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	23,379	35,130	0	58,509
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(58,509)
	11 Net income summary. Subtract line 10 from line 3, column (d)				46,782

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				0

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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- | | | | |
|-----------|--|------------------------------|-----------------------------|
| 11 | Does the organization conduct gaming activities with nonmembers? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity conducted in: | | |
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | |

Name _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ 0 and the amount of gaming revenue retained by the third party ► \$ _____ 0.
- c** If "Yes," enter name and address of the third party:

Name _____

Address ► _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation ▶ \$ _____ 0

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
- 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 ► \$ 0

Part IV **Supplemental Information.** 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 provide any additional information. See instructions.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

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** ☐ **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 or government	(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 of noncash assistance	(h) Purpose of grant or assistance
(1) 21ST CENTURY EDUCATION FO 2644 RIVA ROAD ANNAPOLIS, MD 2	52-2037551	C3	16,594				GENERAL SUPPORT
(2) AACO PUBLIC LIBRARY FOUNDA 5 HARRY S. TRUMAN PKWY ANNAP	20-5804064	C3	21,250				GENERAL SUPPORT
(3) ABUNDANT LIFE CHURCH 7305E. FURNACE BRANCH ROAD G	52-1227782	C3	5,000				GENERAL SUPPORT
(4) ADDICTION RECOVERY, INC. 25 MARBURY DRIVE CROWNSVILLE	52-1262742	C3	10,000				GENERAL SUPPORT
(5) AGAPE DELIVERANCE MINISTRI 8316 HOPE POINT COURT MILLERS	46-5026261	C3	8,850				GENERAL SUPPORT
(6) AMERICAN CANCER SOCIETY 1818 MARKET STREET SUITE 2820	13-1788491	C3	38,000				GENERAL SUPPORT
(7) AMERICAN FOUNDATION FOR S PO BOX 169 ANNAPOLIS, MD 21404	13-3393329	C3	10,000				GENERAL SUPPORT
(8) ANNAPOLIS EVANGELICAL PRE 710 RIDGELY AVE ANNAPOLIS, MD	52-0906714	C3	5,000				GENERAL SUPPORT
(9) ANNAPOLIS FILM FESTIVAL, INC 107 ANNAPOLIS STREET, SUITE J A	36-4730103	C3	7,500				GENERAL SUPPORT
(10) ANNAPOLIS IMMIGRATION JUST 8 CARVEL CIR EDGEWATER, MD 21	83-2499061	C3	20,000				GENERAL SUPPORT
(11) ANNAPOLIS MARITIME MUSEUM 723 SECOND STREET ANNAPOLIS,	52-1664577	C3	26,624				GENERAL SUPPORT
(12) ANNAPOLIS MUSICIANS FUND F PO BOX 6262 ANNAPOLIS, MD 2140	20-2801578	C3	20,000				GENERAL SUPPORT

- 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 ▶ 209

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

Schedule I (Form 990) 2020

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Continuation Sheet for Schedule I (Form 990)

Page 1 of 12

Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(13) ANNAPOLIS OPERA 801 CHASE STREET, SUITE 304A ANNAPOLIS, MD 21401	23-7321514	C3	10,000				GENERAL SUPPORT
(14) ANNAPOLIS SHAKESPEARE COMPANY 1804 WEST STREET, SUITE 200 ANNAPOLIS, MD 21401	27-3672057	C3	10,000				GENERAL SUPPORT
(15) ANNAPOLIS SYMPHONY ORCHESTRA 801 CHASE STREET ANNAPOLIS, MD 21401	23-7001357	C3	19,500				GENERAL SUPPORT
(16) ANNAPOLIS WELLNESS CORPORATION 2625 MAS QUE FARM ROAD ANNAPOLIS, MD 21401	20-5764752	C3	55,000				GENERAL SUPPORT
(17) ANNE ARUNDEL COMMUNITY COLLEGE 101 COLLEGE PARKWAY ARNOLD, MD 21011	52-6078381	C3	63,214				GENERAL SUPPORT
(18) ANNE ARUNDEL CONFLICT RESOLUTION CENTER 2666 RIVA ROAD SUITE 130 ANNAPOLIS, MD 21401	52-1845816	C3	10,609				GENERAL SUPPORT
(19) ANNE ARUNDEL COUNTY ARUNDEL CENTER, 44 CALVERT ST. ANNAPOLIS, MD 21401	52-6000878	C3	23,164				GENERAL SUPPORT
(20) ANNE ARUNDEL COUNTY BAR FOUNDATION 8 CHURCH CIRCLE, CIRCUIT COURTHOUSE ANNAPOLIS, MD 21401	42-1704047	C3	7,250				GENERAL SUPPORT
(21) ANNE ARUNDEL COUNTY FOOD BANK PO BOX 650 CROWNSVILLE, MD 21032	52-1660473	C3	199,105				GENERAL SUPPORT
(22) ANNE ARUNDEL COUNTY MENTAL HEALTH CENTER 1 HARRY TRUMAN PARKWAY, STE 101 ANNAPOLIS, MD 21401	52-1881240	C3	30,250				GENERAL SUPPORT
(23) ANNE ARUNDEL COUNTY SHERIFF'S OFFICE 8 CHURCH CIRCLE ANNAPOLIS, MD 21401	52-6000878	C3	11,929				GENERAL SUPPORT
(24) ANNE ARUNDEL COUNTY WATERSHED AUTHORITY 975 INDIAN LANDING ROAD MILLERSVILLE, MD 21104	27-3502329	C3	31,500				GENERAL SUPPORT
(25) ANNE ARUNDEL COUNTY, ON BEHALF OF 44 CALVERT STREET ANNAPOLIS, MD 21401	52-6000878	C3	7,900				GENERAL SUPPORT
(26) A-OK MENTORING-TUTORING, INC. P.O. BOX 871 COLUMBIA, MD 21044	90-0527116	C3	10,000				GENERAL SUPPORT
(27) ARC OF CENTRAL CHESAPEAKE REGION 1332 DONALD AVENUE SEVERN, MD 21144	52-6047882	C3	28,750				GENERAL SUPPORT
(28) ARCADIA CENTER FOR SUSTAINABLE COMMUNITIES 9000 RICHMOND HIGHWAY ALEXANDRIA, VA 22304	27-3611614	C3	20,000				GENERAL SUPPORT
(29) ARTS COUNCIL OF ANNE ARUNDEL COUNTY 2666 RIVA ROAD, SUITE 150 ANNAPOLIS, MD 21401	52-1821633	C3	16,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

Page 2 of 12

Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(30) ARUNDEL CHILD CARE CONNECTION 44 CALVERT STREET, SUITE 140A ANNAPOLIS, MD 21403	52-2321263	C3	10,250				GENERAL SUPPORT
(31) ARUNDEL CHRISTIAN CHURCH 710 AQUAHART ROAD GLEN BURNIE, MD 21032	52-2113156	C3	20,000				GENERAL SUPPORT
(32) ARUNDEL HOUSE OF HOPE 514 N CRAIN HIGHWAY SUITE K GLEN BURNIE, MD 21032	52-1993704	C3	8,000				GENERAL SUPPORT
(33) ARUNDEL LODGE, INC. 2600 SOLOMONS ISLAND RD EDGEWATER, MD 21037	51-0169423	C3	34,253				GENERAL SUPPORT
(34) ARUNDEL RIVERS FEDERATION 2822 SOLOMONS ISLAND RD STE 202 EDGEWATER, MD 21037	52-2301464	C3	111,000				GENERAL SUPPORT
(35) ASBURY CHURCH ASSISTANCE NETWORK 429 ASBURY DR SEVERNA PARK, MD 21144	45-2509088	C3	20,239				GENERAL SUPPORT
(36) ASSOCIATED CATHOLIC CHARITIES 320 CATHEDRAL STREET SUITE #300 BALTIMORE, MD 21201	52-0591538	C3	41,000				GENERAL SUPPORT
(37) BALLET THEATRE OF MARYLAND 801 CHASE STREET ANNAPOLIS, MD 21403	52-1151372	C3	10,000				GENERAL SUPPORT
(38) BE ROSE INTERNATIONAL FOUNDATION 8602 LARK PLACE LAUREL, MD 20724	83-4524126	C3	21,427				GENERAL SUPPORT
(39) BELLO MACHRE, INC. 7765 FREETOWN ROAD GLEN BURNIE, MD 21032	52-0915574	C3	14,500				GENERAL SUPPORT
(40) BEMORECARING, INC. 131 ROESLER ROAD GLEN BURNIE, MD 21032	81-2840846	C3	20,000				GENERAL SUPPORT
(41) BLESSED IN TECH MINISTRIES INCORPORATED 302 BEACH DRIVE ANNAPOLIS, MD 21403	45-3841462	C3	11,300				GENERAL SUPPORT
(42) BLUE RIBBON PROJECT 1807 CHANEYS GRANT COURT CROFTON, MD 21114	47-2703698	C3	20,000				GENERAL SUPPORT
(43) BOOKS FOR INTERNATIONAL GOODVILLAGE 451 DEFENSE HIGHWAY ANNAPOLIS, MD 21403	30-0014739	C3	10,000				GENERAL SUPPORT
(44) BOY SCOUTS OF AMERICA, B.A.C. 701 WYMAN PARK DRIVE BALTIMORE, MD 21201	52-0591572	C3	8,500				GENERAL SUPPORT
(45) BOYS & GIRLS CLUBS OF ANNAPOLIS 121 SOUTH VILLA AVENUE ANNAPOLIS, MD 21403	52-1736346	C3	40,289				GENERAL SUPPORT
(46) BWMC FOUNDATION 300 HOSPITAL DRIVE, SUITE 231 GLEN BURNIE, MD 21032	52-1813656	C3	25,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

Page 3 of 12

Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(47) CAL RIPKEN SR FOUNDATION PO BOX 825452 PHILADELPHIA, PA 19182	52-2310500	C3	53,783				GENERAL SUPPORT
(48) CALVARY UNITED METHODIST CHUR 301 ROWE BLVD ANNAPOLIS, MD 21401	52-6080345	C3	7,500				GENERAL SUPPORT
(49) CALVERTON SCHOOL, THE 300 CALVERTON SCHOOL ROAD HUNTING	52-0853724	C3	10,000				GENERAL SUPPORT
(50) CAPTAIN AVERY MUSEUM P.O. BOX 89 SHADY SIDE, MD 20764	52-1414082	C3	6,000				GENERAL SUPPORT
(51) CASA OF ANNE ARUNDEL COUNTY 8 CHURCH CIRCLE, SUITE H-103 ANNAPOLIS	52-1885500	C3	45,000				GENERAL SUPPORT
(52) CATHOLIC CHARITIES 320 CATHEDRAL STREET BALTIMORE, MD	52-0591538	C3	14,750				GENERAL SUPPORT
(53) CATHOLIC CHARITIES - ARCHDIOCESE 924 G STREET NW WASHINGTON, DC 20001	53-0196524	C3	5,000				GENERAL SUPPORT
(54) CENTER FOR ADOPTION SUPPORT AND 3919 NATIONAL DRIVE, SUITE 200 BURTON	52-2100734	C3	5,000				GENERAL SUPPORT
(55) CENTER OF HELP, INC. 1906 FOREST DRIVE SUITE 2A-2B ANNAPOLIS	52-2282782	C3	114,573				GENERAL SUPPORT
(56) CENTRAL UNION MISSION PO BOX 96763 WASHINGTON, DC 20090	53-0218650	C3	5,000				GENERAL SUPPORT
(57) CHARLES COUNTY CHARITABLE TRUST 9375 CHESAPEAKE ST. SUITE 225 LA PLATA	81-3638681	C3	5,000				GENERAL SUPPORT
(58) CHEER4ALL BOOSTER CLUB, INC. 1101 WHITE SANDS DRIVE LUSBY, MD 20659	20-4974068	C3	7,500				GENERAL SUPPORT
(59) CHESAPEAKE ARTS CENTER 194 HAMMONDS LANE BROOKLYN, MD 21226	52-2056995	C3	44,250				GENERAL SUPPORT
(60) CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 21403	52-6065757	C3	15,750				GENERAL SUPPORT
(61) CHESAPEAKE CHARITIES 101 LOG CANOE CIRCLE SUITE O STEVENSON	30-0254793	C3	5,000				GENERAL SUPPORT
(62) CHESAPEAKE CHILDREN'S MUSEUM 25 SILOPANA ROAD ANNAPOLIS, MD 21403	52-1808319	C3	10,250				GENERAL SUPPORT
(63) CHESAPEAKE CONSERVANCY 716 GIDDINGS AVENUE, SUITE 42 ANNAPOLIS	26-2271377	C3	10,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

Page 4 of 12

Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(64) CHILD BUILDERS 2425 FOUNTAIN VIEW DR., SUITE 210 HOU	23-7442963	C3	5,000				GENERAL SUPPORT
(65) CHILD HUNGER OUTREACH PARTNER 2 ELIZABETH STREET TOWANDA, PA 1884	83-3319637	C3	15,000				GENERAL SUPPORT
(66) CHILDREN'S MEDICAL MINISTRIES PO BOX 3382 CROFTON, MD 21114	54-1434743	C3	11,000				GENERAL SUPPORT
(67) CHILDREN'S SCIENCE CENTER 3949 PENDER DRIVE SUITE 120B FAIRFAX	90-0168625	C3	8,500				GENERAL SUPPORT
(68) CHILDREN'S THEATRE OF ANNAPOLIS 1661 BAY HEAD ROAD ANNAPOLIS, MD 214	23-7003491	C3	10,000				GENERAL SUPPORT
(69) CHILD'S PLAY 9660 153RD AVE NE REDMOND, WA 98052	20-3584556	C3	5,000				GENERAL SUPPORT
(70) CHRISTMAS IN APRIL CALVERT COUNTY PO BOX 2761 PRINCE FREDERICK, MD 206	52-1753519	C3	5,000				GENERAL SUPPORT
(71) CHRYSALIS HOUSE INC. 1570 CROWNSVILLE ROAD CROWNSVILLE	52-1382654	C3	128,830				GENERAL SUPPORT
(72) COLLEGE OF SOUTHERN MARYLAND 8730 MITCHELL RD LA PLATA, MD 20646	23-7279944	C3	20,000				GENERAL SUPPORT
(73) COLONIAL PLAYERS, INC. 108 EAST STREET ANNAPOLIS, MD 21401	23-7074203	C3	14,352				GENERAL SUPPORT
(74) COMMUNITY ACTION AGENCY OF AN 251 WEST STREET ANNAPOLIS, MD 21401	52-6064934	C3	12,500				GENERAL SUPPORT
(75) COMMUNITY YOUTH ADVANCE 2342 VERMONT AVE, SUITE 1 HYATTSVILL	20-3702536	C3	12,000				GENERAL SUPPORT
(76) COMPASS ROSE THEATER, INC. 1423 HOWARD ROAD ANNAPOLIS, MD 214	90-0649573	C3	11,000				GENERAL SUPPORT
(77) COVID ALLIANCE, INC. 1263 FIRST STREET SE #715 WASHINGTON	85-1498806	C3	5,000				GENERAL SUPPORT
(78) CREATING COMMUNITIES 116 SUNSET DRIVE ANNAPOLIS, MD 21403	26-0631265	C3	16,100				GENERAL SUPPORT
(79) CRYSTAL PEAKS YOUTH RANCH 19344 INNES MARKET RD BEND, OR 97703	91-1821187	C3	7,500				GENERAL SUPPORT
(80) DEPARTMENT OF SOCIAL SERVICES 80 WEST STREET ANNAPOLIS, MD 21401	52-6000878	C3	33,500				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

Page 5 of 12

Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(81) DOCTOR'S COMMUNITY HOSPITAL F 8118 GOOD LUCK ROAD NORTH BUILDING	52-1712338	C3	10,000				GENERAL SUPPORT
(82) DOWNTOWN HOPE 255 WEST STREET ANNAPOLIS, MD 21401	27-0728047	C3	13,850				GENERAL SUPPORT
(83) DUNDALK RENAISSANCE 11 CENTER PLACE SUITE 201 DUNDALK, M	52-2306483	C3	10,000				GENERAL SUPPORT
(84) EASTPORT UNITED METHODIST CHU 926 BAY RIDGE AVENUE ANNAPOLIS, MD 2	52-6017265	C3	8,395				GENERAL SUPPORT
(85) FARMING 4 HUNGER P.O. BOX 2348 PRINCE FREDERICK, MD 20	45-4827932	C3	10,000				GENERAL SUPPORT
(86) FOUNDATION 4 HEROES 23127 THREE NOTCH RD SUITE 203 CALIF	46-4821965	C3	5,000				GENERAL SUPPORT
(87) FOURTH PRESBYTERIAN CHURCH 5500 RIVER ROAD BETHESDA, MD 20816	53-0196534	C3	50,000				GENERAL SUPPORT
(88) FUEL FUND OF MARYLAND 1800 WASHINGTON BLVD. SUITE 410 BAL	52-1204629	C3	22,300				GENERAL SUPPORT
(89) FUND FOR EDUCATIONAL EXCELLEN 800 N. CHARLES STREET, SUITE 400 BAL	52-1129402	C3	10,500				GENERAL SUPPORT
(90) GERMANNA COMMUNITY COLLEGE E P.O. BOX 1430 LOCUST GROVE, VA 22508	54-1379348	C3	5,000				GENERAL SUPPORT
(91) GIRL SCOUTS OF CENTRAL MD 4806 SETON DRIVE BALTIMORE, MD 21215	52-0780207	C3	5,000				GENERAL SUPPORT
(92) GIRLS ON THE RUN OF THE GREATER 129 LUBRANO DRIVE, L-102 ANNAPOLIS, M	20-3391180	C3	14,209				GENERAL SUPPORT
(93) HABITAT FOR HUMANITY OF THE CHE 3741 COMMERCE DRIVE HALETORPE, MI	52-1226188	C3	10,000				GENERAL SUPPORT
(94) HCAR CARES 8600 SNOWDEN RIVER PKWY SUITE 104 C	84-3233194	C3	10,000				GENERAL SUPPORT
(95) HEART HEALTH FOUNDATION 2002 MEDICAL PKWY. SAJAK PAVILION #5	20-0091902	C3	10,000				GENERAL SUPPORT
(96) HELPING HANDS OF AMERICA INC. 780 SUNNY CHAPEL ROAD MARYLAND, MD	38-4027864	C3	13,500				GENERAL SUPPORT
(97) HELPING UP MISSION 1029 EAST BALTIMORE STREET BALTIMORE	52-0635090	C3	12,500				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

Page 6 of 12

Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(98) HISTORIC ANNAPOLIS FOUNDATION 18 PINKNEY STREET ANNAPOLIS, MD 2140	52-0645783	C3	15,500				GENERAL SUPPORT
(99) HOMES FOR AMERICA 318 SIXTH STREET SUITE 2 ANNAPOLIS, M	52-1901220	C3	8,000				GENERAL SUPPORT
(100) HOPE FOR ALL, INC. 122 ROESLER ROAD GLEN BURNIE, MD 21	20-1768641	C3	36,228				GENERAL SUPPORT
(101) HOSPICE OF THE CHESAPEAKE 90 RITCHIE HWY PASADENA, MD 21122	52-1457419	C3	111,250				GENERAL SUPPORT
(102) HOSPICE OF THE CHESAPEAKE FOU 90 RITCHIE HIGHWAY PASADENA, MD 2112	52-1457419	C3	12,500				GENERAL SUPPORT
(103) HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 770	74-2181456	C3	10,000				GENERAL SUPPORT
(104) INTERNATIONAL JUSTICE MISSION P.O. BOX 96961 WASHINGTON, DC 20090	54-1722887	C3	10,000				GENERAL SUPPORT
(105) JUNIOR ACHIEVEMENT OF THE EAST 327 TILGHMAN #10 SALISBURY, MD 21804	52-1461040	C3	8,500				GENERAL SUPPORT
(106) KID CHANGEMAKERS 2213 HUNTVALLEY WAY GAMBRILLS, MD 2	83-4631602	C3	16,000				GENERAL SUPPORT
(107) KINGDOM KARE, INC 1350 BLAIR DRIVE SUITE G ODENTON, MD	46-0982054	C3	47,500				GENERAL SUPPORT
(108) LAB SCHOOL OF WASHINGTON 4759 RESERVOIR RD NW WASHINGTON, D	52-1261627	C3	10,000				GENERAL SUPPORT
(109) LANGTON GREEN, INC. 3016 ARUNDEL ON THE BAY ROAD ANNAP	52-1264071	C3	21,750				GENERAL SUPPORT
(110) LET'S GO BOYS AND GIRLS, INC. 19 HARNESS CREEK VIEW COURT ANNAP	61-1612453	C3	15,000				GENERAL SUPPORT
(111) LIMB KIND FOUNDATION 2948 TRINITY ST. OCEANSIDE, NY 11572	82-3745633	C3	5,000				GENERAL SUPPORT
(112) LITERACY COUNCIL OF NORTHERN V 2855 ANNANDALE ROAD FALLS CHURCH, V	23-7098748	C3	15,000				GENERAL SUPPORT
(113) LONDON TOWN FOUNDATION, INC. 839 LONDONTOWN ROAD EDGEWATER, M	52-1396159	C3	10,000				GENERAL SUPPORT
(114) LORTON COMMUNITY ACTION CENTE PO BOX 154 LORTON, VA 22199	51-0181451	C3	17,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(115) LUMINIS HEALTH ANNE ARUNDEL ME 2000 MEDICAL PARKWAY, BELCHER PAVIL	52-1169362	C3	70,000				GENERAL SUPPORT
(116) LUMINIS HEALTH ANNE ARUNDEL ME 2000 MEDICAL PARKWAY ANNAPOLIS, MD	52-1169362	C3	63,500				GENERAL SUPPORT
(117) LUTHERAN MISSION SOCIETY OF MA PO BOX 438 LINTHICUM HEIGHTS, MD 210	52-0735885	C3	12,000				GENERAL SUPPORT
(118) MARSHALL HOPE CORPORATION 510 WILSON ROAD ANNAPOLIS, MD 21401	85-2700300	C3	10,000				GENERAL SUPPORT
(119) MARYLAND FIRE-RESCUE SERVICES P O BOX 742 ANNAPOLIS, MD 21401	31-1576459	C3	5,000				GENERAL SUPPORT
(120) MARYLAND FOOD BANK 2200 HALETHORPE FARMS ROAD HALETH	52-1135690	C3	5,500				GENERAL SUPPORT
(121) MARYLAND HALL FOR THE CREATIVE 801 CHASE STREET ANNAPOLIS, MD 2140	52-1164469	C3	18,250				GENERAL SUPPORT
(122) MARYLAND REENTRY RESOURCE CE 932 ISSAC CHANEY COURT ODENTON, MD	47-5132127	C3	20,000				GENERAL SUPPORT
(123) MARYLAND THEATER FOR THE PREF 3 PARK PLACE, SUITE 4 ANNAPOLIS, MD 2	54-2108437	C3	8,500				GENERAL SUPPORT
(124) MARYLAND THERAPEUTIC RIDING, IN 1141 SUNRISE BEACH ROAD CROWNSVILL	52-2035698	C3	10,000				GENERAL SUPPORT
(125) MARYVALE PREPARATORY SCHOOL 11300 FALLS ROAD LUTHERVILLE TIMONIL	52-1160935	C3	25,000				GENERAL SUPPORT
(126) MASSB FOUNDATION - CALVERT FAM 103 MARKET STREET ANNAPOLIS, MD 214	26-1192752	C3	8,000				GENERAL SUPPORT
(127) MONTESSORI INTERNATIONAL CHILD 1641 N WINCHESTER ROAD ANNAPOLIS, M	52-1436080	C3	10,000				GENERAL SUPPORT
(128) MORGAN STATE UNIVERSITY 1700 EAST COLD SPRING LANE BALTIMOR	52-2362749	C3	10,000				GENERAL SUPPORT
(129) MY LIFE FOUNDATION, INC. 1404 N. ROLLING RD CATONSVILLE, MD 21	82-1804123	C3	11,500				GENERAL SUPPORT
(130) NATIONAL ALLIANCE ON MENTAL ILL PO BOX 309 ARNOLD, MD 21012	52-1344310	C3	46,000				GENERAL SUPPORT
(131) NAVAL ACADEMY JUNIOR SWIM CLUE 915 BLUE RIDGE DRIVE ANNAPOLIS, MD 2	52-1473227	C3	10,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(132) NAVAL ACADEMY PRIMARY SCHOOL 74 GREENBURY POINT RD ANNAPOLIS, MD	52-6001692	C3	10,000				GENERAL SUPPORT
(133) NEW LIFE FELLOWSHIP INTERNATIONAL 1331 ASHTON ROAD SUITE F HANOVER, MD	52-1907503	C3	6,000				GENERAL SUPPORT
(134) NEWTOWNE COMMUNITY DEVELOPMENT PO BOX 6160 ANNAPOLIS, MD 21401	86-0793043	C3	10,000				GENERAL SUPPORT
(135) OPPORTUNITY BUILDERS, INC 8855 VETERANS HIGHWAY MILLERSVILLE, MD	52-0743369	C3	12,500				GENERAL SUPPORT
(136) OUR LADY OF THE FIELDS CHURCH 1070 CECIL AVENUE, SOUTH MILLERSVILLE, MD	51-0214510	C3	5,000				GENERAL SUPPORT
(137) OWENSVILLE PRIMARY CARE 134 OWENSVILLE RD. WEST RIVER, MD 20	52-1020937	C3	10,000				GENERAL SUPPORT
(138) PARENTS' PLACE OF MARYLAND, THE 801 CROMWELL PARK DRIVE, SUITE 103 GAITHERSBURG, MD	52-1693204	C3	10,000				GENERAL SUPPORT
(139) PEDIATRIC BRAIN TUMOR FOUNDATION 302 RIDGEFIELD CT ASHEVILLE, NC 28806	58-1966822	C3	12,000				GENERAL SUPPORT
(140) PROVIDENCE CENTER 930 POINT PLEASANT ROAD GLEN BURNIE, NY	52-0741599	C3	46,000				GENERAL SUPPORT
(141) RAVI ZACHARIAS INTERNATIONAL MISSIONS 3755 MANSELL ROAD ALPHARETTA, GA 30	13-3200719	C3	16,000				GENERAL SUPPORT
(142) REBUILDING TOGETHER ANNE ARUNDEL 819 RITCHIE HIGHWAY SUITE 2000 SEVERNA PARK, MD	52-1773114	C3	22,000				GENERAL SUPPORT
(143) RESTLESS LEG SYNDROME FOUNDATION 3006 BEE CAVES ROAD SUITE D206 AUSTIN, TX	56-1784846	C3	7,500				GENERAL SUPPORT
(144) ROB'S BARBERSHOP COMMUNITY FOUNDATION 612 CRAWFORDS RIDGE ROAD ODENTON, MD	52-2301606	C3	10,000				GENERAL SUPPORT
(145) ROCKVILLE WOMEN'S CENTER 12530 PARKLAWN DR. STE. 170 ROCKVILLE, MD	52-1492325	C3	5,000				GENERAL SUPPORT
(146) ROMANIAN CHRISTIAN ENTERPRISES 21058 UNISON ROAD MIDDLEBURG, VA 20	54-1608780	C3	125,000				GENERAL SUPPORT
(147) RUDE RANCH ANIMAL RESCUE 1251 WEST CENTRAL AVENUE UNIT H DAYTON, OH	52-2312763	C3	10,000				GENERAL SUPPORT
(148) SAINT BERNADETTE SCHOOL 80 UNIVERSITY BOULEVARD EAST SILVER SPRING, MD	52-0623698	C3	5,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(149) SAINT LOUIS ROMAN CATHOLIC CHURCH 12500 CLARKSVILLE PIKE CLARKSVILLE, MD 21031	52-0591441	C3	5,000				GENERAL SUPPORT
(150) SAINT MARY'S ROYAL BLUE CLUB 888 BESTGATE ROAD, SUITE 310 ANNAPOLIS, MD 21403	26-1365151	C3	15,000				GENERAL SUPPORT
(151) SALISBURY UNIVERSITY PO BOX 2195 SALISBURY, MD 21802	52-1127396	C3	21,700				GENERAL SUPPORT
(152) SAMARITAN INNS 2523 14TH ST NW WASHINGTON, DC 20005	52-1474935	C3	10,000				GENERAL SUPPORT
(153) SAMARITAN HOUSES INC 2610 GREENBRIAR LANE ANNAPOLIS, MD 21403	52-0911696	C3	60,500				GENERAL SUPPORT
(154) SAN MIGUEL SCHOOL 7705 GEORGIA AVENUE, NW WASHINGTON, DC 20015	20-5992349	C3	5,000				GENERAL SUPPORT
(155) SCENIC RIVERS LAND TRUST, INC. PO BOX 2008 ANNAPOLIS, MD 21404	52-1664141	C3	30,945				GENERAL SUPPORT
(156) SCHOLARSHIPS FOR SCHOLARS, INC. 212 MCKINSEY ROAD SEVERNA PARK, MD 21473	52-1349884	C3	20,000				GENERAL SUPPORT
(157) SEEDS 4 SUCCESS, INC. P.O. BOX 4042 ANNAPOLIS, MD 21403	27-2470677	C3	71,700				GENERAL SUPPORT
(158) SENIOR DOG SANCTUARY 8336 WB&A RD SEVERN, MD 21144	47-3708109	C3	10,000				GENERAL SUPPORT
(159) SERVICES FROM THE HEART 210 MCKEON ROAD SEVERNA PARK, MD 21473	38-3897461	C3	10,000				GENERAL SUPPORT
(160) SEVERN CROSS ROADS FOUNDATION PO BOX 223 CROWNSVILLE, MD 21032	52-1164179	C3	10,000				GENERAL SUPPORT
(161) SEVERN RIVER ASSOCIATION, INC. PO BOX 146 ANNAPOLIS, MD 21401	52-1827749	C3	14,000				GENERAL SUPPORT
(162) SEVERNA PARK COMMUNITY CENTER 623 BALTIMORE-ANNAPOLIS BLVD. SEVERNA PARK, MD 21473	52-1959771	C3	30,000				GENERAL SUPPORT
(163) SHERISES INC 2707 ANCIENT COURT BOWIE, MD 20716	84-2976700	C3	10,000				GENERAL SUPPORT
(164) SHRINERS HOSPITAL FOR CHILDREN 2900 N. ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	C3	15,300				GENERAL SUPPORT
(165) SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90005	95-3964928	C3	5,500				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(166) SME FOUNDATION 12999 EAST ADAMS AIRCRAFT CIRCLE EN	84-1175450	C3	5,000				GENERAL SUPPORT
(167) SMITHSONIAN ENVIRONMENTAL RES 647 CONTEES WHARF ROAD EDGEWATER	53-0206027	C3	6,000				GENERAL SUPPORT
(168) SO OTHERS MIGHT EAT 71 O STREET NW WASHINGTON, DC 20001	23-7098123	C3	10,000				GENERAL SUPPORT
(169) SOCIETY FOR THE PREVENTION OF T 110 WEST MAIN STREET FREEHOLD, NJ 07	06-1738917	C3	10,000				GENERAL SUPPORT
(170) SOUTH COUNTY ASSISTANCE NETWO 5757 SOLOMONS ISLAND ROAD LOTHIAN,	52-2035366	C3	5,000				GENERAL SUPPORT
(171) SOUTH SHORE HEALTH ASSOCIATIO 1199 GENERALS HIGHWAY, PO BOX 781 C	23-7254903	C3	10,000				GENERAL SUPPORT
(172) SPAN, INC. PO BOX 626 SEVERNA PARK, MD 21146	52-1667690	C3	22,800				GENERAL SUPPORT
(173) SPCA OF ANNE ARUNDEL COUNTY 1815 BAY RIDGE ROAD ANNAPOLIS, MD 21	52-0609154	C3	12,550				GENERAL SUPPORT
(174) ST JAMES PARISH 5757 SOLOMONS ISLAND ROAD LOTHIAN,	52-0687937	C3	9,000				GENERAL SUPPORT
(175) ST. ANNE'S SCHOOL OF ANNAPOLIS 3112 ARUNDEL ON THE BAY ROAD ANNAP	52-1186325	C3	10,000				GENERAL SUPPORT
(176) ST. ANN'S CENTER FOR CHILDREN, Y 4901 EASTERN AVENUE HYATTSVILLE, MD	53-0204626	C3	5,000				GENERAL SUPPORT
(177) ST. JUDE CHILDREN'S RESEARCH HC 501 ST. JUDE PL MEMPHIS, TN 38105	62-0646012	C3	5,000				GENERAL SUPPORT
(178) ST. LUKE'S UNITED METHODIST CHUR P.O. BOX 22013 HOUSTON, TX 77227	74-1216232	C3	10,000				GENERAL SUPPORT
(179) ST. VINCENT DE PAUL SOCIETY OF A 109 DUKE OF GLOUCESTER STREET ANNA	52-2181931	C3	35,000				GENERAL SUPPORT
(180) START THE ADVENTURE IN READING 171 DUKE OF GLOUCESTER STREET ANNA	46-4769978	C3	38,950				GENERAL SUPPORT
(181) TEAM RUBICON, USA 6171 W. CENTURY BLVD, SUITE 310 LOS A	27-1720480	C3	75,000				GENERAL SUPPORT
(182) THE ARC PRINCE GEORGE'S COUNT 1401 MCCORMICK DRIVE LARGO, MD 2077	52-0715246	C3	10,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(183) THE CARTER CENTER 453 FREEDOM PARKWAY, NE ATLANTA, GA 30308	58-1454716	C3	5,000				GENERAL SUPPORT
(184) THE CHURCH AT SEVERN RUN 8187 TELEGRAPH RD SEVERN, MD 21144	52-0848393	C3	5,000				GENERAL SUPPORT
(185) THE COMPLETE PLAYER CHARITY 14521 CLOVER HILL TER BOWIE, MD 20720	47-4790279	C3	15,000				GENERAL SUPPORT
(186) THE KEY SCHOOL 534 HILLSMERE DRIVE ANNAPOLIS, MD 21403	52-0701774	C3	15,250				GENERAL SUPPORT
(187) THE LIGHT HOUSE HOMELESS PREVENTION 10 HUDSON STREET ANNAPOLIS, MD 21403	52-1671388	C3	113,300				GENERAL SUPPORT
(188) THE SUMMIT SCHOOL 664 CENTRAL AVENUE, EAST EDGEWATER, MD 21037	52-1583669	C3	20,000				GENERAL SUPPORT
(189) THE WAY HOMES INC. PO BOX 721 SEVERNA PARK, MD 21146	27-2458821	C3	12,500				GENERAL SUPPORT
(190) THIS IS MY BRAVE 880 HARRISON STREET SE #152 LEESBURG, VA 22076	20-8944419	C3	15,000				GENERAL SUPPORT
(191) TOUCHSTONES DISCUSSION PROJECT 143 LOG CANOE ROAD STEVENSVILLE, MD 21154	52-2009938	C3	20,000				GENERAL SUPPORT
(192) TRINITY SCHOOL AT MEADOW VIEW 2849 MEADOW VIEW RD FALLS CHURCH, VA 22041	35-1502075	C3	5,000				GENERAL SUPPORT
(193) TRUSTEES OF PRINCETON UNIVERSITY PO BOX 5357 PRINCETON, NJ 08543	21-0634501	C3	22,236				GENERAL SUPPORT
(194) TYLER HEIGHTS ELEMENTARY SCHOOL 200 JANWALL STREET ANNAPOLIS, MD 21403	00-0000000	C3	5,500				GENERAL SUPPORT
(195) ULMAN FOUNDATION 1215 E. FORT AVE, SUITE 104 BALTIMORE, MD 21202	52-2057636	C3	5,000				GENERAL SUPPORT
(196) UNITED COMMUNITY 7511 FORDSON ROAD ALEXANDRIA, VA 22304	54-0850780	C3	10,000				GENERAL SUPPORT
(197) UNIVERSITY OF MARYLAND 7809 REGENTS DRIVE COLLEGE PARK, MD 20742	52-6002033	C3	10,000				GENERAL SUPPORT
(198) UNIVERSITY OF MARYLAND COLLEGE PARK 4603 CALVERT ROAD COLLEGE PARK, MD 20742	52-2197313	C3	66,000				GENERAL SUPPORT
(199) UNIVERSITY OF MARYLAND MEDICAL CENTER 110 PACA STREET, 9TH FLOOR BALTIMORE, MD 21201	52-1362793	C3	5,000				GENERAL SUPPORT

Continuation Sheet for Schedule I (Form 990)

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Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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 of non-cash assistance	(h) Purpose of grant or assistance
(200) US NAVAL ACADEMY FOUNDATION 274 WOOD ROAD ANNAPOLIS, MD 21402	23-7003516	C3	10,000				GENERAL SUPPORT
(201) VISIONWORKSHOPS, INC. 801 CHASE STREET, STE 310 ANNAPOLIS,	31-1784157	C3	10,000				GENERAL SUPPORT
(202) WALK THE WALK FOUNDATION PO BOX 351 MILLERSVILLE, MD 21108	20-3179040	C3	10,000				GENERAL SUPPORT
(203) WE CARE AND FRIENDS 92 W. WASHINGTON STREET ANNAPOLIS,	52-1956777	C3	13,000				GENERAL SUPPORT
(204) WEST RIVER IMPROVEMENT ASSOCIATION 952 MAIN STREET, PO BOX 104 GALESVILLE,	52-1818615	C3	7,565				GENERAL SUPPORT
(205) WOMEN SUPPORTING WOMEN, INC. 1320 BELMONT AVENUE, SUITE 402 SALISBURY,	52-1870971	C3	15,000				GENERAL SUPPORT
(206) WOODS CHILD DEVELOPMENT CENTER 611 ANNAPOLIS-BALTIMORE BLVD. SEVERNA PARK,	52-0729914	C3	10,000				GENERAL SUPPORT
(207) WORKHOUSE ARTS FOUNDATION 9518 WORKHOUSE WAY LORTON, VA 22079	75-3057770	C3	15,000				GENERAL SUPPORT
(208) YMCA - CAMP LETTS P.O. BOX 65325 WASHINGTON, DC 20037	53-0207403	C3	10,000				GENERAL SUPPORT
(209) YWCA OF ANNAPOLIS AND ANNE ARUNDEL 1517 RITCHIE HIGHWAY, # 201 ARNOLD, MD	52-0591702	C3	39,458				GENERAL SUPPORT
(210) _____							
(211) _____							
(212) _____							
(213) _____							
(214) _____							
(215) _____							
(216) _____							

Continuation Sheet for Schedule I (Form 990)

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Name of the organization COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	Employer identification number 52-2098698
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Part III Continuation of Grants and Other Assistance to Individuals in the United States

(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
8					
9					
10					
11					
12					
13					
14					
15					
16					
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19					
20					
21					
22					
23					
24					
25					
26					

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9	X	17	1,679,752	FMV
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

Form 990, Part VI, Line 11: THE RETURN IS REVIEWED BY THE PRESIDENT AND DIRECTOR OF FINANCE,

THEN SHARED WITH THE BOARD OF TRUSTEES PRIOR TO SUBMISSION

Form 990, Part VI, Line 12C: BOARD MEMBERS MUST RECUSE THEMSELVES FROM VOTES INVOLVING

ORGANIZATIONAL CONFLICTS

Form 990, Part VI, Line 15A: EXECUTIVE DIRECTOR - ANNUAL REVIEW CONDUCTED BY CHAIRMAN AND

RESULTS AND RECOMMENDATION PRESENTED TO AND APPROVED BY THE EXECUTIVE COMMITTEE

Form 990, Part VI, Line 19: THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND FORM 990 ARE

AVAILABLE ON THE WEBSITE AND UPON REQUEST.

Form 990, Part XI, Line 9: INCREASE IN NET ASSETS DUE TO CONTRIBUTIONS ON AGENCY FUNDS FROM

\$792,507 TO \$1,184,506 DURING TAX YEAR 2020.

Employer identification number

52-2098698

[illegible]