

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details, address, identification numbers, and status information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances, including rows 1 through 22.

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.

Signature area for the officer, including name, title, and date.

Paid Preparer Use Only section for Jeffrey Griffith, Alta CPA Group.

May the IRS discuss this return with the preparer shown above? See instructions.

**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.

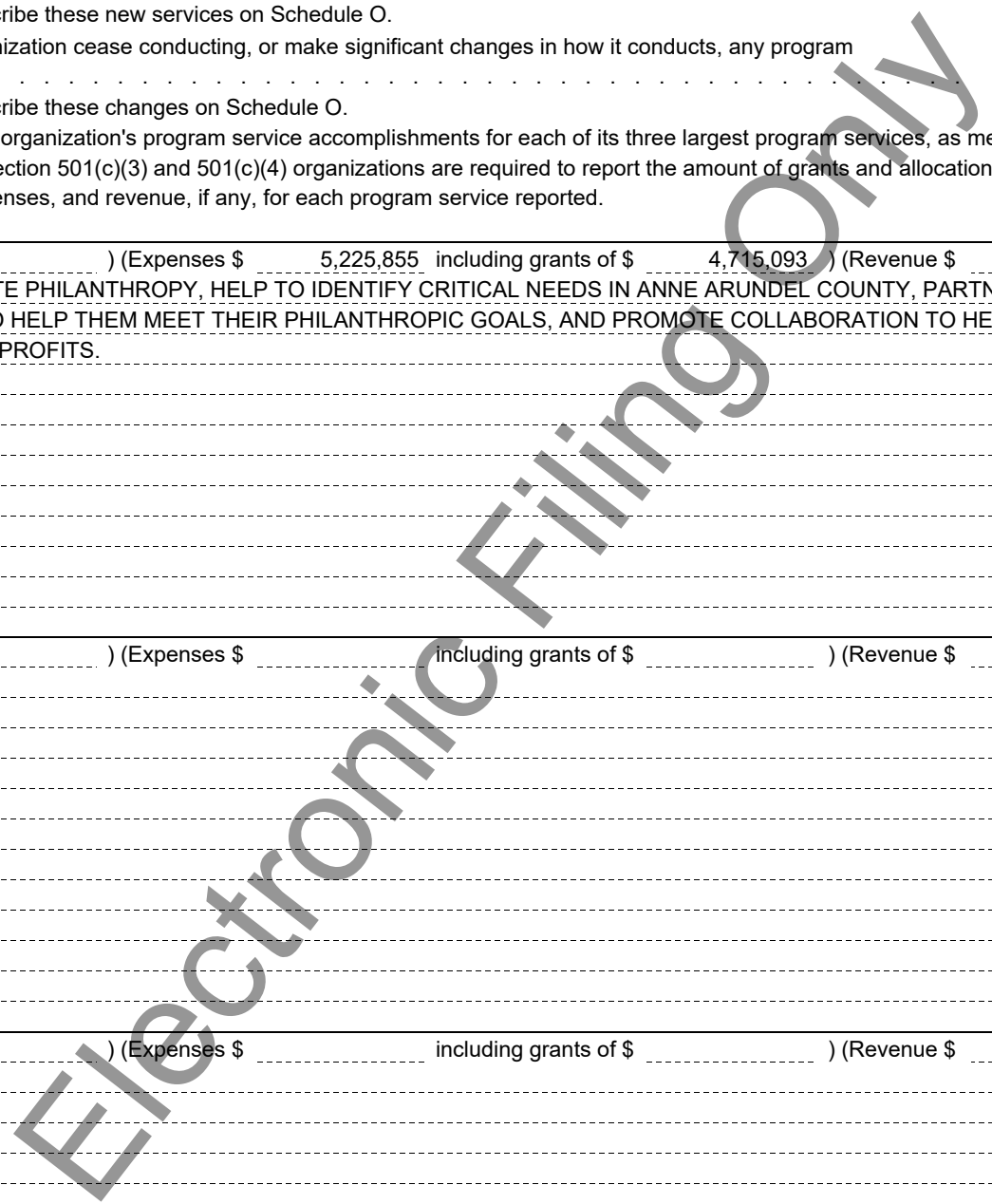
**4a** (Code: ) (Expenses \$ 5,225,855 including grants of \$ 4,715,093 ) (Revenue \$ 37,507 )  
TO PROMOTE PHILANTHROPY, HELP TO IDENTIFY CRITICAL NEEDS IN ANNE ARUNDEL COUNTY, PARTNER WITH DONORS TO HELP THEM MEET THEIR PHILANTHROPIC GOALS, AND PROMOTE COLLABORATION TO HELP STRENGTHEN LOCAL NONPROFITS.

**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 5,225,855



**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)? <i>If "Yes," complete Schedule A.</i>   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>   |     | 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>  |     | 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? <i>If "Yes," complete Schedule D, Part I.</i>  | X   |    |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IV.</i>            | X   |    |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   | 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? <i>If "Yes," complete Schedule D, Part VI.</i>   | X   |    |
| b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>  |     | 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? <i>If "Yes," complete Schedule D, Part VIII.</i>  |     | 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? <i>If "Yes," complete Schedule D, Part IX.</i>   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>   | 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)? <i>If "Yes," complete Schedule D, Part X.</i>  | X   |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   |     | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i> |     | 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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>   |     | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   |     | 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions.   |     | 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? <i>If "Yes," complete Schedule G, Part II.</i>   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>  | X   |    |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and gaming winnings.

| <b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b> |  | Yes        | No |   |   |
|---|--|------------|----|---|---|
| <b>2a</b>   | 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 . . . . .  | <b>2a</b>  | 11 |   |   |
| <b>b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .   | <b>2b</b>  |    | X |   |
| <b>3a</b>   | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  |    |   | X |
| <b>b</b>  | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .   | <b>3b</b>  |    |   |   |
| <b>4a</b>   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .     | <b>4a</b>  |    |   | X |
| <b>b</b>  | If "Yes," enter the name of the foreign country _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |   |   |
| <b>5a</b>   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  |    |   | X |
| <b>b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   | <b>5b</b>  |    |   | X |
| <b>c</b>  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |    |   |   |
| <b>6a</b>   | 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? . . . . .  | <b>6a</b>  |    |   | X |
| <b>b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  | <b>6b</b>  |    |   |   |
| <b>7</b>  | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |   |   |
| <b>a</b>  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .  | <b>7a</b>  |    | X |   |
| <b>b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | <b>7b</b>  |    | X |   |
| <b>c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   | <b>7c</b>  |    |   | X |
| <b>d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  | <b>7d</b>  |    |   |   |
| <b>e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  | <b>7e</b>  |    |   | X |
| <b>f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   | <b>7f</b>  |    |   | X |
| <b>g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   | <b>7g</b>  |    |   |   |
| <b>h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .   | <b>7h</b>  |    |   |   |
| <b>8</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .   | <b>8</b>   |    |   |   |
| <b>9</b>  | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |   |   |
| <b>a</b>  | Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  |    |   |   |
| <b>b</b>  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .  | <b>9b</b>  |    |   |   |
| <b>10</b>   | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |   |   |
| <b>a</b>  | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |    |   |   |
| <b>b</b>  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |    |   |   |
| <b>11</b>   | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |   |   |
| <b>a</b>  | Gross income from members or shareholders . . . . .  | <b>11a</b> |    |   |   |
| <b>b</b>  | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .   | <b>11b</b> |    |   |   |
| <b>12a</b>  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> |    |   |   |
| <b>b</b>  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |    |   |   |
| <b>13</b>   | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |   |   |
| <b>a</b>  | Is the organization licensed to issue qualified health plans in more than one state? . . . . .<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |   |   |
| <b>b</b>  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .  | <b>13b</b> |    |   |   |
| <b>c</b>  | Enter the amount of reserves on hand . . . . .   | <b>13c</b> |    |   |   |
| <b>14a</b>  | Did the organization receive any payments for indoor tanning services during the tax year? . . . . .   | <b>14a</b> |    |   | X |
| <b>b</b>  | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .   | <b>14b</b> |    |   |   |
| <b>15</b>   | 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? . . . . .<br>If "Yes," see the instructions and file Form 4720, Schedule N.                   | <b>15</b>  |    |   | X |
| <b>16</b>   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  |    |   | X |
| <b>17</b>   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . .<br>If "Yes," complete Form 6069. | <b>17</b>  |    |   |   |

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

Table with columns for line numbers (1a, 1b, 2-9), descriptions of questions, and Yes/No columns. Includes questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with columns for line numbers (10a-16b), descriptions of questions, and Yes/No columns. Includes questions about local chapters, written policies, conflict of interest, whistleblower, document retention, and compensation.

Section C. Disclosure

Table with lines 17-20. Line 17: List states (MD). Line 18: Public inspection availability (Own website, Another's website, Upon request, Other). Line 19: Describe public availability of governing documents. Line 20: State name, address, and telephone number of person with books and records (MARY SPENCER, 900 BESTGATE ROAD SUITE 400, ANNAPOLIS, MD 21401, 410-280-1102).

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

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

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

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>PRESIDENT & CEO                             | 40.00<br>0.00  |   |                       | X       |              |                              | 184,808 | 0   | 6,881  |   |
| (2) JOHN RODENHAUSEN<br>DIRECTOR OF GIFT PLANNING               | 40.00<br>0.00  |   |                       |         |              | X                            | 112,119 | 0   | 3,664  |   |
| (3) JENNIFER LAGROTTERIA<br>DIRECTOR OF PHILANTHROPIC RESOURCES | 40.00<br>0.00  |   |                       |         |              | X                            | 101,750 | 0   | 13,841   |   |
| (4) KATHY LUTHCKE<br>DIRECTOR OF FINANCE & OPERATIONS           | 40.00<br>0.00  |   |                       |         |              | X                            | 104,154 | 0   | 3,125  |   |
| (5) LARRY CLARK<br>CHAIR  | 5.00<br>0.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (6) AMY TATE<br>VICE CHAIR                                      | 5.00<br>0.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (7) KAREN WHALEY<br>TREASURER                                   | 5.00<br>0.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (8) LAWRENCE BURROWS<br>SECRETARY                               | 5.00<br>0.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (9) KATE BELDEN SCHOFF<br>TRUSTEE                               | 1.00<br>0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (10) ANDREA BEEGLE<br>TRUSTEE                                   | 1.00<br>0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (11) DR. CORYSE BRATHWAITE<br>TRUSTEE                           | 1.00<br>0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (12) KATHARINE CALDWELL<br>ASST. SECRETARY                      | 1.00<br>0.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (13) DAN MATHIAS<br>TRUSTEE                                     | 1.00<br>0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (14) MARGUERITE KEANE GIBBONS<br>TRUSTEE                        | 1.00<br>0.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) CRYSTAL WATKINS WILLIAMS TRUSTEE                          | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (16) EDWARD EVANS TRUSTEE                                      | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) VINCENT MOULDEN TRUSTEE                                   | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (18) JENNIFER PRATT TRUSTEE                                    | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) NAEEMAH STAGGS TRUSTEE                                    | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) NEIL WEISSMAN TRUSTEE                                     | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) MICHAEL LEHR TRUSTEE                                      | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (22) MARTHA VAN WOEEKOM TRUSTEE                                | 1.00<br>0.00   | X  |                       |         |              |                              |        | 0   | 0  | 0   |
| (23) JIM HUMPHREY IMMEDIATE PAST CHAIR                         | 5.00<br>0.00   | X  |                       | X       |              |                              |        | 0   | 0  | 0   |
| (24)   |  |  |                       |         |              |                              |        |   |  |   |
| (25)   |  |  |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b>   |  |  |                       |         |              |                              |        | 502,831   | 0  | 27,511  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 0   | 0  | 0   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 502,831   | 0  | 27,511  |

**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 4

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>  |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual.</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>                       |     | X  |

**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)<br>Name and business address | (B)<br>Description of services | (C)<br>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 Revenue**

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

|   |   |  | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|--|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  | 0                    |  |                                      |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>  | 0                    |  |                                      |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  | 93,208               |  |                                      |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>  | 0                    |  |                                      |   |  |
|   | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>  | 0                    |  |                                      |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above . . . . .  | <b>1f</b>  | 13,981,227           |  |                                      |   |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f . . . . .   | <b>1g</b>  | \$ 2,129,457         |  |                                      |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 14,074,435           |  |                                      |   |  |
|   | <b>Program Service<br/>Revenue</b>  |  |                      | Business Code                                |                                      |   |  |
|   |   | <b>2a</b> PROGRAM FEES . . . . .                                   | 900099               | 12,220                                       | 12,220                               |   |  |
| <b>b</b> MANAGEMENT FEES . . . . .  |   | 900099   | 25,287               | 25,287                                       |                                      |   |  |
| <b>c</b> . . . . .  |   |  | 0                    |  |                                      |   |  |
| <b>d</b> . . . . .  |   |  | 0                    |  |                                      |   |  |
| <b>e</b> . . . . .  |   |  | 0                    |  |                                      |   |  |
| <b>f</b> All other program service revenue . . . . .                          |   |  | 0                    |  |                                      |   |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                     |   |  | 37,507               |  |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) . . . . .  |  | 1,064,003            |  |                                      | 1,064,003   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  | 0                    |  |                                      |   |  |
|   | <b>5</b> Royalties . . . . .  |  | 0                    |  |                                      |   |  |
|   | <b>6a</b> Gross rents . . . . .   | (i) Real (ii) Personal   |                      |  |                                      |   |  |
|   |   | <b>6a</b>  |                      |  |                                      |   |  |
|   |   | <b>b</b> Less: rental expenses . . . . .                           | <b>6b</b>            |  |                                      |   |  |
|   | <b>c</b> Rental income or (loss) . . . . .  | <b>6c</b>  | 0                    | 0  |                                      |   |  |
|   | <b>d</b> Net rental income or (loss) . . . . .  |  |                      | 0  |                                      |   |  |
|   | <b>7a</b> Gross amount from<br>sales of assets<br>other than inventory . . . . .  | (i) Securities (ii) Other  |                      |  |                                      |   |  |
|   |   | <b>7a</b>  | 13,700,704           | 0  |                                      |   |  |
|   |   | <b>b</b> Less: cost or other basis<br>and sales expenses . . . . . | <b>7b</b>            | 13,697,681                                   | 0                                    |   |  |
|   | <b>c</b> Gain or (loss) . . . . .   | <b>7c</b>  | 3,023                | 0  |                                      |   |  |
|   | <b>d</b> Net gain or (loss) . . . . .   |  |                      | 3,023  |                                      | 3,023   |  |
|   | <b>8a</b> Gross income from fundraising<br>events (not including \$<br>of contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |  |                      |  |                                      |   |  |
|   |   | <b>8a</b>  | 27,500               |  |                                      |   |  |
|   |   | <b>b</b> Less: direct expenses . . . . .                           | <b>8b</b>            | 27,500                                       |                                      |   |  |
|   | <b>c</b> Net income or (loss) from fundraising events . . . . .   |  |                      | 0  |                                      |   |  |
|   | <b>9a</b> Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  |  |                      |  |                                      |   |  |
| <b>9a</b>   |   | 0  |                      |  |                                      |   |  |
| <b>b</b> Less: direct expenses . . . . .                                      |   | <b>9b</b>  | 0                    |  |                                      |   |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                |   |  | 0                    |  |                                      |   |  |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . . |   |  |                      |  |                                      |   |  |
|   | <b>10a</b>  | 0  |                      |  |                                      |   |  |
|   | <b>b</b> Less: cost of goods sold . . . . .   | <b>10b</b>   | 0                    |  |                                      |   |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .               |   |  | 0                    |  |                                      |   |  |
| <b>Miscellaneous<br/>Revenue</b>  |   |  | Business Code        |  |                                      |   |  |
|   | <b>11a</b> . . . . .  |  | 0                    |  |                                      |   |  |
|   | <b>b</b> . . . . .  |  | 0                    |  |                                      |   |  |
|   | <b>c</b> . . . . .  |  | 0                    |  |                                      |   |  |
|   | <b>d</b> All other revenue . . . . .  |  | 0                    |  |                                      |   |  |
|   | <b>e Total.</b> Add lines 11a-11d . . . . .   |  | 0                    |  |                                      |   |  |
| <b>12 Total revenue.</b> See instructions . . . . .                           |   |  | 15,178,968           | 37,507                                       | 0                                    | 1,067,026   |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b> |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|---|-----------------------|---------------------------------|--|-----------------------------|
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 4,678,873             | 4,678,873                       |  |                             |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 36,220                | 36,220                          |  |                             |
| 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 . . . . .  | 191,689               | 78,661                          | 60,441                                 | 52,587                      |
| 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 . . . . .  | 506,318               | 210,869                         | 154,214                                | 141,235                     |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 10,937                | 2,691                           | 6,599                                  | 1,647                       |
| 9   | Other employee benefits . . . . .   | 21,575                | 5,307                           | 13,018                                 | 3,250                       |
| 10  | Payroll taxes . . . . .   | 52,294                | 21,888                          | 16,038                                 | 14,368                      |
| 11  | Fees for services (nonemployees):   |                       |                                 |  |                             |
| a   | Management . . . . .  | 0                     |                                 |  |                             |
| b   | Legal . . . . .   | 0                     |                                 |  |                             |
| c   | Accounting . . . . .  | 16,115                | 6,607                           | 4,835                                  | 4,673                       |
| d   | Lobbying . . . . .  | 0                     |                                 |  |                             |
| e   | Professional fundraising services. See Part IV, line 17 . . . . .   | 0                     |                                 |  |                             |
| f   | Investment management fees . . . . .  | 85,020                |                                 | 85,020                                 |                             |
| g   | Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .   | 18,000                | 18,000                          | 0                                      |                             |
| 12  | Advertising and promotion . . . . .   | 2,370                 | 1,580                           | 790                                    |                             |
| 13  | Office expenses . . . . .   | 40,676                | 16,014                          | 12,142                                 | 12,520                      |
| 14  | Information technology . . . . .  | 49,255                | 20,195                          | 14,776                                 | 14,284                      |
| 15  | Royalties . . . . .   | 0                     |                                 |  |                             |
| 16  | Occupancy . . . . .   | 95,780                | 39,270                          | 28,734                                 | 27,776                      |
| 17  | Travel . . . . .  | 470                   | 235                             | 235                                    |                             |
| 18  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| 19  | Conferences, conventions, and meetings . . . . .  | 4,427                 | 1,815                           | 1,328                                  | 1,284                       |
| 20  | Interest . . . . .  | 0                     |                                 |  |                             |
| 21  | Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| 22  | Depreciation, depletion, and amortization . . . . .   | 9,396                 | 3,852                           | 2,819                                  | 2,725                       |
| 23  | Insurance . . . . .   | 8,368                 | 3,431                           | 2,510                                  | 2,427                       |
| 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  | 10,854                | 10,535                          |  | 319                         |
| b   | ESTATE PLANNING COUNCIL EDUC EXPENSE  | 11,015                | 11,015                          |  |                             |
| c   | MEALS AND ENTERTAINMENT   | 27,676                | 11,347                          | 8,303                                  | 8,026                       |
| d   | NEEDS ASSESSMENT  | 10,000                | 10,000                          |  |                             |
| e   | All other expenses COMM. OUTREACH & EDUC.   | 37,450                | 37,450                          |  |                             |
| 25  | <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .   | 5,924,778             | 5,225,855                       | 411,802                                | 287,121                     |
| 26  | <b>Joint costs.</b> 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 Sheet**

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

|   |  | (A)               |            | (B)               |
|---|--|-------------------|------------|-------------------|
|   |  | Beginning of year |            | End of year       |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 2,348,235         | <b>1</b>   | 581,343           |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 0                 | <b>2</b>   | 0                 |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 3,365,532         | <b>3</b>   | 2,201,199         |
|   | <b>4</b> Accounts receivable, net . . . . .  | 5,250             | <b>4</b>   | 10,000            |
|   | <b>5</b> 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                 | <b>5</b>   | 0                 |
|   | <b>6</b> 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                 | <b>6</b>   | 0                 |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0                 | <b>7</b>   | 0                 |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0                 | <b>8</b>   | 0                 |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 0                 | <b>9</b>   |                   |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 66,875 |            |                   |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 28,002 | 30,270     | <b>10c</b> 38,873 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 24,908,744        | <b>11</b>  | 38,436,380        |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 0                 | <b>12</b>  | 0                 |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 0                 | <b>13</b>  | 0                 |
|   | <b>14</b> Intangible assets . . . . .  | 0                 | <b>14</b>  | 0                 |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 206,208           | <b>15</b>  | 558,480           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 30,864,239   | <b>16</b>         | 41,826,275 |                   |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 26,355            | <b>17</b>  | 48,487            |
|   | <b>18</b> Grants payable . . . . .   | 300,500           | <b>18</b>  | 445,500           |
|   | <b>19</b> Deferred revenue . . . . .   | 15,000            | <b>19</b>  | 7,050             |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  | 0                 | <b>20</b>  | 0                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  | 0                 | <b>21</b>  | 0                 |
|   | <b>22</b> 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                 | <b>22</b>  | 0                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0                 | <b>23</b>  | 0                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 0                 | <b>24</b>  | 0                 |
|   | <b>25</b> 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 . . . . .  | 178,179           | <b>25</b>  | 510,351           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 520,034           | <b>26</b>  | 1,011,388         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                   |            |                   |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 2,075,909         | <b>27</b>  | 2,383,565         |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 28,268,296        | <b>28</b>  | 38,431,322        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                   |            |                   |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   | 0                 | <b>29</b>  | 0                 |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   | 0                 | <b>30</b>  | 0                 |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   | 0                 | <b>31</b>  | 0                 |
| <b>32</b> Total net assets or fund balances . . . . .                         | 30,344,205   | <b>32</b>         | 40,814,887 |                   |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 30,864,239   | <b>33</b>         | 41,826,275 |                   |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 15,178,968 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 5,924,778  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 9,254,190  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 30,344,205 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 797,431    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 419,061    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 40,814,887 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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.<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>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.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |     | X  |
| <b>b</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  |     |    |

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2024**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>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).)
- 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 on 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 . . . . .
  - 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)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    | 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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) - 92.52%; 15 Public support percentage from 2023 Schedule A, Part II, line 14 - 92.83%; 16a 33 1/3% support test—2024. 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 - [X]; 16b 33 1/3% support test—2023. 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 - [ ]; 17a 10%-facts-and-circumstances test—2024. 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 - [ ]; 17b 10%-facts-and-circumstances test—2023. 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 - [ ]; 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 - [ ]

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 0.00%; 16 Public support percentage from 2023 Schedule A, Part III, line 15 - 0.00%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows: 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 0.00%; 18 Investment income percentage from 2023 Schedule A, Part III, line 17 - 0.00%.

- 19a 33 1/3% support tests—2024. 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—2023. 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 on line 12 of 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>   |     |    |
| 3b  | 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>  |     |    |
| 3c  | 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>  |     |    |
| 4b  | 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>   |     |    |
| 4c  | 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> |     |    |
| 5b  | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| 5c  | <b>Substitutions only.</b> 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).</i>   |     |    |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>   |     |    |
| 9b  | Did one or more disqualified persons (as defined on 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>   |     |    |
| 9c  | Did a disqualified person (as defined on 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>   |     |    |
| 10b | 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Row 11b: A family member of a person described on line 11a above? Row 11c: A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Row 2: Activities Test. Answer lines 2a and 2b below. Row 2a: 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? Row 2b: Did the activities described on 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? Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Row 3a: 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? Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**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<br>(optional) |
|----------------------------------|--|----------------|--------------------------------|
| 1                                | Net short-term capital gain  |                |                                |
| 2                                | Recoveries of prior-year distributions   |                |                                |
| 3                                | Other gross income (see instructions)  |                |                                |
| 4                                | Add lines 1 through 3.   | 0              | 0                              |
| 5                                | Depreciation and depletion   |                |                                |
| 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) |                |                                |
| 7                                | Other expenses (see instructions)  |                |                                |
| 8                                | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 0              | 0                              |
| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year<br>(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  |                |                                |
| b                                | Average monthly cash balances  |                |                                |
| c                                | Fair market value of other non-exempt-use assets   |                |                                |
| d                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | 0              | 0                              |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets   |                |                                |
| 3                                | Subtract line 2 from line 1d.  | 0              | 0                              |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).   | 0              | 0                              |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | 0              | 0                              |
| 6                                | Multiply line 5 by 0.035.  | 0              | 0                              |
| 7                                | Recoveries of prior-year distributions   | 0              | 0                              |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | 0              | 0                              |
| Section C - Distributable Amount |  |                | Current Year                   |
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)  |                | 0                              |
| 2                                | Enter 0.85 of line 1.  |                | 0                              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)   |                | 0                              |
| 4                                | Enter greater of line 2 or line 3.   |                | 0                              |
| 5                                | Income tax imposed in prior year   |                |                                |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  |                | 0                              |
| 7                                | <input type="checkbox"/> 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  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2024 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) |   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2024 | Distributable<br>Amount for 2024 |
|---|---|-----------------------------|--|----------------------------------|
| 1   | Distributable amount for 2024 from Section C, line 6  |                             |  | 0                                |
| 2   | Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.   |                             |  |                                  |
| 3   | Excess distributions carryover, if any, to 2024   |                             |  |                                  |
| a   | From 2019 . . . . .   | 0                           |  |                                  |
| b   | From 2020 . . . . .   | 0                           |  |                                  |
| c   | From 2021 . . . . .   | 0                           |  |                                  |
| d   | From 2022 . . . . .   | 0                           |  |                                  |
| e   | From 2023 . . . . .   | 0                           |  |                                  |
| f   | <b>Total</b> of lines 3a through 3e   | 0                           |  |                                  |
| g   | Applied to underdistributions of prior years  |                             | 0                                      |                                  |
| h   | Applied to 2024 distributable amount  |                             |  | 0                                |
| i   | Carryover from 2019 not applied (see instructions)  |                             |  |                                  |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  | 0                           |  |                                  |
| 4   | Distributions for 2024 from Section D, line 7: \$   | 0                           |  |                                  |
| a   | Applied to underdistributions of prior years  |                             | 0                                      |                                  |
| b   | Applied to 2024 distributable amount  |                             |  | 0                                |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |                             | 0                                      |                                  |
| 5   | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             | 0                                      |                                  |
| 6   | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  | 0                                |
| 7   | <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.   | 0                           |  |                                  |
| 8   | Breakdown of line 7:  |                             |  |                                  |
| a   | Excess from 2020 . . . . .  | 0                           |  |                                  |
| b   | Excess from 2021 . . . . .  | 0                           |  |                                  |
| c   | Excess from 2022 . . . . .  | 0                           |  |                                  |
| d   | Excess from 2023 . . . . .  | 0                           |  |                                  |
| e   | Excess from 2024 . . . . .  | 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.)

Electronic Filing Only

SCHEDULE D (Form 990)

(Rev. December 2024)

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

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions regarding donor advisement.

Part II Conservation Easements

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, with a sub-table for 'Held at the End of the Tax Year'.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and revenue.

**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
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 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    |
|--|-----------|
| <b>c</b> Beginning balance             | 2,071,963 |
| <b>d</b> Additions during the year     | 419,061   |
| <b>e</b> Distributions during the year |           |
| <b>f</b> Ending balance                | 2,491,024 |
- 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 in 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 9,412,636        | 6,873,502      | 7,664,804          | 3,662,760            | 2,874,696           |
| <b>b</b> Contributions                                  | 938,656          | 1,929,862      | 350,203            | 3,244,301            | 593,837             |
| <b>c</b> Net investment earnings, gains, and losses     | 801,279          | 1,120,602      | -861,627           | 936,737              | 297,885             |
| <b>d</b> Grants or scholarships                         | 98,250           | 438,797        | 243,711            | 165,264              | 103,658             |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    | 741                  |                     |
| <b>f</b> Administrative expenses                        | 63,062           | 72,533         | 36,167             | 12,989               |                     |
| <b>g</b> End of year balance                            | 10,991,259       | 9,412,636      | 6,873,502          | 7,664,804            | 3,662,760           |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 23%
  - b** Permanent endowment 77%
  - 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:
- |                                    | Yes | No |
|------------------------------------|-----|----|
| <b>(i)</b> Unrelated organizations |     | X  |
| <b>(ii)</b> Related organizations  |     | X  |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 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 |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  | 0                                    | 0                               |                              | 0              |
| <b>b</b> Buildings              | 0                                    | 0                               | 0                            | 0              |
| <b>c</b> Leasehold improvements | 0                                    | 0                               | 0                            | 0              |
| <b>d</b> Equipment              | 0                                    | 66,875                          | 28,002                       | 38,873         |
| <b>e</b> Other                  | 0                                    | 0                               | 0                            | 0              |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 38,873

**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<br>(including name of security)    | (b) Book value | (c) Method of valuation:<br>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) . . . . .  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)). | 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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)). | 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)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)). | 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              | 478,973        |
| (3)  | ANNUITY LIABILITY            | 31,378         |
| (4)  |                              |                |
| (5)  |                              |                |
| (6)  |                              |                |
| (7)  |                              |                |
| (8)  |                              |                |
| (9)  |                              |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)). |                              | 510,351        |

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 . . . . .        |         | <b>1</b>  | 15,891,379 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                       |         |           |            |
| a | Net unrealized gains (losses) on investments . . . . .                                    | 797,431 |           |            |
| b | Donated services and use of facilities . . . . .  |         |           |            |
| c | Recoveries of prior year grants . . . . .   |         |           |            |
| d | Other (Describe in Part XIII.) . . . . .  |         |           |            |
| e | Add lines 2a through 2d . . . . .   |         | <b>2e</b> | 797,431    |
| 3 | Subtract line 2e from line 1 . . . . .  |         | <b>3</b>  | 15,093,948 |
| 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 . . . . .                | 85,020  |           |            |
| b | Other (Describe in Part XIII.) . . . . .  |         |           |            |
| c | Add lines 4a and 4b . . . . .   |         | <b>4c</b> | 85,020     |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . |         | <b>5</b>  | 15,178,968 |

**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 . . . . .                       |        | <b>1</b>  | 5,839,758 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                          |        |           |           |
| a | Donated services and use of facilities . . . . .   |        |           |           |
| b | Prior year adjustments . . . . .   |        |           |           |
| c | Other losses . . . . .   |        |           |           |
| d | Other (Describe in Part XIII.) . . . . .   |        |           |           |
| e | Add lines 2a through 2d . . . . .  |        | <b>2e</b> | 0         |
| 3 | Subtract line 2e from line 1 . . . . .   |        | <b>3</b>  | 5,839,758 |
| 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 . . . . .                 | 85,020 |           |           |
| b | Other (Describe in Part XIII.) . . . . .   |        |           |           |
| c | Add lines 4a and 4b . . . . .  |        | <b>4c</b> | 85,020    |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . |        | <b>5</b>  | 5,924,778 |

**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 VI Line 2A THE AGENCY FUNDS ARE INCLUDED IN RESTRICTED NET ASSET ON THE BALANCE SHEET.

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 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.

**Part XIII** Supplemental Information *(continued)*

Electronic Filing Only



**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.

| Revenue         |  | (a) Event #1  | (b) Event #2 | (c) Other events       | (d) Total events                |
|-----------------|--|---|--------------|------------------------|---------------------------------|
|                 |  | EB OF PHILANTHOPY<br>(event type)                                     | (event type) | NONE<br>(total number) | (add col. (a) through col. (c)) |
| Revenue         | 1  | Gross receipts . . . . .  | 120,708      | 0                      | 120,708                         |
|                 | 2  | Less: Contributions . . . . .   | 93,208       | 0                      | 93,208                          |
|                 | 3  | Gross income (line 1 minus line 2) . . . . .                          | 27,500       | 0                      | 27,500                          |
| Direct Expenses | 4  | Cash prizes . . . . .   | 0            | 0                      | 0                               |
|                 | 5  | Noncash prizes . . . . .  | 0            | 0                      | 0                               |
|                 | 6  | Rent/facility costs . . . . .   | 21,613       | 0                      | 21,613                          |
|                 | 7  | Food and beverages . . . . .  | 0            | 0                      | 0                               |
|                 | 8  | Entertainment . . . . .   | 0            | 0                      | 0                               |
|                 | 9  | Other direct expenses . . . . .                                       | 5,887        | 0                      | 5,887                           |
|                 | 10   | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . |              |                        | ( 27,500)                       |
| 11              | Net income summary. Subtract line 10 from line 3, column (d) . . . . . |   |              | 0                      |                                 |

**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.

| Revenue         |  | (a) Bingo                       | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col. (a) through col. (c))                    |   |
|-----------------|--|---------------------------------|---|---|---|---|
|                 |  | 1                               | Gross revenue . . . . .   |   |   |   |
| 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 _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><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: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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) ALLIANCE FOR THE CHESAPEAKE<br>151 WEST STREET, SUITE 101 ANN   | 54-1060924 | 501 (C) (3)                     | 9,500                    |                                   |   |                                       | ENVIRONMENT                        |
| (2) AMERICAN FOUNDATION FOR S<br>5257 BUCKEYSTOWN PIKE, #116 FF     | 13-3393329 | 501 (C) (3)                     | 10,000                   |                                   |   |                                       | HUMAN SERVICES                     |
| (3) ANNAPOLIS FILM FESTIVAL, INC<br>107 ANNAPOLIS STREET, SUITE J A | 36-4730103 | 501 (C) (3)                     | 9,500                    |                                   |   |                                       | ARTS AND CULTURE                   |
| (4) ANNAPOLIS GREEN<br>PO BOX 3423 ANNAPOLIS, MD 2140               | 81-0985107 | 501 (C) (3)                     | 5,000                    |                                   |   |                                       | ENVIRONMENT                        |
| (5) ANNAPOLIS IMMIGRATION JUST<br>1125 WEST STREET ANNAPOLIS, M     | 83-2499061 | 501 (C) (3)                     | 126,350                  |                                   |   |                                       | CAPACITY BUILDING                  |
| (6) ANNAPOLIS MARITIME MUSEUM<br>723 SECOND STREET ANNAPOLIS,       | 52-1664577 | 501 (C) (3)                     | 12,525                   |                                   |   |                                       | ENVIRONMENT                        |
| (7) ANNAPOLIS OPERA<br>801 CHASE STREET #304A ANNAPC                | 23-7321514 | 501 (C) (3)                     | 10,000                   |                                   |   |                                       | GENERAL SUPPORT                    |
| (8) ANNAPOLIS SYMPHONY ORCHE<br>801 CHASE STREET ANNAPOLIS, M       | 23-7001357 | 501 (C) (3)                     | 6,000                    |                                   |   |                                       | ARTS AND CULTURE                   |
| (9) ANNAPOLIS YACHT CLUB FOUN<br>PO BOX 908 ANNAPOLIS, MD 21404     | 31-1721302 | 501 (C) (3)                     | 25,000                   |                                   |   |                                       | HUMAN SERVICES                     |
| (10) ANNE ARUNDEL COMMUNITY O<br>101 COLLEGE PARKWAY ARNOLD,        | 52-6078381 | 501 (C) (3)                     | 56,500                   |                                   |   |                                       | EDUCATION                          |
| (11) ANNE ARUNDEL CONFLICT RES<br>2666 RIVA ROAD, SUITE 130 ANNAP   | 52-1845816 | 501 (C) (3)                     | 5,190                    |                                   |   |                                       | HUMAN SERVICES                     |
| (12) ANNE ARUNDEL COUNTY<br>ARUNDEL CENTER, 44 CALVERT ST           | 52-6000878 | GOVT                            | 13,345                   |                                   |   |                                       | CAPACITY BUILDING                  |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 119
- 3** Enter total number of other organizations listed in the line 1 table 2

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

Schedule I (Form 990) (Rev. 12-2024)



## Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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) ANNE ARUNDEL COUNTY DEPARTMENT OF HUMAN SERVICES<br>80 WEST STREET ANNAPOLIS, MD 21401          | 52-6000878 | GOVT                            | 35,000                   |                                   |   |  | HUMAN SERVICES                     |
| (14) ANNE ARUNDEL COUNTY FOOD BANK<br>120 MARBURY DRIVE CROWNSVILLE, MD 21032                        | 52-1660473 | 501 (C) (3)                     | 179,750                  |                                   |   |  | HUMAN SERVICES                     |
| (15) ANNE ARUNDEL COUNTY LITERACY CENTER<br>PO BOX 1303 EDGEWATER, MD 21037                          | 52-1479101 | 501 (C) (3)                     | 10,350                   |                                   |   |  | EDUCATION                          |
| (16) ANNE ARUNDEL COUNTY PUBLIC LIBRARY<br>5 TRUMAN PARKWAY ANNAPOLIS, MD 21401                      | 20-5804064 | 501 (C) (3)                     | 65,450                   |                                   |   |  | EDUCATION                          |
| (17) ANNE ARUNDEL COUNTY WATERSHED STEWARDS ACADEMY<br>WATERSHED STEWARDS ACADEMY MILLETON, MD 21114 | 27-3502329 | 501 (C) (3)                     | 21,000                   |                                   |   |  | ENVIRONMENT                        |
| (18) ARCHBISHOP SPALDING HIGH SCHOOL<br>8080 NEW CUT ROAD SEVERN, MD 21144                           | 52-0846081 | 501 (C) (3)                     | 5,500                    |                                   |   |  | EDUCATION                          |
| (19) ARUNDEL CHRISTIAN CHURCH<br>710 AQUAHART ROAD GLEN BURNIE, MD 21038                             | 52-2113156 | 501 (C) (3)                     | 45,000                   |                                   |   |  | FAITH-BASED                        |
| (20) ARUNDEL LODGE, INC.<br>2600 SOLOMONS ISLAND RD EDGEWATER, MD 21037                              | 51-0169423 | 501 (C) (3)                     | 14,040                   |                                   |   |  | HEALTH AND WELLNESS                |
| (21) ARUNDEL RIVERS FEDERATION<br>PO BOX 760 EDGEWATER, MD 21037                                     | 52-2301464 | 501 (C) (3)                     | 21,450                   |                                   |   |  | ENVIRONMENT                        |
| (22) ASBURY CHURCH ASSISTANCE NETWORK<br>429 ASBURY DR SEVERNA PARK, MD 21144                        | 45-2509088 | 501 (C) (3)                     | 25,000                   |                                   |   |  | HUMAN SERVICES                     |
| (23) BAND OF BROTHERS GRIT (GRIT QUEST)<br>5420 S. EASTWIND AVENUE SIOUX FALLS, SD 57105             | 45-5227884 | 501 (C) (3)                     | 50,000                   |                                   |   |  | FAITH-BASED                        |
| (24) BANNEKER-DOUGLASS-TUBMAN MUSEUM<br>POST OFFICE BOX 1442 ANNAPOLIS, MD 21401                     | 52-1095665 | 501 (C) (3)                     | 6,000                    |                                   |   |  | ARTS AND CULTURE                   |
| (25) BELLE GROVE ELEMENTARY SCHOOL<br>4502 BELLE GROVE BROOKLYN, MD 21225                            | 52-1725148 | 501 (C) (3)                     | 5,433                    |                                   |   |  | EDUCATION                          |
| (26) BELLO MACHRE, INC.<br>7765 FREETOWN ROAD GLEN BURNIE, MD 21038                                  | 52-0915574 | 501 (C) (3)                     | 8,000                    |                                   |   |  | HUMAN SERVICES                     |
| (27) BELOVED COMMUNITY SERVICES CENTER<br>THURGOOD MARSHALL AMENITY CENTER, ANNAPOLIS, MD 21401      | 68-0480736 | 501 (C) (3)                     | 10,000                   |                                   |   |  | HUMAN SERVICES                     |
| (28) BISHOP MCNAMARA HIGH SCHOOL<br>800 MARLBORO PIKE SE FORRESTVILLE, MD 21038                      | 52-0805939 | 501 (C) (3)                     | 5,000                    |                                   |   |  | EDUCATION                          |
| (29) BLACK GIRLS CODE<br>PO BOX 845949 LOS ANGELES, CA 90084-5949                                    | 45-4930539 | 501 (C) (3)                     | 5,000                    |                                   |   |  | EDUCATION                          |

## Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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) BLACKS OF THE CHESAPEAKE FOUN<br>1125 WEST STREET, SUITE 200 ANNAPOLI        | 52-2278700 | 501 (C) (3)                     | 5,000                    |                                   |   |  | ENVIRONMENT                        |
| (31) BO'S EFFORT<br>2511 COXSHIRE LANE DAVIDSONVILLE, MI                          | 81-2909943 | 501 (C) (3)                     | 10,000                   |                                   |   |  | CAPACITY BUILDING                  |
| (32) BOYS & GIRLS CLUBS OF ANNAPOLIS<br>121 SOUTH VILLA AVENUE ANNAPOLIS, MI      | 52-1736346 | 501 (C) (3)                     | 342,750                  |                                   |   |  | HUMAN SERVICES                     |
| (33) CALVARY CHAPEL VERO BEACH<br>941 18TH STREET VERO BEACH, FL 32960            | 65-0697096 | 501 (C) (3)                     | 5,000                    |                                   |   |  | FAITH-BASED                        |
| (34) CARING CUPBOARD LLC<br>8513 FORT SMALLWOOD ROAD PASADENA                     | 83-1002431 | 501 (C) (3)                     | 5,500                    |                                   |   |  | GENERAL SUPPORT                    |
| (35) CARNEGIE MELLON UNIVERSITY<br>PO BOX 371525 PITTSBURGH, PA 15251-75          | 25-0969449 | 501 (C) (3)                     | 6,500                    |                                   |   |  | EDUCATION                          |
| (36) CENTER OF HELP, INC.<br>1906 FOREST DRIVE, SUITE 2A-2B ANNAPOLIS             | 52-2282782 | 501 (C) (3)                     | 22,930                   |                                   |   |  | HUMAN SERVICES                     |
| (37) CENTRAL NY YOUTH CAMP (CAMP BA)<br>100 CAMP SPAULDING ROAD SMITHVILLE        | 16-1457318 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (38) CENTRAL UNION MISSION<br>65 MASSACHUSETTS AVENUE, NW WASHINGTON              | 53-0218650 | 501 (C) (3)                     | 11,000                   |                                   |   |  | HUMAN SERVICES                     |
| (39) CHARTING CAREERS, INC.<br>210 LEGION AVE. #6463 ANNAPOLIS, MD 21401          | 82-5035726 | 501 (C) (3)                     | 62,580                   |                                   |   |  | HUMAN SERVICES                     |
| (40) CHESAPEAKE BAY FOUNDATION<br>6 HERNDON AVENUE ANNAPOLIS, MD 21401            | 52-6065757 | 501 (C) (3)                     | 25,585                   |                                   |   |  | ENVIRONMENT                        |
| (41) CHESAPEAKE CHARITIES<br>101 LOG CANOE CIRCLE STEVENSVILLE, MD                | 30-0254793 | 501 (C) (3)                     | 5,000                    |                                   |   |  | EDUCATION                          |
| (42) CHESAPEAKE REGION ACCESSIBLE<br>7040 BEMBE BEACH RD ANNAPOLIS, MD            | 35-2188410 | 501 (C) (3)                     | 17,000                   |                                   |   |  | CAPACITY BUILDING                  |
| (43) CHILD'S PLAY<br>9660 153RD AVE NE REDMOND, WA 98052                          | 20-3584556 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (44) CHRIST CHILD SOCIETY OF ANNAPOLIS<br>6110 EXECUTIVE BLVD ROCKVILLE, MD 20850 | 52-1907245 | 501 (C) (3)                     | 25,000                   |                                   |   |  | HUMAN SERVICES                     |
| (45) CHRYSALIS HOUSE INC.<br>1570 CROWNSVILLE ROAD CROWNSVILLE                    | 52-1382654 | 501 (C) (3)                     | 10,250                   |                                   |   |  | HUMAN SERVICES                     |
| (46) COLONIAL PLAYERS, INC.<br>108 EAST STREET ANNAPOLIS, MD 21401                | 23-7074203 | 501 (C) (3)                     | 7,770                    |                                   |   |  | ARTS AND CULTURE                   |

## Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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) COLORADO WEST CHRISTIAN SCHOOL<br>2705 SUNNYSIDE ROAD MONTROSE, CO 8     | 84-0794941 | 501 (C) (3)                     | 20,000                   |                                   |   |  | GENERAL SUPPORT                    |
| (48) COMMUNITY FOUNDATION OF HOWA<br>6680 MARTIN ROAD COLUMBIA, MD 21044      | 52-0937644 | 501 (C) (3)                     | 21,500                   |                                   |   |  | HUMAN SERVICES                     |
| (49) CONVOY OF HOPE<br>P.O. BOX 1125 SPRINGFIELD, MO 65801                    | 68-0051386 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (50) CROSSROADS COMMUNITY CHURCH<br>9900 S. TWENTY MILE ROAD . PARKER, CO     | 84-0743331 | 501 (C) (3)                     | 10,000                   |                                   |   |  | FAITH-BASED                        |
| (51) CYSTIC FIBROSIS - GA CHAPTER<br>57 EXECUTIVE PARK S, SUITE 380 ATLANT    | 13-1930701 | 501 (C) (3)                     | 10,250                   |                                   |   |  | HEALTH AND WELLNESS                |
| (52) DAVE THOMAS FOUNDATION FOR AD<br>4900 TUTTLE CROSSING BLVD DUBLIN, OH    | 31-1356151 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (53) DISABLED AMERICAN VETERANS CH<br>860 DOLWICK DRIVE ERLANGER, KY 41018    | 52-1521276 | 501 (C) (3)                     | 50,000                   |                                   |   |  | HUMAN SERVICES                     |
| (54) DOWNTOWN HOPE<br>255 WEST STREET ANNAPOLIS, MD 21401                     | 27-0728047 | 501 (C) (3)                     | 5,931                    |                                   |   |  | HUMAN SERVICES                     |
| (55) EASTERN HILLS COMMUNITY CHURC<br>25511 E. SMOKEY HILL ROAD AURORA, CO    | 74-2269572 | 501 (C) (3)                     | 40,000                   |                                   |   |  | FAITH-BASED                        |
| (56) EDUCATION FOUNDATION OF ANNE A<br>2644 RIVA ROAD ANNAPOLIS, MD 21401     | 52-2037551 | 501 (C) (3)                     | 10,000                   |                                   |   |  | EDUCATION                          |
| (57) ETA ETA LAMBDA FOUNDATION<br>P.O. BOX 6387 ANNAPOLIS, MD 21401           | 84-2386289 | 501 (C) (3)                     | 50,500                   |                                   |   |  | HUMAN SERVICES                     |
| (58) EVOLVE KIDSCARE<br>2528 MOUNTAIN RD PASADENA, MD 21122                   | 87-4617212 | 501 (C) (3)                     | 25,000                   |                                   |   |  | HUMAN SERVICES                     |
| (59) FIDELITY CHARITABLE GIFT FUND<br>P.O. BOX 770001 CINCINNATI, OH 45277-00 | 11-0303001 | 501 (C) (3)                     | 11,668                   |                                   |   |  | OTHER                              |
| (60) FLATIRONS HABITAT FOR HUMANITY<br>P.O. BOX 1003 LAFAYETTE, CO 80026      | 84-1229714 | 501 (C) (3)                     | 40,000                   |                                   |   |  | HUMAN SERVICES                     |
| (61) FOLDS OF HONOR FOUNDATION<br>5971 NORTH PATRIOT DRIVE OWASSO, OH         | 75-3240683 | 501 (C) (3)                     | 59,140                   |                                   |   |  | GENERAL SUPPORT                    |
| (62) FOURTH PRESBYTERIAN CHURCH<br>5500 RIVER ROAD BETHESDA, MD 20816         | 53-0196534 | 501 (C) (3)                     | 40,000                   |                                   |   |  | FAITH-BASED                        |
| (63) FREETOWN ELEMENTARY SCHOOL<br>7904 FREETOWN ROAD GLEN BURNIE, MD         | 23-7031201 | 501 (C) (3)                     | 5,000                    |                                   |   |  | EDUCATION                          |

## Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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) GOOD SHEPHERD HOUSING AND FA<br>8253 BACKLICK RD SUITE L LORTON, VA 2     | 23-7447962 | 501 (C) (3)                     | 5,000                    |                                   |   |  | GENERAL SUPPORT                    |
| (65) HARVEST RESOURCES IN ANNE ARU<br>710 AQUAHART RD GLEN BURNIE, MD 210      | 83-2102655 | 501 (C) (3)                     | 25,000                   |                                   |   |  | HUMAN SERVICES                     |
| (66) HELPS INTERNATIONAL<br>15301 DALLAS PARKWAY ADDISON, TX 750               | 75-1966419 | 501 (C) (3)                     | 15,000                   |                                   |   |  | HUMAN SERVICES                     |
| (67) HILLTOP ELEMENTARY SCHOOL<br>415 MELROSE AVENUE GLEN BURNIE, MD           | 23-7111269 | 501 (C) (3)                     | 6,500                    |                                   |   |  | EDUCATION                          |
| (68) HISTORIC ANNAPOLIS, INC.<br>18 PINKNEY STREET ANNAPOLIS, MD 2140          | 52-0645783 | 501 (C) (3)                     | 10,000                   |                                   |   |  | ARTS AND CULTURE                   |
| (69) HOPE FOR ALL<br>122 ROESLER ROAD GLEN BURNIE, MD 21                       | 20-1768641 | 501 (C) (3)                     | 42,332                   |                                   |   |  | HUMAN SERVICES                     |
| (70) HOSPICE OF THE CHESAPEAKE FOU<br>90 RITCHIE HIGHWAY PASADENA, MD 211      | 52-1457419 | 501 (C) (3)                     | 170,000                  |                                   |   |  | HEALTH AND WELLNESS                |
| (71) INDIAN CREEK SCHOOL<br>680 EVERGREEN ROAD CROWNSVILLE, M                  | 52-0967384 | 501 (C) (3)                     | 31,000                   |                                   |   |  | EDUCATION                          |
| (72) JOY REIGNS LUTHERAN CHURCH<br>35 MAYO ROAD EDGEWATER, MD 21037            | 27-3923301 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (73) LANGTON GREEN, INC.<br>3016 ARUNDEL ON THE BAY ROAD ANNAP                 | 52-1264071 | 501 (C) (3)                     | 5,000                    |                                   |   |  | ENVIRONMENT                        |
| (74) LATIN AMERICAN YOUTH CENTER, IN<br>1419 COLUMBIA RD. NW WASHINGTON, DC    | 52-1023074 | 501 (C) (3)                     | 10,000                   |                                   |   |  | CAPACITY BUILDING                  |
| (75) LUMINIS HEALTH ANNE ARUNDEL ME<br>2000 MEDICAL PARKWAY ANNAPOLIS, MD      | 52-1169362 | 501 (C) (3)                     | 55,250                   |                                   |   |  | HEALTH AND WELLNESS                |
| (76) LUMINIS HEALTH DOCTORS COMMUN<br>8118 GOOD LUCK ROAD LANHAM, MD 2070      | 52-1712338 | 501 (C) (3)                     | 10,000                   |                                   |   |  | HEALTH AND WELLNESS                |
| (77) MARY MAC FOUNDATION<br>174 NOTTINGHAM LANE BERLIN, MD 21811               | 46-2720845 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (78) MID ATLANTIC COMMUNITY CHURCH<br>2485 DAVIDSONVILLE RD. GAMBRILLS, MD     | 01-0805122 | 501 (C) (3)                     | 10,000                   |                                   |   |  | FAITH-BASED                        |
| (79) MISSIONARY ATHLETES INTERNATIO<br>9303 MONROE ROAD CHARLOTTE, NC 282      | 33-0017152 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HEALTH AND WELLNESS                |
| (80) MOODY BIBLE INSTITUTE OF CHICAG<br>820 N. LASALLE BLVD. CHICAGO, IL 60610 | 36-2167792 | 501 (C) (3)                     | 5,000                    |                                   |   |  | ARTS AND CULTURE                   |

## Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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) <u>NAPTOWN PHILHARMONIC ORCHEST</u><br>P.O. BOX 926 EDGEWATER, MD 21037        | 75-3125994 | 501 (C) (3)                     | 6,000                    |                                   |   |  | ARTS AND CULTURE                   |
| (82) <u>NATIONAL ALLIANCE ON MENTAL ILL</u><br>PO BOX 309 ARNOLD, MD 21012          | 52-1344310 | 501 (C) (3)                     | 28,000                   |                                   |   |  | HEALTH AND WELLNESS                |
| (83) <u>NATIONAL CENTER ON EDUCATION A</u><br>2121 K STREET NW WASHINGTON, DC 200   | 52-1539258 | 501 (C) (3)                     | 10,000                   |                                   |   |  | GENERAL SUPPORT                    |
| (84) <u>OIC OF ANNE ARUNDEL COUNTY, INC</u><br>251 WEST STREET ANNAPOLIS, MD 21401  | 52-1116510 | 501 (C) (3)                     | 25,000                   |                                   |   |  | HUMAN SERVICES                     |
| (85) <u>OPEN THE BIBLE</u><br>PO BOX 3454 BARRINGTON, IL 60011                      | 36-4377881 | 501 (C) (3)                     | 10,000                   |                                   |   |  | GENERAL SUPPORT                    |
| (86) <u>OYSTER RECOVERY PARTNERSHIP</u><br>1805A VIRGINIA STREET ANNAPOLIS, MD 2    | 23-7204806 | 501 (C) (3)                     | 7,000                    |                                   |   |  | ENVIRONMENT                        |
| (87) <u>PACE CENTER FOR GIRLS</u><br>4030 MANATEE AVENUE WEST BRADENTC              | 59-2414492 | 501 (C) (3)                     | 150,000                  |                                   |   |  | HUMAN SERVICES                     |
| (88) <u>REBUILDING TOGETHER ANNE ARUN</u><br>819 RITCHIE HIGHWAY SEVERNA PARK, M    | 52-1773114 | 501 (C) (3)                     | 25,750                   |                                   |   |  | HUMAN SERVICES                     |
| (89) <u>RISE AND SHINE BAKERY, LLC</u><br>1206 STEHLIK DR ODENTON, MD 21113         | 87-1359707 | 501 (C) (3)                     | 55,000                   |                                   |   |  | CAPACITY BUILDING                  |
| (90) <u>ROCKVILLE WOMEN'S CENTER</u><br>12530 PARKLAWN DR. STE. 170 ROCKVILL        | 52-1492325 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HEALTH AND WELLNESS                |
| (91) <u>ROMANIAN CHRISTIAN ENTERPRISES</u><br>1558 FOREST VILLA LANE MCLEAN, VA 221 | 54-1608780 | 501 (C) (3)                     | 120,000                  |                                   |   |  | HUMAN SERVICES                     |
| (92) <u>SAINT MARY'S ROYAL BLUE CLUB</u><br>C/O MULLEN, SONDBERG, WIMBISH & STO     | 26-1365151 | 501 (C) (3)                     | 17,500                   |                                   |   |  | EDUCATION                          |
| (93) <u>SCENIC RIVERS LAND TRUST, INC.</u><br>PO BOX 2008 ANNAPOLIS, MD 21404       | 52-1664141 | 501 (C) (3)                     | 21,950                   |                                   |   |  | ENVIRONMENT                        |
| (94) <u>SCHOLARSHIPS FOR SCHOLARS, INC</u><br>212 MCKINSEY ROAD SEVERNA PARK, MD    | 52-1349884 | 501 (C) (3)                     | 20,000                   |                                   |   |  | EDUCATION                          |
| (95) <u>SEEDS 4 SUCCESS, INC.</u><br>P.O. BOX 4042 ANNAPOLIS, MD 21403              | 27-2470677 | 501 (C) (3)                     | 52,390                   |                                   |   |  | HUMAN SERVICES                     |
| (96) <u>SEVERNA PARK COMMUNITY CENTER</u><br>623 BALTIMORE-ANNAPOLIS BLVD. SEVER    | 52-1959771 | 501 (C) (3)                     | 75,000                   |                                   |   |  | HEALTH AND WELLNESS                |
| (97) <u>SEVERN RIVER ASSOCIATION, INC.</u><br>PO BOX 146 ANNAPOLIS, MD 21401        | 52-1827749 | 501 (C) (3)                     | 30,520                   |                                   |   |  | ENVIRONMENT                        |

## Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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) SHALLOW WATER BLACKOUT PREVENTION<br>5125 PEACHTREE INDUSTRIAL BLVD NORFOLK, VA 23502                    | 45-2800251 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HEALTH AND WELLNESS                |
| (99) SIMON WIESENTHAL CENTER<br>1399 SOUTH ROXBURY DRIVE LOS ANGELES, CA 90005                                | 95-3964928 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (100) SPCA OF ANNE ARUNDEL COUNTY<br>1815 BAY RIDGE AVENUE ANNAPOLIS, MD 21403                                | 52-0609154 | 501 (C) (3)                     | 6,750                    |                                   |   |  | OTHER                              |
| (101) ST. ANN'S CENTER FOR CHILDREN, YOUTH & FAMILIES<br>4901 EASTERN AVENUE HYATTSVILLE, MD 21058            | 53-0204626 | 501 (C) (3)                     | 10,000                   |                                   |   |  | HUMAN SERVICES                     |
| (102) START THE ADVENTURE IN READING<br>171 DUKE OF GLOUCESTER STREET ANNAPOLIS, MD 21403                     | 46-4769978 | 501 (C) (3)                     | 58,200                   |                                   |   |  | EDUCATION                          |
| (103) ST. LUKE'S UNITED METHODIST CHURCH<br>P.O. BOX 22013 HOUSTON, TX 77227                                  | 74-1216232 | 501 (C) (3)                     | 25,000                   |                                   |   |  | FAITH-BASED                        |
| (104) ST. VINCENT DE PAUL SOCIETY OF ANNE ARUNDEL COUNTY<br>109 DUKE OF GLOUCESTER STREET ANNAPOLIS, MD 21403 | 52-2181931 | 501 (C) (3)                     | 25,000                   |                                   |   |  | HUMAN SERVICES                     |
| (105) SUPERIOR FUTURE, INC.<br>99 CLAY STREET ANNAPOLIS, MD 21401   | 83-4011232 | 501 (C) (3)                     | 50,000                   |                                   |   |  | HUMAN SERVICES                     |
| (106) TEAM RUBICON, USA<br>5230 PACIFIC CONCOURSE DRIVE LOS ANGELES, CA 90005                                 | 27-1720480 | 501 (C) (3)                     | 110,000                  |                                   |   |  | HUMAN SERVICES                     |
| (107) THE ASSOCIATION OF THE US ARMY<br>ATTN: PAUL L'ECUYER WAIPAHU, HI 96797                                 | 53-0193361 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (108) THE CALVERTON SCHOOL<br>300 CALVERTON SCHOOL ROAD HUNTINGTON, VA 22420                                  | 52-0853724 | 501 (C) (3)                     | 5,000                    |                                   |   |  | EDUCATION                          |
| (109) THE COMPLETE PLAYER CHARITY<br>640 RAVENWOOD DR. GLEN BURNIE, MD 21032                                  | 47-4790279 | 501 (C) (3)                     | 396,750                  |                                   |   |  | CAPACITY BUILDING                  |
| (110) THE KEY SCHOOL<br>534 HILLSMERE DRIVE ANNAPOLIS, MD 21403   | 52-0701774 | 501 (C) (3)                     | 12,500                   |                                   |   |  | GENERAL SUPPORT                    |
| (111) THE LIGHT HOUSE HOMELESS PREVENTION<br>10 HUDSON STREET ANNAPOLIS, MD 21403                             | 52-1671388 | 501 (C) (3)                     | 28,850                   |                                   |   |  | HUMAN SERVICES                     |
| (112) ULMAN FOUNDATION<br>2118 E. MADISON STREET BALTIMORE, MD 21202  | 52-2057636 | 501 (C) (3)                     | 5,000                    |                                   |   |  | HUMAN SERVICES                     |
| (113) UNITARIAN UNIVERSALIST CHURCH OF ANNAPOLIS<br>333 DUBOIS ROAD ANNAPOLIS, MD 21401                       | 02-0345094 | 501 (C) (3)                     | 8,420                    |                                   |   |  | GENERAL SUPPORT                    |
| (114) UNIVERSITY OF MARYLAND COLLEGE PARK<br>4603 CALVERT ROAD COLLEGE PARK, MD 20742                         | 52-2197313 | 501 (C) (3)                     | 122,195                  |                                   |   |  | EDUCATION                          |

## Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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) USM FOUNDATION<br>3300 METZEROTT ROAD ADELPHI, MD 207                   | 52-1125663 | 501 (C) (3)                     | 125,000                  |                                   |   |  | EDUCATION                          |
| (116) US NAVAL ACADEMY FOUNDATION<br>301 KING GEORGE STREET ANNAPOLIS, M      | 23-7003516 | 501 (C) (3)                     | 12,000                   |                                   |   |  | EDUCATION                          |
| (117) VICTORY BAPTIST CHURCH<br>2890 N.TOWNSEND AVE . MONTROSE, CO            | 84-0818686 | 501 (C) (3)                     | 20,000                   |                                   |   |  | FAITH-BASED                        |
| (118) WALK THE WALK FOUNDATION<br>PO BOX 4203 ANNAPOLIS, MD 21403             | 20-3179040 | 501 (C) (3)                     | 50,000                   |                                   |   |  | HUMAN SERVICES                     |
| (119) WELLNESS HOUSE OF ANNAPOLIS<br>2625 MAS QUE FARM ROAD ANNAPOLIS, M      | 20-5764752 | 501 (C) (3)                     | 390,000                  |                                   |   |  | HEALTH AND WELLNESS                |
| (120) WETA<br>3939 CAMPBELL AVENUE ARLINGTON, VA                              | 53-0242992 | 501 (C) (3)                     | 50,000                   |                                   |   |  | ARTS AND CULTURE                   |
| (121) YWCA OF ANNAPOLIS AND ANNE ARU<br>1517 RITCHIE HIGHWAY, # 201 ARNOLD, M | 52-0591702 | 501 (C) (3)                     | 5,950                    |                                   |   |  | HUMAN SERVICES                     |
| (122) _____   |            |                                 |                          |                                   |   |  |                                    |
| (123) _____   |            |                                 |                          |                                   |   |  |                                    |
| (124) _____   |            |                                 |                          |                                   |   |  |                                    |
| (125) _____   |            |                                 |                          |                                   |   |  |                                    |
| (126) _____   |            |                                 |                          |                                   |   |  |                                    |
| (127) _____   |            |                                 |                          |                                   |   |  |                                    |
| (128) _____   |            |                                 |                          |                                   |   |  |                                    |
| (129) _____   |            |                                 |                          |                                   |   |  |                                    |
| (130) _____   |            |                                 |                          |                                   |   |  |                                    |
| (131) _____   |            |                                 |                          |                                   |   |  |                                    |

# Continuation Sheet for Schedule I (Form 990)

|   |  |
|---|--|
| Name of the organization<br>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO | Employer identification number<br>52-2098698 |
|---|--|

**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                              |                          |                          |                                   |   |  |
| 17                              |                          |                          |                                   |   |  |
| 18                              |                          |                          |                                   |   |  |
| 19                              |                          |                          |                                   |   |  |
| 20                              |                          |                          |                                   |   |  |
| 21                              |                          |                          |                                   |   |  |
| 22                              |                          |                          |                                   |   |  |
| 23                              |                          |                          |                                   |   |  |
| 24                              |                          |                          |                                   |   |  |
| 25                              |                          |                          |                                   |   |  |
| 26                              |                          |                          |                                   |   |  |

Electronic Filing Only

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel, Travel for companions, Tax indemnification and gross-up payments, Discretionary spending account, Housing allowance or residence for personal use, Payments for business use of personal residence, Health or social club dues or initiation fees, Personal services (such as maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
b Participate in or receive payment from a supplemental nonqualified retirement plan?
c Participate in or receive payment from an equity-based compensation arrangement?

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
b Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
b Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Table with 3 columns: Question ID, Yes, No. Rows include 1a, 1b, 2, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, 8, 9.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title |                 | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |   |
|--------------------|-----------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|---|
|                    |                 | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |   |
| 1                  | MARY SPENCER    | (i)  | 184,808                             | 0                                   | 0  | 5,544                   | 1,337                           | 191,689   | 0 |
|                    | PRESIDENT & CEO | (ii)   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   | 0 |
| 2                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 3                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 4                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 5                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 6                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 7                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 8                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 9                  |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 10                 |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 11                 |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 12                 |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 13                 |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 14                 |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 15                 |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |
| 16                 |                 | (i)  |                                     |                                     |  |                         |                                 |   |   |
|                    |                 | (ii)   |                                     |                                     |  |                         |                                 |   |   |



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|  |   |
|--|---|
| Name of the organization<br><b>COMMUNITY FOUNDATION OF ANNE ARUNDEL CO</b> | Employer identification number<br><b>52-2098698</b> |
|--|---|

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 30  | 2,129,457  | FMV   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archaeological artifacts . . . . .                                |                            |   |  |   |
| 25 Other ( . . . . . )   |                            |   |  |   |
| 26 Other ( . . . . . )   |                            |   |  |   |
| 27 Other ( . . . . . )   |                            |   |  |   |
| 28 Other ( . . . . . )   |                            |   |  |   |

|  |           |
|--|-----------|
| 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 . . . . . | <b>29</b> |
|--|-----------|

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . |     | 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? . . . . .   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | X  |
| 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.   |     |    |



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

Employer identification number

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

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 OF AGENCY FUNDS OF  
\$419,061.

Electronic Filing Only