Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 900 BESTGATE ROAD STE 400
Room/suite:
City or town: ANNAPOLIS
State: MD
ZIP code: 21401
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 52-2098698

E Telephone number: (410) 280-1102

G Gross receipts $: 30,231,161

F Name and address of principal officer:
JOHN RODENHAUSEN 900 BESTGATE RD STE 400, ANNAPOLIS, MD

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number:

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CFAAC.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1998

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CFAAC'S MISSION IS TO INSPIRE AND PROMOTE PHILANTHROPY IN ANNE ARUNDEL COUNTY BY CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER. THROUGH CHARITABLE FUNDS, GRANTMAKING, DONOR ENGAGEMENT, GIVING CIRCLES AND NONPROFIT CAPACITY-BUILDING PROGRAMS, (CONTINUED IN SCH O)

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	9
6	Total number of volunteers (estimate if necessary)	6	27
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,074,435	10,362,707
9	Program service revenue (Part VIII, line 2g)	37,507	40,766
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,067,026	1,777,210
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,178,968	12,180,683

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,715,093	8,277,879
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	782,813	830,880
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 316,945		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	426,872	434,172
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,924,778	9,542,931
19	Revenue less expenses. Subtract line 18 from line 12	9,254,190	2,637,752

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	41,826,275	48,586,684
21	Total liabilities (Part X, line 26)	1,011,388	1,029,383
22	Net assets or fund balances. Subtract line 21 from line 20	40,814,887	47,557,301

Part II Signature Block

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

Sign Here

Signature of officer
Date
JOHN RODENHAUSEN — CEO & PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Jeffrey S Griffith	Jeffrey S Griffith	7/9/2026		P01081433

Firm's name: Alta CPA Group,LLC — Firm's EIN: 82-1650312
Firm's address: 59 Franklin St 2nd Floor, Annapolis, MD 21401 — Phone no. (410) 349-5101

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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

CFAAC'S MISSION IS TO INSPIRE AND PROMOTE GIVING IN ANNE ARUNDEL COUNTY BY CONNECTING PEOPLE WHO CARE WITH CAUSES THAT MATTER. THROUGH GRANTMAKING, FUND MANAGEMENT, DONOR SERVICES, GIVING CIRCLES, NONPROFIT CAPACITY-BUILDING PROGRAMS, AND COMMUNITY LEADERSHIP INITIATIVES, (CONTINUED IN SCH O)

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 $ 8,784,725 including grants of $ 8,277,879) (Revenue $ 40,766)

IN 2025, CFAAC MADE 856 GRANTS TOTALING $9.7 MILLION TO SUPPORT NONPROFIT ORGANIZATIONS IN ANNE ARUNDEL COUNTY AND ACROSS THE COUNTRY. CFAAC ALSO REACHED MORE THAN 1,100 PARTICIPANTS THROUGH EDUCATIONAL PROGRAMMING DESIGNED TO STRENGTHEN NONPROFIT CAPACITY, DEVELOP LEADERSHIP, AND ENHANC DONOR ENGAGEMENT. CFAAC ADMINISTERS 10 FIELD OF INTEREST FUNDS THAT POOL DONOR CONTRIBUTIONS TO SUPPORT PRIORITY COMMUNITY NEEDS IN ANNE ARUNDEL COUNTY, INCLUDING AFTER-SCHOOL PROGRAMS, SERVICES FOR WOMEN AND CHILDREN, CRISIS RESPONSE, FOOD INSECURITY, SUPPORT FOR UNDERSERVED POPULATIONS, AND ENVIRONMENTAL PROTECTION. THESE FUNDS ENABLE DONORS TO DIRECT THEIR CHARITABLE GIVING TO SPECIFIC AREAS OF INTEREST, WHILE CFAAC MANAGES THE EVALUATION AND DISTRIBUTION OF GRANTS TO ENSURE EFFECTIVE AND EFFICIENT USE OF RESOURCES. (CONTINUED IN SCH O)

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 8,784,725

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	14		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** 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? If "Yes," complete Form 6069.	17			

Part VI **Governance, Management, and Disclosure.** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.*
Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	19		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KATHY LUTHCKE 410-280-1102

900 BESTGATE ROAD SUITE 400, ANNAPOLIS, MD 21401

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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY SPENCER	40.00									
PRESIDENT & CEO 01/2025-10/2025	0.00			X			X	204,731	0	6,656
(2) JOHN RODENHAUSEN	40.00									
DIR. OF GIFT PLANNING 1/25-10/25, PRESIDENT &	0.00			X				122,922	0	3,868
(3) JENNIFER LAGROTTERIA	40.00									
DIRECTOR OF PHILANTHROPIC RESOURCES	0.00					X		101,628	0	14,894
(4) KATHY LUTHCKE	40.00									
DIRECTOR OF FINANCE & OPERATIONS	0.00					X		107,684	0	3,126
(5) LARRY CLARK	5.00									
CHAIR	0.00	X		X				0	0	0
(6) LAWRENCE BURROWS	5.00									
VICE CHAIR	0.00	X		X				0	0	0
(7) NEIL WEISSMAN	5.00									
TREASURER	0.00	X		X				0	0	0
(8) VINCENT MOULDEN	5.00									
SECRETARY	0.00	X		X				0	0	0
(9) KATE BELDEN SCHOFF	1.00									
TRUSTEE	0.00	X						0	0	0
(10) ANDREA BEEGLE	1.00									
TRUSTEE	0.00	X						0	0	0
(11) DR. CORYSE BRATHWAITE	1.00									
TRUSTEE	0.00	X						0	0	0
(12) MARTHA VAN WOERKOM	1.00									
ASST. SECRETARY	0.00	X		X				0	0	0
(13) DAN MATHIAS	1.00									
TRUSTEE	0.00	X						0	0	0
(14) MARGUERITE KEANE GIBBONS	1.00									
TRUSTEE	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CRYSTAL WATKINS WILLIAMS	1.00									
TRUSTEE	0.00	X						0	0	0
(16) EDWARD EVANS	1.00									
TRUSTEE	0.00	X						0	0	0
(17) ARIS ALLEN, JR	1.00									
TRUSTEE	0.00	X						0	0	0
(18) CALANDRA DIXON LAYNE	1.00									
TRUSTEE	0.00	X						0	0	0
(19) NAEEMAH STAGGS	1.00									
TRUSTEE	0.00	X						0	0	0
(20) ED PONATOSKI	1.00									
TRUSTEE	0.00	X						0	0	0
(21) MICHAEL LEHR	1.00									
TRUSTEE	0.00	X						0	0	0
(22) DEBORAH RODERICK STARK	1.00									
TRUSTEE	0.00	X						0	0	0
(23) AMY TATE	1.00									
TRUSTEE	0.00	X						0	0	0
(24)										
(25)										
1b Subtotal								536,965	0	28,544
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								536,965	0	28,544

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
3	Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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) Name and business address	(B) Description of services	(C) Compensation
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	130,090				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,232,617				
	g	Noncash contributions included in lines 1a–1f	1g	$ 1,012,740				
	h	**Total.** Add lines 1a–1f			10,362,707			
Program Service Revenue			Business Code					
	2a	PROGRAM FEES	900099		8,850	8,850		
	b	MANAGEMENT FEES	900099		31,916	31,916		
	c				0			
	d				0			
	e				0			
	f	All other program service revenue			0			
	g	**Total.** Add lines 2a–2f			40,766			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,778,489			1,778,489
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	0	0				
	d	Net rental income or (loss)			0			
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory 7a	18,014,093	0				
	b	Less: cost or other basis and sales expenses 7b	18,015,372	0				
	c	Gain or (loss) 7c	-1,279	0				
	d	Net gain or (loss)			-1,279			-1,279
	8a	Gross income from fundraising events (not including $ 130,090 of contributions reported on line 1c). See Part IV, line 18	8a	35,106				
	b	Less: direct expenses	8b	35,106				
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b	0				
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code					
	11a				0			
	b				0			
	c				0			
	d	All other revenue			0			
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions.			12,180,683	40,766	0	1,777,210

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	8,249,649	8,249,649		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	28,230	28,230		
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	211,387	85,324	63,665	62,398
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	525,256	214,722	152,956	157,578
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,098	2,962	7,358	1,778
9	Other employee benefits	24,461	5,990	14,876	3,595
10	Payroll taxes	57,678	24,156	16,400	17,122
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	0			
c	Accounting	18,706	7,669	5,612	5,425
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	109,603		109,603	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	5,150	5,150	0	
12	Advertising and promotion	2,508	1,672	836	
13	Office expenses	37,853	15,207	10,934	11,712
14	Information technology	43,245	17,730	12,974	12,541
15	Royalties	0			
16	Occupancy	100,151	41,062	30,045	29,044
17	Travel	306	153	153	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,580	648	474	458
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	10,488	4,301	3,146	3,041
23	Insurance	8,378	3,435	2,513	2,430
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	12,353	11,922		431
b	ESTATE PLANNING COUNCIL EDUC EXPENSE	12,486	12,486		
c	MEALS AND ENTERTAINMENT	32,386	13,278	9,716	9,392
d	NEEDS ASSESSMENT	12,198	12,198		
e	All other expenses COMM. OUTREACH & EDUC.	26,781	26,781		
25	**Total functional expenses.** Add lines 1 through 24e	9,542,931	8,784,725	441,261	316,945
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	581,343	1	557,346
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	2,201,199	3	2,026,437
	4	Accounts receivable, net	10,000	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 66,875			
	b	Less: accumulated depreciation — 10b: 38,490	38,873	10c	28,385
	11	Investments—publicly traded securities	38,436,380	11	45,520,178
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	558,480	15	454,338
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	41,826,275	16	48,586,684
Liabilities	17	Accounts payable and accrued expenses	48,487	17	39,543
	18	Grants payable	445,500	18	554,082
	19	Deferred revenue	7,050	19	3,200
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	510,351	25	432,558
	26	**Total liabilities.** Add lines 17 through 25	1,011,388	26	1,029,383
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	2,383,565	27	3,263,359
	28	Net assets with donor restrictions	38,431,322	28	44,293,942
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds	0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32	Total net assets or fund balances	40,814,887	32	47,557,301
	33	Total liabilities and net assets/fund balances	41,826,275	33	48,586,684

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,180,683
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,542,931
3	Revenue less expenses. Subtract line 2 from line 1	3	2,637,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,814,887
5	Net unrealized gains (losses) on investments	5	3,251,730
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	852,932
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	47,557,301

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY FOUNDATION OF ANNE ARUNDEL CO	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 must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,120,920	5,937,699	9,163,633	14,111,942	10,403,473	44,737,667
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	5,120,920	5,937,699	9,163,633	14,111,942	10,403,473	44,737,667
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						44,737,667

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	5,120,920	5,937,699	9,163,633	14,111,942	10,403,473	44,737,667
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	596,598	617,446	740,645	1,067,026	1,777,211	4,798,926
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 **Total support.** Add lines 7 through 10						49,536,593

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	**14**	90.31%
15 Public support percentage from 2024 Schedule A, Part II, line 14	**15**	92.52%

16a **33 1/3% support test—2025.** 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 ☒

b **33 1/3% support test—2024.** 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—2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 ☐

b **10%-facts-and-circumstances test—2024.** 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

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2025.** 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—2024.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
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? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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))? *If "Yes," provide detail in* ***Part VI****.*	9a		
b	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? *If "Yes," provide detail in* ***Part VI.***	9b		
c	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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	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.***	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental supported organization. *Describe in* ***Part VI*** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	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? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* ***Part VI****.*	3a		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		
b	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* ***Part VI****.*	3c		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**	0	0
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**	0	0

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

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

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

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

Section D - Distributions			**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	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	**Total annual distributions.** Add lines 1 through 5.	6	0
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	0
9	Line 7 amount divided by line 8 amount	9	0.000

	Section E - Distribution Allocations (see instructions)	(i) **Excess Distributions**	(ii) **Underdistributions Pre-2025**	(iii) **Distributable Amount for 2025**
1	Distributable amount for 2025 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020 0			
b	From 2021 0			
c	From 2022 0			
d	From 2023 0			
e	From 2024 0			
f	**Total** of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2025 distributable amount			0
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2025 from Section D, line 6: $ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2025 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			0
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2021 0			
b	Excess from 2022 0			
c	Excess from 2023 0			
d	Excess from 2024 0			
e	Excess from 2025 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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	122	190
2	Aggregate value of contributions to (during year)	8,696,538	10,934,725
3	Aggregate value of grants from (during year)	15,113,143	2,299,140
4	Aggregate value at end of year	22,322,237	19,021,726

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (for example, recreation or education)
[ ] Preservation of a historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X $

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

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

- a ☐ Public exhibition
- 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
c Beginning balance	1c	2,491,024
d Additions during the year	1d	852,932
e Distributions during the year	1e	
f Ending balance	1f	3,343,956

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
1a	Beginning of year balance	10,991,259	9,412,636	6,873,502	7,664,804	3,662,760
b	Contributions	9,350,400	938,656	1,929,862	350,203	3,244,301
c	Net investment earnings, gains, and losses	2,650,644	801,279	1,120,602	-861,627	936,737
d	Grants or scholarships	763,942	98,250	438,797	243,711	165,264
e	Other expenditures for facilities and programs					741
f	Administrative expenses	84,229	63,062	72,533	36,167	12,989
g	End of year balance	22,144,132	10,991,259	9,412,636	6,873,502	7,664,804

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

- a Board designated or quasi-endowment 15%
- b Permanent endowment 85%
- 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
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		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
1a	Land	0	0		0
b	Buildings	0	0	0	0
c	Leasehold improvements	0	0	0	0
d	Equipment	0	66,875	38,490	28,385
e	Other	0	0	0	0
Total.	Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				28,385

Part VII Investments—Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, 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: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, 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)	
Total. *(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	402,125
(3) ANNUITY LIABILITY	30,433
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	432,558

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 . X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	15,322,810
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,251,730		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	3,251,730
3	Subtract line 2e from line 1			3	12,071,080
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	109,603		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	109,603
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	12,180,683

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

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

1	Total expenses and losses per audited financial statements			1	9,433,328
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	9,433,328
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	109,603		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	109,603
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	9,542,931

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 ASSETS 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)*

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of nongovernment grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 EB OF PHILANTHOI (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	165,196		0	165,196
	2 Less: Contributions	130,090		0	130,090
	3 Gross income (line 1 minus line 2)	35,106		0	35,106
Direct Expenses	4 Cash prizes	0		0	0
	5 Noncash prizes	0		0	0
	6 Rent/facility costs	28,121		0	28,121
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	6,985		0	6,985
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(35,106)
	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.

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ 0 and the amount of gaming revenue retained by the third party $ 0

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ 0

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . $ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)
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 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? . . . . . [X] 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) AFRO CHARITIES 12 W MADISON ST SUITE 201 BALTI	52-6063917	501 (C) (3)	9,000				CAPACITY BUILDING
(2) ALASKA COMMUNITY FOUNDAT 3201 C STREET SUITE 110 ANCHOR	92-0155067	501 (C) (3)	15,000				HUMAN SERVICES
(3) ALLIANCE FOR THE CHESAPEAI 151 WEST STREET, SUITE 101 ANN	54-1060924	501 (C) (3)	17,500				ENVIRONMENT
(4) AMERICAN FOUNDATION FOR S 5257 BUCKEYSTOWN PIKE, #116 FI	13-3393329	501 (C) (3)	10,000				HEALTH AND WELLNESS
(5) AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037-083	53-0196605	501 (C) (3)	5,500				HUMAN SERVICES
(6) ANNAPOLIS ALL-STARS II 21 SILOPANNA ROAD ANNAPOLIS, I	81-1439503	501 (C) (3)	5,000				HUMAN SERVICES
(7) ANNAPOLIS FILM FESTIVAL, INC 107 ANNAPOLIS STREET, SUITE J A	36-4730103	501 (C) (3)	8,250				ARTS AND CULTURE
(8) ANNAPOLIS IMMIGRATION JUST 1125 WEST STREET SUITE 227 ANN	83-2499061	501 (C) (3)	275,850				HUMAN SERVICES
(9) ANNAPOLIS MARITIME MUSEUM 723 SECOND STREET PO BOX 3088	52-1664577	501 (C) (3)	14,300				ENVIRONMENT
(10) ANNAPOLIS SYMPHONY ORCHE 801 CHASE STREET ANNAPOLIS, M	23-7001357	501 (C) (3)	6,271				ARTS AND CULTURE
(11) ANNAPOLIS YACHT CLUB FOUN 2 COMPROMISE STREET ANNAPOL	31-1721302	501 (C) (3)	5,000				OTHER
(12) ANNE ARUNDEL COMMUNITY C 101 COLLEGE PARKWAY ARNOLD,	52-6078381	501 (C) (3)	100,000				CAPACITY BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 149

3 Enter total number of other organizations listed in the line 1 table 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	SCHOLARSHIPS	6	28,230			
2						
3						
4						
5						
6						
7						

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

Part I Line 2 FOLLOW UP GRANT REPORTS ARE REQUIRED AND ARE REVIEWED BY THE GRANTS COMMITTEE.

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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 CONFLICT RESOLUT 2666 RIVA ROAD, SUITE 130 ANNAPOLIS,	52-1845816	501 (C) (3)	5,210				HUMAN SERVICES
(14) ANNE ARUNDEL COUNTY DEPARTME 80 WEST STREET ANNAPOLIS, MD 21401		GOVT	35,000				HUMAN SERVICES
(15) ANNE ARUNDEL COUNTY FOOD BANK 120 MARBURY DRIVE CROWNSVILLE, MD 2	52-1660473	501 (C) (3)	328,304				HUMAN SERVICES
(16) ANNE ARUNDEL COUNTY PUBLIC LIB 5 TRUMAN PARKWAY ANNAPOLIS, MD 214	20-5804064	501 (C) (3)	63,530				EDUCATION
(17) ANNE ARUNDEL COUNTY WATERSHE WATERSHED STEWARDS ACADEMY 975 IN	27-3502329	501 (C) (3)	37,750				ENVIRONMENT
(18) ANNE ARUNDEL WORKFORCE DEVEL 613 GLOBAL WAY LINTHICUM HEIGHTS, M	52-2359350	501 (C) (3)	218,490				HUMAN SERVICES
(19) ARLINGTON FOOD ASSISTANCE CEN 2708 S. NELSON STREET ARLINGTON, VA	54-1473207	501 (C) (3)	5,000				HUMAN SERVICES
(20) ARUNDEL CHRISTIAN CHURCH 710 AQUAHART ROAD GLEN BURNIE, MD 2		501 (C) (3)	42,500				HUMAN SERVICES
(21) ARUNDEL LODGE, INC. 2600 SOLOMONS ISLAND RD EDGEWATER	51-0169423	501 (C) (3)	67,890				HEALTH AND WELLNESS
(22) ARUNDEL RIVERS FEDERATION PO BOX 760 EDGEWATER, MD 21037	52-2301464	501 (C) (3)	29,000				ENVIRONMENT
(23) ASBURY CHURCH ASSISTANCE NETW 429 ASBURY DR SEVERNA PARK, MD 2114	45-2509088	501 (C) (3)	25,000				HUMAN SERVICES
(24) ASSISTANCE LEAGUE OF THE CHESA P.O. BOX 1774 MILLERSVILLE, MD 21108	75-3082026	501 (C) (3)	7,500				CAPACITY BUILDING
(25) BAND OF BROTHERS GRIT (GRIT QUE 5420 S. EASTWIND AVENUE SIOUX FALLS,	45-5227884	501 (C) (3)	45,500				FAITH-BASED
(26) BANNEKER-DOUGLASS-TUBMAN MUS POST OFFICE BOX 1442 ANNAPOLIS, MD 2	52-1095665	501 (C) (3)	9,000				ARTS AND CULTURE
(27) BELLO MACHRE, INC. 7765 FREETOWN ROAD GLEN BURNIE, MD	52-0915574	501 (C) (3)	30,000				HUMAN SERVICES
(28) BISHOP MCNAMARA HIGH SCHOOL 800 MARLBORO PIKE SE FORRESTVILLE, M	52-0805939	501 (C) (3)	5,000				SCHOLARSHIP
(29) B.O.U.L.E. ANNAPOLIS FOUNDATION 1901 TOWNE CENTER BLVD SUITE 250 AN	33-3556843	501 (C) (3)	6,200				HUMAN SERVICES

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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) BOYS & GIRLS CLUB OF METROPOLIT 1201 S. SHARP STREET SUITE 302 BALTIM	26-4371125	501 (C) (3)	250,000				CAPACITY BUILDING
(31) BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST. NE ATLANTA, GA 303	13-5562976	501 (C) (3)	150,000				HUMAN SERVICES
(32) BOYS & GIRLS CLUBS OF ANNAPOLIS 121 SOUTH VILLA AVENUE ANNAPOLIS, MI	52-1736346	501 (C) (3)	423,400				HUMAN SERVICES
(33) CALVARY CHAPEL VERO BEACH 941 18TH STREET VERO BEACH, FL 32960	65-0697096	501 (C) (3)	12,500				FAITH-BASED
(34) CALVARY UNITED METHODIST CHUR 301 ROWE BLVD ANNAPOLIS, MD 21401	52-6080345	501 (C) (3)	19,367				FAITH-BASED
(35) CAPTAIN AVERY MUSEUM P.O. BOX 89 SHADY SIDE, MD 20764	52-1414082	501 (C) (3)	5,000				ARTS AND CULTURE
(36) CASA OF ANNE ARUNDEL COUNTY 8 CHURCH CIRCLE, SUITE H-103 ANNAPO	52-1885500	501 (C) (3)	25,500				HUMAN SERVICES
(37) CENTER OF HELP, INC. 1906 FOREST DRIVE, SUITE 2A-2B ANNAP	52-2282782	501 (C) (3)	46,960				HUMAN SERVICES
(38) CENTRAL UNION MISSION 65 MASSACHUSETTS AVENUE, NW WASH	53-0218650	501 (C) (3)	10,000				HUMAN SERVICES
(39) CHARTING CAREERS, INC. 210 LEGION AVE. #6463 ANNAPOLIS, MD 2	82-5035726	501 (C) (3)	36,350				HUMAN SERVICES
(40) CHASE YOUR DREAMS INITIATIVE INC 1804 SEVERN HILLS LANE SEVERN, MD 21	85-1321865	501 (C) (3)	50,000				HUMAN SERVICES
(41) CHESAPEAKE ARTS CENTER 194 HAMMONDS LANE BROOKLYN, MD 212	52-2056995	501 (C) (3)	37,000				ARTS AND CULTURE
(42) CHESAPEAKE BAY FOUNDATION 6 HERNDON AVENUE ANNAPOLIS, MD 214	52-6065757	501 (C) (3)	11,250				ENVIRONMENT
(43) CHESAPEAKE BAY JOURNAL PO BOX 300 MAYO, MD 21106	26-2359058	501 (C) (3)	11,000				ENVIRONMENT
(44) CHESAPEAKE CHARITIES 101 LOG CANOE CIRCLE SUITE O STEVEN	30-0254793	501 (C) (3)	5,000				CAPACITY BUILDING
(45) CHESAPEAKE REGION ACCESSIBLE E 7040 BEMBE BEACH RD ANNAPOOLIS, MD	35-2188410	501 (C) (3)	26,200				CAPACITY BUILDING
(46) CHILDREN'S THEATRE OF ANNAPOLIS 1661 BAY HEAD ROAD ANNAPOLIS, MD 214	23-7003491	501 (C) (3)	5,000				ENVIRONMENT

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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) CHILD'S PLAY 9660 153RD AVE NE REDMOND, WA 98052	20-3584556	501 (C) (3)	5,000				HUMAN SERVICES
(48) CHRIST CHILD SOCIETY OF ANNAPOL 6110 EXECUTIVE BLVD SUITE 504 ROCKVI	52-1907245	501 (C) (3)	25,500				FAITH-BASED
(49) CHRISTIAN COMMUNITY SERVICE CE PO BOX 27924 HOUSTON, TX 77227	74-2128141	501 (C) (3)	25,000				HUMAN SERVICES
(50) CHRYSALIS HOUSE INC. 1570 CROWNSVILLE ROAD CROWNSVILLE	52-1382654	501 (C) (3)	6,380				HUMAN SERVICES
(51) CIVIC WORKS 2701 ST. LO DRIVE BALTIMORE, MD 21213	52-1925614	501 (C) (3)	5,500				HUMAN SERVICES
(52) COASTAL CONSERVATION ASSOCIAT PO BOX 309 ANNAPOLIS, MD 21401	74-1984482	501 (C) (3)	10,000				ENVIRONMENT
(53) COLONIAL PLAYERS, INC. 108 EAST STREET ANNAPOLIS, MD 21401	23-7074203	501 (C) (3)	7,710				ARTS AND CULTURE
(54) COMMUNITY FOUNDATION OF HOWA 6680 MARTIN ROAD COLUMBIA, MD 21044	52-0937644	501 (C) (3)	16,800				HUMAN SERVICES
(55) CSH2O CHARITABLE FOUNDATION C 1491 WESTCLIFF DRIVE PASADENA, MD 21	47-5465961	501 (C) (3)	5,000				ENVIRONMENT
(56) DAVE THOMAS FOUNDATION FOR AD 4900 TUTTLE CROSSING BLVD DUBLIN, OH	31-1356151	501 (C) (3)	5,000				HUMAN SERVICES
(57) DISABLED AMERICAN VETERANS CHA 860 DOLWICK DRIVE ERLANGER, KY 41018	52-1521276	501 (C) (3)	25,000				HUMAN SERVICES
(58) EDUCATION FOUNDATION OF ANNE A 2644 RIVA ROAD ANNAPOLIS, MD 21401	52-2037551	501 (C) (3)	22,500				EDUCATION
(59) ENCORE CREATIVITY FOR OLDER AD 6955 WILLOW STREET NW #223 WASHING	30-0420278	501 (C) (3)	20,000				HUMAN SERVICES
(60) EXCEL GOLF 14528 PERRYWOOD DRIVE BURTONSVILL	84-1895011	501 (C) (3)	5,000				HUMAN SERVICES
(61) FARM UNITY LIMITED 1608 TROYS COURT CROFTON, MD 21114	93-2946002	501 (C) (3)	5,000				ENVIRONMENT
(62) FOURTH PRESBYTERIAN CHURCH 5500 RIVER ROAD BETHESDA, MD 20816	53-0196534	501 (C) (3)	30,000				FAITH-BASED
(63) GAMERS OUTREACH FOUNDATION 4860 WASHTENAW AVENUE SUITE I #435 A	26-0321174	501 (C) (3)	10,000				HEALTH AND WELLNESS

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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) GREATER WASHINGTON COMMUNITY 1325 G ST NW WASHINGTON, DC 20005	23-7343119	501 (C) (3)	5,000				CAPACITY BUILDING
(65) HELPS INTERNATIONAL 15301 DALLAS PARKWAY SUITE 200 ADDIS	75-1966419	501 (C) (3)	15,000				HUMAN SERVICES
(66) HIGHLAND MEMORIAL PRESBYTERIA 446 HIGHLAND AVENUE WINCHESTER, VA	54-0595600	501 (C) (3)	35,107				FAITH-BASED
(67) HIGH POINT UNIVERSITY ONE UNIVERSITY PARKWAY HIGH POINT,	56-0529999	501 (C) (3)	5,000				EDUCATION
(68) HISTORIC ANNAPOLIS, INC. 18 PINKNEY STREET ANNAPOLIS, MD 2140	52-0645783	501 (C) (3)	13,000				ARTS AND CULTURE
(69) HISTORIC LONDON TOWN AND GARD 839 LONDONTOWN ROAD EDGEWATER, M	52-1396159	501 (C) (3)	13,013				ARTS AND CULTURE
(70) HISTORIC ST. MARY'S CITY FOUNDAT P.O. BOX 24 ST. MARY'S CITY, MD 20686	52-1300423	501 (C) (3)	5,000				ARTS AND CULTURE
(71) HOPE FOR ALL 122 ROESLER ROAD GLEN BURNIE, MD 21	20-1768641	501 (C) (3)	31,000				HUMAN SERVICES
(72) HOSPICE OF THE CHESAPEAKE FOU 90 RITCHIE HIGHWAY PASADENA, MD 211	52-1457419	501 (C) (3)	275,750				HUMAN SERVICES
(73) HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 770	74-2181456	501 (C) (3)	10,000				HUMAN SERVICES
(74) HOWARD UNIVERSITY P.O. BOX 22960 NEW YORK, NY 10087-2960	53-0204707	501 (C) (3)	5,000				EDUCATION
(75) INDIAN CREEK SCHOOL 1130 ANNE CHAMBERS WAY CROWNSVILL	52-0967384	501 (C) (3)	40,000				EDUCATION
(76) JOY REIGNS LUTHERAN CHURCH 35 MAYO ROAD P O BOX 1436 EDGEWATE	27-3923301	501 (C) (3)	64,018				HUMAN SERVICES
(77) LAKESIDE BIBLE CAMP PO BOX 310 CLINTON, WA 98226	91-1110982	501 (C) (3)	11,000				FAITH-BASED
(78) LANGTON GREEN, INC. 3016 ARUNDEL ON THE BAY ROAD ANNAP	52-1264071	501 (C) (3)	6,600				ENVIRONMENT
(79) LATIN AMERICAN YOUTH CENTER, IN 1419 COLUMBIA RD. NW WASHINGTON, DC	52-1023074	501 (C) (3)	100,000				CAPACITY BUILDING
(80) LET'S SHARE THE SUN FOUNDATION 165 JORDAN RD TROY, NY 12180	35-2361894	501 (C) (3)	5,000				ENVIRONMENT

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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) LITTLE YELLOW BIRD FOUNDATION 6200 WILSON BLVD SUITE 114 FALLS CHU	84-2866151	501 (C) (3)	25,000				HUMAN SERVICES
(82) LUMINIS HEALTH ANNE ARUNDEL ME 2000 MEDICAL PARKWAY BELCHER PAVIL	52-1331298	501 (C) (3)	66,024				HEALTH AND WELLNESS
(83) LUMINIS HEALTH DOCTORS COMMUN 8118 GOOD LUCK ROAD NORTH BUILDING	52-1712338	501 (C) (3)	9,300				HEALTH AND WELLNESS
(84) MARSHALL HOPE CORPORATION 710 RIDGELY AVE ANNAPOLIS, MD 21401	85-2700300	501 (C) (3)	7,500				HUMAN SERVICES
(85) MARYLAND HALL FOR THE CREATIVE 801 CHASE STREET ANNAPOLIS, MD 2140	52-1164469	501 (C) (3)	12,212				ARTS AND CULTURE
(86) MEALS ON WHEELS PLUS OF MANAT 811 23RD AVENUE EAST BRADENTON, FL	59-1420986	501 (C) (3)	50,000				HUMAN SERVICES
(87) MID ATLANTIC COMMUNITY CHURCH 2485 DAVIDSONVILLE RD. GAMBRILLS, MD	01-0805122	501 (C) (3)	40,000				FAITH-BASED
(88) MIRIAM'S KITCHEN 2401 VIRGINIA AVE NW WASHINGTON, DC	52-1331552	501 (C) (3)	7,500				CAPACITY BUILDING
(89) MT. ZION UNITED METHODIST CHURC 122 BAYARD ROAD LOTHIAN, MD 20711	52-1315868	501 (C) (3)	8,000				HUMAN SERVICES
(90) NATIONAL ALLIANCE ON MENTAL ILL PO BOX 309 ARNOLD, MD 21012	52-1344310	501 (C) (3)	29,500				HEALTH AND WELLNESS
(91) NATIONAL CENTER ON EDUCATION A 2121 K STREET NW SUITE 700 WASHINGTO	52-1539258	501 (C) (3)	10,000				EDUCATION
(92) NAVAL INSTITUTE FOUNDATION, INC. 291 WOOD ROAD BEECH HALL ANNAPOLIS	52-1814344	501 (C) (3)	25,000				EDUCATION
(93) NEW VILLAGE ACADEMY 420 DODON ROAD DAVIDSONVILLE, MD 21	61-2064504	501 (C) (3)	5,000				EDUCATION
(94) OIC OF ANNE ARUNDEL COUNTY, INC 251 WEST STREET SUITE 200 ANNAPOLIS,	52-1116510	501 (C) (3)	25,000				HUMAN SERVICES
(95) OPPORTUNITY BUILDERS, INC. 8855 VETERANS HIGHWAY MILLERSVILLE,	52-0743369	501 (C) (3)	5,210				HUMAN SERVICES
(96) ORGANIZATION OF HISPANIC/LATIN A 80 WEST STREET SUITE A ANNAPOLIS, MD	52-2151842	501 (C) (3)	30,000				HUMAN SERVICES
(97) PACE CENTER FOR GIRLS 4030 MANATEE AVENUE WEST BRADENTO	59-2414492	501 (C) (3)	15,000				HUMAN SERVICES

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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) PARTNERS IN CARE 8151-C RITCHIE HIGHWAY PASADENA, MD	52-1911806	501 (C) (3)	56,250				HUMAN SERVICES
(99) PASADO'S SAFE HAVEN PO BOX 171 SULTAN, WA 98294	91-1843707	501 (C) (3)	14,307				OTHER
(100) PATH PROJECT, INC. 2012 ELMWOOD RD ANNAPOLIS, MD 21409	92-1403826	501 (C) (3)	15,000				HUMAN SERVICES
(101) PLAYANNAPOLIS (PREVIOUSLY SKIPJ 1011 BAY RIDGE AVENUE #103 ANNAPOLIS	84-4846856	501 (C) (3)	100,500				CAPACITY BUILDING
(102) PROJECT HERO 3288 ADAMS AVENUE SUITE 16527 SAN DI	20-2252840	501 (C) (3)	7,300				OTHER
(103) PROVIDENCE OF MARYLAND, INC 8223 CLOVERLEAF DRIVE SUITE 122 MILLE	52-0741599	501 (C) (3)	20,198				HEALTH AND WELLNESS
(104) PRO VISION 681 FAIRCASTLE AVE SEVERNA PARK, MD	92-1491779	501 (C) (3)	5,000				HUMAN SERVICES
(105) RISE AND SHINE BAKERY, LLC 1206 STEHLIK DR ODENTON, MD 21113	87-1359707	501 (C) (3)	50,000				CAPACITY BUILDING
(106) ROMANIAN CHRISTIAN ENTERPRISES 1558 FOREST VILLA LANE MCLEAN, VA 221	54-1608780	501 (C) (3)	120,000				HUMAN SERVICES
(107) SACRED HEART SCHOOLS 6250 N. SHERIDAN ROAD CHICAGO, IL 606	36-2170839	501 (C) (3)	5,000				EDUCATION
(108) SAINT MARY'S ROYAL BLUE CLUB C/O MULLEN, SONDBERG, WIMBISH & STO	26-1365151	501 (C) (3)	15,000				SCHOLARSHIP
(109) SCENIC RIVERS LAND TRUST, INC. PO BOX 2008 ANNAPOLIS, MD 21404	52-1664141	501 (C) (3)	32,890				ENVIRONMENT
(110) SCHOLARSHIPS FOR SCHOLARS, INC 212 MCKINSEY ROAD SEVERNA PARK, MD	52-1349884	501 (C) (3)	10,000				EDUCATION
(111) SEAFARERS FOUNDATION 301 CHESTER AVENUE ANNAPOLIS, MD 21	32-0225862	501 (C) (3)	25,000				HUMAN SERVICES
(112) SEEDS 4 SUCCESS, INC. P.O. BOX 4042 ANNAPOLIS, MD 21403	27-2470677	501 (C) (3)	190,690				EDUCATION
(113) SERENITY FARM EQUINE SANCTUAR 2854 BYRD MILL RD LOUISA, VA 23093	81-2779458	501 (C) (3)	14,646				OTHER
(114) SEVERNA PARK COMMUNITY CENTE 623 BALTIMORE-ANNAPOLIS BLVD. SEVER	52-1959771	501 (C) (3)	23,500				HEALTH AND WELLNESS

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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) SEVERN RIVER ASSOCIATION, INC. PO BOX 146 ANNAPOLIS, MD 21401	52-1827749	501 (C) (3)	47,012				ENVIRONMENT
(116) SEVERN SCHOOL 201 WATER STREET SEVERNA PARK, MD 2	52-0591466	501 (C) (3)	878,686				EDUCATION
(117) SHRINERS HOSPITAL FOR CHILDREN ATTN: OFFICE OF DEVELOPMENT 2900 N.	36-2193608	501 (C) (3)	50,107				HEALTH AND WELLNESS
(118) SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY DRIVE LOS ANGEL	95-3964928	501 (C) (3)	5,000				HUMAN SERVICES
(119) SMILE TRAIN 633 THIRD AVENUE, 9TH FLOOR NEW YOF	13-3661416	501 (C) (3)	35,107				HEALTH AND WELLNESS
(120) ST. ANNE'S EPISCOPAL CHURCH 199 DUKE OF GLOUCESTER ANNAPOLIS, M	52-0607885	501 (C) (3)	5,000				FAITH-BASED
(121) ST. ANN'S CENTER FOR CHILDREN, Y 4901 EASTERN AVENUE HYATTSVILLE, MD	53-0204626	501 (C) (3)	17,500				HUMAN SERVICES
(122) START THE ADVENTURE IN READING 171 DUKE OF GLOUCESTER STREET ANNA	46-4769978	501 (C) (3)	117,200				EDUCATION
(123) ST. JUDE CHILDREN'S RESEARCH HO 501 ST. JUDE PL MEMPHIS, TN 38105	62-0646012	501 (C) (3)	35,107				HEALTH AND WELLNESS
(124) ST. VINCENT DE PAUL SOCIETY OF A 109 DUKE OF GLOUCESTER STREET ST. M	52-2181931	501 (C) (3)	25,000				HUMAN SERVICES
(125) TALISMAN THERAPUTIC RIDING 172 BLUE RIBBON LANE GRASONVILLE, MI	45-4204697	501 (C) (3)	5,000				HEALTH AND WELLNESS
(126) TEAM RUBICON, USA 5230 PACIFIC CONCOURSE DRIVE SUITE 2	27-1720480	501 (C) (3)	100,000				HUMAN SERVICES
(127) TEMPLE BETH SHALOM 1461 BALTIMORE-ANNAPOLIS BLVD. ARNO	23-7306422	501 (C) (3)	23,743				OTHER
(128) THE COMPLETE PLAYER CHARITY 640 RAVENWOOD DR. GLEN BURNIE, MD 2	47-4790279	501 (C) (3)	73,000				HUMAN SERVICES
(129) THE GOSPEL COALITION PO BOX 1637 COLUMBIA, MO 65205	01-0892431	501 (C) (3)	5,000				FAITH-BASED
(130) THE KEY SCHOOL 534 HILLSMERE DRIVE ANNAPOLIS, MD 21	52-0701774	501 (C) (3)	205,000				EDUCATION
(131) THE LIGHT HOUSE HOMELESS PREVE 10 HUDSON STREET ANNAPOLIS, MD 2140	52-1671388	501 (C) (3)	82,400				HUMAN SERVICES

Continuation Sheet for Schedule I (Form 990)

Name of the organization: COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number: 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
(132) THE ORCHARD EVANGELICAL FREE C 1301 SOUTH GROVE AVENUE BARRINGTO	36-2855668	501 (C) (3)	5,000				FAITH-BASED
(133) TOGETHER WE RISE, INC. 3915 MCDONOGH ROAD MD RANDALLSTO	85-1942266	501 (C) (3)	25,000				EDUCATION
(134) TOTAL HEALTH CARE 1501 DIVISION STREET BALTIMORE, MD 21	23-7267007	501 (C) (3)	100,000				HEALTH AND WELLNESS
(135) UNITARIAN UNIVERSALIST CHURCH C 333 DUBOIS ROAD ANNAPOLIS, MD 21401		501 (C) (3)	13,420				FAITH-BASED
(136) UNIVERSITY OF MARYLAND OFFICE OF STUDENT FINANCIAL SERVICE	52-6002033	501 (C) (3)	11,700				EDUCATION
(137) UNIVERSITY OF MARYLAND COLLEGE 4603 CALVERT ROAD COLLEGE PARK, MD	52-2197313	501 (C) (3)	134,040				EDUCATION
(138) USM FOUNDATION 3300 METZEROTT ROAD ADELPHI, MD 207	52-1125663	501 (C) (3)	151,000				ENVIRONMENT
(139) US NAVAL ACADEMY FOUNDATION 301 KING GEORGE STREET ANNAPOLIS, M	23-7003516	501 (C) (3)	10,000				EDUCATION
(140) VFW VIRGINIA POST 9274 7118 SHREVE ROAD FALLS CHURCH, VA 2	54-0846260	501 (C) (19)	10,000				OTHER
(141) WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD BOX 7227 WINS	56-0532138	501 (C) (3)	425,000				EDUCATION
(142) WAKE FOREST UNIVERSITY SCHOOL OFFICE OF PHILANTHROPY AND ALUMNI F		501 (C) (3)	50,000				EDUCATION
(143) WALK THE WALK FOUNDATION PO BOX 4203 ANNAPOLIS, MD 21403	20-3179040	501 (C) (3)	50,000				HUMAN SERVICES
(144) WASHINGTON & LEE UNIVERSITY W&L OFFICE OF UNIVERSITY DEVELOPME	54-0505977	501 (C) (3)	7,500				EDUCATION
(145) WELLNESS HOUSE OF ANNAPOLIS 2625 MAS QUE FARM ROAD ANNAPOLIS, M	20-5764752	501 (C) (3)	207,729				HEALTH AND WELLNESS
(146) WELLSPRING LIFE MINISTRY 934 WEST STREET ANNAPOLIS, MD 21401	52-1436787	501 (C) (3)	5,000				FAITH-BASED
(147) WETA 3939 CAMPBELL AVENUE ARLINGTON, VA	53-0242992	501 (C) (3)	108,000				ARTS AND CULTURE
(148) WIKIMEDIA FOUNDATION, INC. 1 SANSOME ST STE 1895 SAN FRANCISCO	20-0049703	501 (C) (3)	5,000				CAPACITY BUILDING

Continuation Sheet for Schedule I (Form 990)

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

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
(149) WINCHESTER RESCUE MISSION 435 N CAMERON STREET WINCHESTER, V	54-0970105	501 (C) (3)	25,000				HUMAN SERVICES
(150) WOODS HOLE OCEANOGRAPHIC INS 266 WOODS HOLE ROAD MS 40 WOODS H	04-2105850	501 (C) (3)	250,000				ENVIRONMENT
(151) YWCA OF ANNAPOLIS AND ANNE ARU 1517 RITCHIE HIGHWAY, # 201 ARNOLD, M	52-0591702	501 (C) (3)	52,500				HUMAN SERVICES
(152)							
(153)							
(154)							
(155)							
(156)							
(157)							
(158)							
(159)							
(160)							
(161)							
(162)							
(163)							
(164)							
(165)							

Continuation Sheet for Schedule I (Form 990)

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

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						

SCHEDULE J (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Name of the organization
COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number
52-2098698

Part I Questions Regarding Compensation

			Yes	No
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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**		
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?	**2**		
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	☒ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ 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?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	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?	**5a**		X
b	Any related organization?	**5b**		X
	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?	**6a**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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				
	MARY SPENCER	(i)	204,731	0	0	5,542	1,114	211,387	0
1	PRESIDENT & CEO 01/2025-10/202	(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)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF ANNE ARUNDEL CO

Employer identification number

52-2098698

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	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	32	1,012,740	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 Acknowledgment	29	

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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

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* 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 I, Line 1: MISSION CONTINUED: CFAAC STRENGTHENS THE COMMUNITY AND SUPPORTS EFFECTIVE NONPROFIT LEADERSHIP. EVERY THREE YEARS, CFAAC SPEARHEADS AND PRODUCES THE COUNTY'S NEEDS ASSESSMENT REPORT, WHICH HELPS INFORM FUNDING DECISIONS BY NONPROFITS, DONORS, AND LOCAL GOVERNMENT. CFAAC ALSO RAISES AND DISTRIBUTES FUNDS TO ADDRESS CRITICAL COMMUNITY NEEDS IDENTIFIED THROUGH THE REPORT.

Form 990, Part III, Line 1: MISSION CONTINUED: CFAAC STRENGTHENS PHILANTHROPY AND SUPPORTS THE LONG-TERM WELL-BEING OF THE COMMUNITY.

Form 990, Part III, Line 4A: CFAAC ALSO MANAGES MORE THAN 350 DONOR ADVISED FUNDS, AGENCY FUNDS, DESIGNATED FUNDS, LEGACY FUNDS AND ENDOWMENTS, IN ADDITION TO MANAGING TWELVE ANNE ARUNDEL COUNTY DEPARTMENT FUNDS RANGING FROM THE FIRE AND POLICE DEPARTMENTS TO RECREATION & PARKS, AND ANIMAL CONTROL. CFAAC SERVES AS FISCAL SPONSOR OF TWO GIVING CIRCLES WHERE INDIVIDUALS POOL THEIR RESOURCES AND COLLECTIVELY DECIDE WHERE FUNDS SHOULD BE DISTRIBUTED IN THE COUNTY. THE WOMEN'S GIVING CIRCLE LAUNCHED IN 2005 AND ITS 400+ MEMBERS HAVE DISTRIBUTED MORE THAN $2.4 MILLION IN GRANTS, WHILE THE NEW COLLECTIVE GIVING CIRCLE BRINGS NEIGHBORS TOGETHER TO MEET URGENT, EVERYDAY NEEDS ACROSS THE COUNTY.

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

Form 990, Part VI, Section B, 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, Section C, 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 $852,932.