

Return of Organization Exempt From Income Tax

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

- Do not enter Social Security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **2013**, and ending **2013**

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC. Doing Business As		D Employer identification number 52-0937644
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10630 LITTLE PATUXENT PARKWAY 315		E Telephone number (410) 730-7840
	City or town, state or province, country, and ZIP or foreign postal code COLUMBIA, MD 21044		G Gross receipts \$ 2,216,357.
	F Name and address of principal officer: BEVERLEY WHITE-SEALS 10630 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW.CFHOCO.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1969 M State of legal domicile: MD	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: INSPIRING LIFE-LONG GIVING AND CONNECTING ORGANIZATIONS TO WORTHY CAUSES ACROSS HOWARD COUNTY.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34.		
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	5.		
	6 Total number of volunteers (estimate if necessary)	6	50.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0		
b Net unrelated business taxable income from Form 990-T, line 34	7b	0			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	884,117.	Current Year	1,036,584.
	9 Program service revenue (Part VIII, line 2g)		0		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		584,031.		1,144,933.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		53,527.		6,040.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,521,675.		2,187,557.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		691,761.		765,207.
	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)		351,596.		351,802.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b Total fundraising expenses (Part IX, column (D), line 25)		195,507.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		306,808.		298,573.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,350,165.		1,415,582.
19 Revenue less expenses. Subtract line 18 from line 12		171,510.		771,975.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	15,316,463.	End of Year	17,197,732.
	21 Total liabilities (Part X, line 26)		16,999.		5,000.
	22 Net assets or fund balances. Subtract line 21 from line 20		15,299,464.		17,192,732.

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: <i>Beverly White-Seals</i>		Date: <i>11/17/14</i>
	Type or print name and title: <i>Beverly White-Seals</i>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature: <i>Gregory S Schuessler</i>	Date: <i>11/17/14</i>
	Firm's name	Check <input type="checkbox"/> if self-employed PTIN P01006662	
	Firm's address	Firm's EIN 52-2177417 Phone no. 410-290-0770	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

INSPIRING LIFE-LONG GIVING AND CONNECTING PEOPLE, PLACES AND ORGANIZATIONS TO WORTHY CAUSES ACROSS HOWARD COUNTY.

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 \$ 1,045,674. including grants of \$ 765,207.) (Revenue \$)

GRANTMAKING - TO SUPPORT HUMAN SERVICES, CULTURE AND CIVIC ORGANIZATIONS NECESSARY TO SUPPORT THE COMMUNITY OF HOWARD COUNTY, MARYLAND.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,045,674.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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	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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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	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	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		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		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)		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	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		X
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

Table with columns for line number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, and various organizational requirements.

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 9 below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (35), 1b (34), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE FOUNDATION 10630 LITTLE PATUXENT PARKWAY, #315 COLUMBIA, MD 21044 410-730-7840

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BEVERLY WHITE-SEALS PRESIDENT/CEO	40.00	X		X				118,615.	0	10,731.
(2) ANDY BARTH TRUSTEE	1.00	X						0	0	0
(3) BUFFY BEAUDOIN-SCHWARTZ TRUSTEE	1.00	X						0	0	0
(4) MARK D. BIEGEL TRUSTEE	1.00	X						0	0	0
(5) BERNIE BRADLEY TRUSTEE	1.00	X						0	0	0
(6) EARL ARMIGER TRUSTEE/IMMEDIATE PAST CHAIR	1.00	X		X				0	0	0
(7) MICHAEL F. CROXSON TRUSTEE/TREASURER	1.00	X		X				0	0	0
(8) DOROTHY DOUB TRUSTEE	1.00	X						0	0	0
(9) DOUG DOUGLAS TRUSTEE	1.00	X						0	0	0
(10) VIDIA DHANRAJ TRUSTEE	1.00	X						0	0	0
(11) CHRISTOPHER M. GABLE TRUSTEE	1.00	X						0	0	0
(12) MARY E. GLAGOLA TRUSTEE	1.00	X						0	0	0
(13) BRUCE HARVEY TRUSTEE/CHAIR	1.00	X		X				0	0	0
(14) FAITH HOROWITZ TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MARGARET KIM TRUSTEE	1.00	X					0	0	0	
16) DANIEL KELLIHER TRUSTEE	1.00	X					0	0	0	
17) JOHN A. SCALDARA JR. TRUSTEE	1.00	X					0	0	0	
18) STEVEN M. SASS TRUSTEE	1.00	X					0	0	0	
19) MARY ANN SCULLY TRUSTEE	1.00	X					0	0	0	
20) KATRINA BURTON TRUSTEE	1.00	X					0	0	0	
21) EDWARD BERMAN TRUSTEE	1.00	X					0	0	0	
22) BARB VAN WINKLE TRUSTEE/SECRETARY	1.00	X		X			0	0	0	
23) BRIAN WALTER TRUSTEE	1.00	X					0	0	0	
24) ANNE ROGERS TRUSTEE	1.00	X					0	0	0	
25) RICK KOHR TRUSTEE	1.00	X					0	0	0	
1b Sub-total							118,615.	0	10,731.	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							118,615.	0	10,731.	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) JOSEPH MARANTO TRUSTEE/VICE CHAIR	1.00	X		X				0	0	0
27) ROB GOLDMAN TRUSTEE	1.00	X						0	0	0
28) TOM COALE TRUSTEE	1.00	X						0	0	0
29) NUALA DUFFY TRUSTEE	1.00	X						0	0	0
30) NEIL GORDON TRUSTEE	1.00	X						0	0	0
31) MARCIA LEONARD TRUSTEE	1.00	X						0	0	0
32) JOSEPH MURRAY TRUSTEE	1.00	X						0	0	0
33) LYNNE SCHAEFER TRUSTEE	1.00	X						0	0	0
34) DENNIS JANKIEWICZ TRUSTEE	1.00	X						0	0	0
35) CHRIS MARASCO TRUSTEE	1.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

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				
	b	Membership dues	1b				
	c	Fundraising events	1c	94,260.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	942,324.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		1,036,584.			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1		705,499.		705,499.	
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		439,434.			
	8a	Gross income from fundraising events (not including \$ 94,260. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 2			
			b	28,800.			
b			28,800.				
c	Net income or (loss) from fundraising events	ATCH 3		0			
9a	Gross income from gaming activities. See Part IV, line 19	a					
		b					
		c			0		
10a	Gross sales of inventory, less returns and allowances	a					
		b					
		c			0		
Miscellaneous Revenue			Business Code				
11a	REIMBURSEMENTS/OTHER INC (LOSS)	900099	6,040.	6,040.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		6,040.				
12	Total revenue. See instructions		2,187,557.	6,040.		705,499.	

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 governments and organizations in the United States. See Part IV, line 21	718,723.	718,723.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	46,484.	46,484.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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	129,345.	69,820.	25,783.	33,742.
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	182,360.	63,289.	34,044.	85,027.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	14,572.	6,223.	2,797.	5,552.
10 Payroll taxes	25,525.	10,900.	4,899.	9,726.
11 Fees for services (non-employees):				
a Management	0			
b Legal	17,000.		17,000.	
c Accounting	42,320.	3,782.	38,538.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	39,895.	17,037.	7,657.	15,201.
13 Office expenses	4,942.	2,111.	948.	1,883.
14 Information technology	1,853.	791.	356.	706.
15 Royalties	0			
16 Occupancy	32,206.	13,753.	6,181.	12,272.
17 Travel	1,990.	850.	382.	758.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	27,574.	11,775.	5,292.	10,507.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,885.	1,232.	554.	1,099.
23 Insurance ATCH 5	12,586.		12,586.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVESTMENT MANAGEMENT FEES	56,849.	56,849.		
b COMPUTER	21,596.	9,222.	4,145.	8,229.
c PRINTING/COPIER/REPRO	9,602.	4,801.	960.	3,841.
d CONTRACTUAL	8,076.	3,449.	1,550.	3,077.
e All other expenses	19,199.	4,583.	10,729.	3,887.
25 Total functional expenses. Add lines 1 through 24e	1,415,582.	1,045,674.	174,401.	195,507.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	888,673.	1	730,006.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	239,061.	3	212,216.
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	41,326.	7	1,990.
	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 18,919.		
	b Less: accumulated depreciation	10b 18,544.	3,260.	10c 375.
	11 Investments - publicly traded securities	ATCH 4 12,986,415.	11	14,876,135.
	12 Investments - other securities. See Part IV, line 11	1,152,427.	12	1,369,830.
	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	5,301.	15	7,180.
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,316,463.	16	17,197,732.	
Liabilities	17 Accounts payable and accrued expenses	1,999.	17	0
	18 Grants payable	15,000.	18	5,000.
	19 Deferred revenue	0	19	0
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	16,999.	26	5,000.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,261,432.	27	17,153,379.
	28 Temporarily restricted net assets	38,032.	28	39,353.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	15,299,464.	33	17,192,732.	
34 Total liabilities and net assets/fund balances	15,316,463.	34	17,197,732.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,187,557.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,415,582.
3	Revenue less expenses. Subtract line 2 from line 1	3	771,975.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,299,464.
5	Net unrealized gains (losses) on investments	5	1,121,293.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,192,732.

Part XII Financial Statements and Reporting

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

- 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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 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? If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.**

Employer identification number
52-0937644

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,198,087.	1,000,456.	966,745.	884,117.	1,036,584.	5,085,989.
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.	1,198,087.	1,000,456.	966,745.	884,117.	1,036,584.	5,085,989.
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).						1,006,446.
6 Public support. Subtract line 5 from line 4.						4,079,543.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,198,087.	1,000,456.	966,745.	884,117.	1,036,584.	5,085,989.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	322,385.	300,761.	469,393.	428,453.	705,499.	2,226,491.
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 IV.) . ATCH. 1	30,927.	-39,018.	6,506.	53,527.	6,040.	57,982.
11 Total support. Add lines 7 through 10						7,370,462.
12 Gross receipts from related activities, etc. (see instructions)					12	57,982.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	55.35%
15 Public support percentage from 2012 Schedule A, Part II, line 4	15	59.87%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2012 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2013. 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 - 2012. 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 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2009	2010	2011	2012	2013	TOTAL
MISCELLANEOUS/OTHER INC (LOSS)	30,927.	-39,018.	6,506.	53,527.	6,040.	57,982.
TOTALS	<u>30,927.</u>	<u>-39,018.</u>	<u>6,506.</u>	<u>53,527.</u>	<u>6,040.</u>	<u>57,982.</u>

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

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

2013

Name of the organization

THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.

Employer identification number

52-0937644

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year \$ _____

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

SCHEDULE D (Form 990)

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.

Employer identification number 52-0937644

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 contain numerical data for total number, aggregate contributions, aggregate grants, and aggregate value.

- 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?
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?

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 (e.g., recreation or education)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

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.

Table with 2 columns: Line number, Held at the End of the Tax Year. Rows 2a-2d for conservation easement details.

- 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?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

JSA 3E1268 2.000

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 are a 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 programs, 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?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?

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

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21?

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" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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

- a Board designated or quasi-endowment 100.0000%
b Permanent endowment %
c Temporarily restricted endowment %

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

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

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows 3a(i), 3a(ii), 3b.

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e.

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

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENT IN PARTNERSHIP	1,369,830.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	1,369,830.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,308,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	1,121,293.	
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	1,121,293.	
3	Subtract line 2e from line 1	3	2,187,557.	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,187,557.	

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

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

1	Total expenses and losses per audited financial statements		1	1,415,582.
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		
3	Subtract line 2e from line 1	3	1,415,582.	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,415,582.	

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 - ENDOWMENT FUND PURPOSE

ENDOWMENT IS THE PRIMARY SOURCE OF INCOME FOR THE FOUNDATION'S

COMPETITIVE GRANT PROGRAMS THAT HELP LAUNCH AND SUPPORT THE COUNTY'S

NONPROFIT HUMAN SERVICES, ARTS, CULTURAL, EDUCATIONAL, CIVIC AND

ENVIRONMENTAL ORGANIZATIONS.

Part XIII Supplemental Information

continued

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPRING PARTY			(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	123,060.		123,060.
	2	Less: Contributions	94,260.		94,260.
	3	Gross income (line 1 minus line 2)	28,800.		28,800.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	28,800.		28,800.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			28,800.
	11	Net income summary. Subtract line 10 from line 3, column (d)			

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10 a 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 operate 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 operated 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 ▶ _____

- 15 a 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 ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:
- Name ▶ _____
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.

Employer identification number

52-0937644

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) BRIDGES TO HOUSING STABILITY 9520 BERGER RD, STE 311 COLUMBIA, MD 21046	52-1723716	501(C)(3)	17,888.				HOUSING, SHELTER
(2) CANDELIGHT CONCERT SOCIETY 8850 ROUTE 108 COLUMBIA, MD 21045	23-7412834	501(C)(3)	16,200.				CHAMBER MUSIC PRESEN PRESENTATIONS
(3) COLUMBIA FESTIVAL OF THE ARTS 5575 STERRETT PLACE COLUMBIA, MD 21044	52-1599803	503(C)(3)	15,310.				ANNUAL CELEBRATION OF THE ARTS
(4) COLUMBIA ORCHESTRA 8510 HIGH RIDGE RD ELLICOTT CITY, MD 21043	52-1167569	501(C)(3)	15,500.				SUPPORT HOCO SYMPHON SYMPHONY ORCHESTRA
(5) COMMUNITY ACTION COUNCIL OF HOWARD COUNTY 6751 COLUMBIA GATEWAY DR COLUMBIA, MD 21046	52-0823083	501(C)(3)	14,600.				HOUSING, SHELTER
(6) FISH OF HOWARD COUNTY, INC 14352 TRIDELPHIA MILL ROAD DAYTON, MD 21036	52-1105351	501(C)(3)	20,535.				EMERGENCY FUNDS 4 BA BASIC NEEDS
(7) GRASSROOTS CRISIS INTERVENTION CENTER 6700 FREETOWN ROAD COLUMBIA, MD 21044	52-0909351	501(C)(3)	29,964.				HOUSING, SHELTER
(8) HOCOPOLITSO 10901 LITTLE PATUXENT PKWY	52-1146948	501(C)(3)	27,537.				PROMOTE POETRY AND L LITERATURE IN HOCO
(9) HOWARD COMMUNITY COLLEGE EDUCATIONAL FOUNDA 10901 LITTLE PATUXENT PARKWAY	52-1272329	501(C)(3)	42,064.				EDUCATION
(10) HOWARD HOSPITAL FOUNDATION 5755 CEDAR LANE COLUMBIA, MD 21044	52-1072778	501(C)(3)	5,500.				HEALTH, GENERAL SUPP SUPPORT
(11) LOYOLA UNIVERSITY MARYLAND 4501 N. CHARLES STREET BALTIMORE, MD 21210	52-0591623	501(C)(3)	11,600.				EDUCATION
(12) NATIONAL FAMILY RESILIENCY CENTER 10632 LITTLE PATUXENT PKWY	52-1702813	501(C)(3)	17,400.				FAMILY SERVICES 4 DI DIVORCE/SEPERATIONS

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

10E010 376X 11/17/2014 8:13:47 AM V 13-7.5F

1749000

PAGE 31

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION OF HOWARD
COUNTY, INC.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

52-0937644

Part I General information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) NEIGHBOR RIDE INC 8950 ROUTE 108 COLUMBIA, MD 21045	32-0123282	501(C)(3)	12,000.				TRANSPORTATION 4 THE ELDERLY/DISABLED
(2) THE ARC OF HOWARD COUNTY, INC. 11735 HOMEWOOD ROAD ELLICOTT CITY, MD 21042	52-0884366	501(C)(3)	7,329.				OPERATING SUPPORT
(3) COLUMBIA PRO CANTARE, LTD 5404 IRON PEN PLACE COLUMBIA, MD 21044	52-1128681	501(C)(3)	10,850.				ARTS, CULTURE
(4) CHRIST CHURCH LINK 6800 OAKLAND MILLS ROAD COLUMBIA, MD 21045	52-0591545	501(C)(3)	5,400.				OPERATING SUPPORT
(5) FIRN, INC 5999 HARPERS FARM ROAD COLUMBIA, MD 21044	52-1397480	501(C)(3)	15,000.				OPERATING SUPPORT
(6) JEWISH FEDERATION OF HOWARD COUNTY 10630 LITTLE PATUXENT PKWY STE 400	23-7072654	501(C)(3)	10,000.				OPERATING SUPPORT
(7) MARYLAND LEADERSHIP WORKSHOPS PO BOX 83846 GAITHERSBURG, MD 20883	52-1056636	501(C)(3)	15,000.				JOURNEY CAMP
(8) MEALS ON WHEELS OF CENTRAL MARYLAND 515 S. HAVEN STREET BALTIMORE, MD 21224	52-6074723	501(C)(3)	13,000.				OPERATING SUPPORT
(9) B&O RAILROAD MUSEUM 2711 MARYLAND AVE ELLICOTT CITY, MD 21043	52-1535426	501(C)(3)	5,100.				OPERATING SUPPORT
(10) CHESAPEAKE SHAKESPEARE CO. 8510 HIGH RIDGE RD ELLICOTT CITY, MD 21043	03-0418380	501(C)(3)	38,500.				OPERATING SUPPORT
(11) HC DRUG FREE 10451 TWIN RIVERS ROAD COLUMBIA, MD 21044	38-3702298	501(C)(3)	9,200.				OPERATING SUPPORT
(12) HOWARD COUNTY ARTS COUNCIL 8510 HIGH RIDGE RD ELLICOTT CITY, MD 21043	52-1219079	501(C)(3)	6,550.				OPERATING SUPPORT

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

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

Schedule I (Form 990) (2013)

JSA

9E1288 1.000

10E010 376X 11/17/2014 8:13:47 AM V 13-7.5F

1749000

PAGE 32

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.

Employer identification number
52-0937644

OMB No. 1545-0047

2013

Open to Public Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) JUNIOR ACHIEVEMENT OF CENTRAL MARYLAND 10711 RED RUN BLYD OWINGS MILLS, MD 21117	84-1267604	501(C)(3)	7,500.				OPERATING SUPPORT
(2) VOICES FOR CHILDREN 9358 MAIN STREET ELLICOTT CITY, MD 21043	52-1700254	501(C)(3)	17,000.				OPERATING SUPPORT
(3) HOWARD COUNTY POLICE FOUNDATION 3410 COURTHOUSE DR ELLICOTT CITY, MD 21043	52-1900769	501(C)(3)	32,153.				OPERATING SUPPORT
(4) LEADERSHIP HOWARD COUNTY 6760 ALEXANDER BELL DR COLUMBIA, MD 21046	52-1530676	501(C)(3)	7,300.				SUPPORT SERVICES THA
(5) A-OK MENTORING-TUTORING P.O. BOX 871 COLUMBIA, MD 21044	90-0257116	501(C)(3)	6,600.				PROVIDE TUTORING TO
(6) BRIGHT MINDS FOUNDATION 10910 ROUTE 108 ELLICOTT CITY, MD 21042	20-4840080	501(C)(3)	9,800.				TO PROMOTE EDUCATION
(7) CIVIL WAR PRESERVATION TRUST 1156 15TH STREET NW WASHINGTON, DC 20005	54-1426643	501(C)(3)	10,000.				SUPPORT THE PRESERVA
(8) COLUMBIA CENTER FOR THEATRICAL ARTS 6655 DOBBIN ROAD COLUMBIA, MD 21045	52-1066100	501(C)(3)	6,035.				OPERATING SUPPORT
(9) COLUMBIA TRIATHLON ASSOCIATION 9130-G RED BRANCH ROAD COLUMBIA, MD 21045	52-1615083	501(C)(3)	6,000.				SUPPORT FOR LOCAL AN
(10) HEARTBEAT INTERNATIONAL MINISTRIES 5 LEWIS COURT GREENWICH, CT 06830	20-1123103	501(C)(3)	8,588.				FOR A CHILDREN'S HOM
(11) HOWARD COUNTY AUTISM SOCIETY 10280 OLD COLUMBIA ROAD COLUMBIA, MD 21046	52-1857721	501(C)(3)	9,000.				PROVIDE SERVICES TO
(12) HOWARD COUNTY CONSERVANCY 10520 OLD FREDERICK RD WOODSTOCK, MD 21163	52-1712913	501(C)(3)	6,852.				OPERATING SUPPORT

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

10E010 376X 11/17/2014 8:13:47 AM V 13-7.5E

1749000

PAGE 33

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Name of the organization THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.

Employer identification number

52-0937644

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Purpose of grant or assistance
(1) HOWARD COUNTY GENERAL HOSPITAL 5755 CEDAR LANE COLUMBIA, MD 21044	52-2093120	501(C)(3)	12,000.				CLAUDIA MAYER CANCER
(2) HOPEWORKS 5457 TWIN KNOLLS ROAD COLUMBIA, MD 21045	52-1115111	501(C)(3)	33,950.				PROVIDE SERVICES TO
(3) KITPAMAQUONDI COMMUNITY CHURCH 5410 LEAF TREADER WAY COLUMBIA, MD 21045	23-7003510	501(C)(3)	9,600.				SUPPORT FOR SACRED G
(4) MELVIN J BERMAN HEBREW ACADEMY 13300 ARTIC AVENUE ROCKVILLE, MD 20853	53-0208371	501(C)(3)	10,000.				EDUCATIONAL AND RECR
(5) OUR HOUSE INC 19715 ZION ROAD BROOKVILLE, MD 20833	52-1679448	501(C)(3)	10,000.				FUNDING FOR CARPENTR
(6) THE SERENITY CENTER, INC 9650 BASKET RING ROAD COLUMBIA, MD 21045	52-1822174	501(C)(3)	5,100.				OPERATING SUPPORT
(7) YESHIVA OF GREATER WASHINGTON 2010 LINDEN LANE SILVER SPRING, MD 20910	52-1106842	501(C)(3)	10,000.				EDUCATIONAL AND RECR
(8) _____							
(9) _____							
(10) _____							
(11) _____							
(12) _____							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 46.
- 3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATIONAL SCHOLARSHIPS FOR HOWARD CNTY STUDENTS	28.	46,484.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART 1(2) - MONITORING THE USE OF GRANT FUNDS

GRANTEES SIGN TERMS AND CONDITIONS FORMS AGREEING TO USE THE FUNDS FOR THEIR INTENDED PURPOSE PRIOR TO RECEIVING GRANT PAYMENTS. GRANTEES SUBMIT EVALUATION FORMS AND FINANCIAL STATEMENTS DESCRIBING HOW THE MONEY WAS SPENT AT THE END OF THE GRANT CYCLE.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE COMMUNITY FOUNDATION OF HOWARD
COUNTY, INC.

Employer identification number
52-0937644

PART VI LINE 11B - FORM 990 REVIEW PROCESS

THE FOUNDATION AUTHORIZES THE EXECUTIVE COMMITTEE TO REVIEW AND APPROVE
THE 990 BEFORE IT IS FILED.

PART VI LINE 12C - MONITOR AND ENFORCEMENT OF CONFLICT OF INTEREST POLICY
AT THE BEGINNING OF EACH BOARD MEETING, BOARD MEMBERS ARE ASKED TO
REGISTER ANY CONFLICTS OF INTEREST FOR THAT MEETING AND IT IS RECORDED IN
THE MINUTES.

PART VI, SEC B, LINE 15A - PRESIDENT/CEO'S COMPENSATION PROCESS
THE PRESIDENT/CEO HAS AN EMPLOYMENT CONTRACT THAT IS REVIEWED ANNUALLY BY
THE BOARD. COMPENSATION IS DETERMINED BY JOB PERFORMANCE AND COMPARABLE
DATA FOR LIKE POSITIONS. ANY CHANGE IN COMPENSATION, OR TERMS OF
EMPLOYMENT, ARE DISCUSSED, DOCUMENTED AND VOTED ON BY THE BOARD.

PART VI, SEC C, LINE 19 - DOCUMENTS AVAILABLE TO PUBLIC
THE FOUNDATION MAKES FINANCIAL STATEMENTS, TAX RETURNS, GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, ETC. AVAILABLE TO THE PUBLIC UPON
REQUEST.

PART VII - INDEPENDENT CONTRACTOR

THE FOUNDATION CONTRACTS WITH AN INDEPENDENT CPA TO PROVIDE
CONTROLLERSHIP SERVICES.

Name of the organization THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.	Employer identification number 52-0937644
---	--

PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS OR FUND BALANCE
UNREALIZED GAIN(LOSS) ON INVESTMENTS

SCHEDULE D, PART X, LINE 1 - FEDERAL INCOME TAXES

THE FOUNDATION FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES UNDER THE INCOME TAXES TOPIC OF THE CODIFICATION. THE CODIFICATION REQUIRES THE EVALUATION OF TAX POSITIONS, WHICH INCLUDES MAINTAINING ITS TAX-EXEMPT STATUS AND THE TAXABILITY OF ANY UNRELATED BUSINESS INCOME, AND DOES NOT ALLOW RECOGNITION OF TAX POSITIONS WHICH DO NOT MEET A "MORE-LIKELY-THAN-NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. MANAGEMENT DOES NOT BELIEVE IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT MEET THIS THRESHOLD. THE FOUNDATION'S TAX RETURNS ARE SUBJECT TO POSSIBLE FEDERAL EXAMINATION, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

SCHEDULE D, PART V, LINE E - ENDOWMENT FUNDS

LINE E INCLUDES INTERCOMPANY TRANSFERS RELATED TO FACILITY AND PROGRAM EXPENDITURES, WHICH INCLUDES A ONE TIME CATCH-UP FOR PRIOR YEARS. EXPENDITURES NOT PREVIOUSLY TRANSFERRED.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME	705,499.			705,499.
TOTALS	<u>705,499.</u>			<u>705,499.</u>

Name of the organization THE COMMUNITY FOUNDATION OF HOWARD COUNTY, INC.

Employer identification number
52-0937644ATTACHMENT 2FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING	94,260.
TOTAL	<u>94,260.</u>

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
FUNDRAISING	28,800.	28,800.
TOTALS	<u>28,800.</u>	<u>28,800.</u>

ATTACHMENT 4FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
CORPORATE AND GOVERNMENT BONDS	3,933,831.	2,626,817.	FMV
EXCHANGE TRADED & CLOSE END F	172,558.	2,064,607.	FMV
MUTUAL FUNDS AND STOCKS	8,784,610.	10,087,915.	FMV
TRUSTS AND PTPS	95,416.	96,796.	FMV
TOTALS	<u>12,986,415.</u>	<u>14,876,135.</u>	

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
COMPUTER - WGC	07/01/2002	1,512.	100.000			1,512.	1,512.	1,512.	SL		3.000				
DELL COMPUTERS (3)	01/31/2007	5,554.	100.000			5,554.	5,554.	5,554.	SL		5.000				
EQUIPMENT BARBARA	05/05/2008	810.	100.000			810.	756.	810.	SL		5.000				54.
Less: Retired Assets															
Subtotals		7,876.				7,876.	7,822.	7,876.							54.

Listed Property

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending accumulated amortization	Code	Life	Current-year amortization
WEBSITE	10/01/2010	10,200.	7,650.	10,200.	A	3.000	2,550.
TOTALS		10,200.	7,650.	10,200.			2,550.

*Assets Retired