



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>175,780.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 7	
<b>22a</b>	175,780.	175,780.		
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>492,821.</u> noncash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 8	
<b>22b</b>	492,821.	492,821.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 6</b>	91,981.	0.	83,475.	8,506.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	88,581.		81,088.	7,493.
<b>26</b>				
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	8,251.		8,251.	
<b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27	13,799.		13,799.	
<b>28</b>				
<b>29</b> Payroll taxes	10,057.		10,057.	
<b>29</b>				
<b>30</b> Professional fundraising fees				
<b>30</b>				
<b>31</b> Accounting fees	15,500.		15,500.	
<b>31</b>				
<b>32</b> Legal fees				
<b>32</b>				
<b>33</b> Supplies	8,904.		6,233.	2,671.
<b>33</b>				
<b>34</b> Telephone	3,074.		3,074.	
<b>34</b>				
<b>35</b> Postage and shipping	2,554.		1,788.	766.
<b>35</b>				
<b>36</b> Occupancy	20,400.		20,400.	
<b>36</b>				
<b>37</b> Equipment rental and maintenance	9,571.		9,571.	
<b>37</b>				
<b>38</b> Printing and publications	12,032.		6,016.	6,016.
<b>38</b>				
<b>39</b> Travel	1,566.		783.	783.
<b>39</b>				
<b>40</b> Conferences, conventions, and meetings	11,988.		6,074.	5,914.
<b>40</b>				
<b>41</b> Interest				
<b>41</b>				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	17,379.		17,379.	
<b>42</b>				
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 5</b>	280,301.	114,366.	157,031.	8,904.
<b>43g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,264,539.	782,967.	440,519.	41,053.
<b>44</b>				

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;  
 (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 10</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a SEE STATEMENT 9</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ <b>109,133.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>109,133.</b>
<b>b YOUTH DEVELOPMENT TO ASSIST VARIOUS YOUTH ORGANIZATIONS</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ <b>62,264.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>62,264.</b>
<b>c HEALTH, GENERAL TO ASSIST VARIOUS HEALTH ORGANIZATIONS</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ <b>120,637.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>120,637.</b>
<b>d HUMAN SERVICE TO ASSIST VARIOUS ORGANIZATIONS FOR HUMAN SERVICE WELFARE.</b> _____ _____ _____ _____ _____	
(Grants and allocations \$ <b>62,666.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>62,666.</b>
<b>e Other program services (attach schedule) SEE STATEMENT 11</b>	
(Grants and allocations \$ <b>313,901.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>428,267.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ►	<b>782,967.</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing .....		45		
	46 Savings and temporary cash investments .....	1,161,022.	46	1,769,885.	
	47 a Accounts receivable .....	47a			
	b Less: allowance for doubtful accounts .....	47b	47c		
	48 a Pledges receivable .....	48a			
	b Less: allowance for doubtful accounts .....	48b	48c		
	49 Grants receivable .....		49		
	50 a Receivables from current and former officers, directors, trustees, and key employees .....		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....		50b		
	51 a Other notes and loans receivable .....	51a			
	b Less: allowance for doubtful accounts .....	51b	51c		
	52 Inventories for sale or use .....		52		
	53 Prepaid expenses and deferred charges .....		53		
	54 a Investments - publicly-traded securities <b>STMT 16</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,803,246.	54a	27,655,687.	
	b Investments - other securities .....		54b		
	55 a Investments - land, buildings, and equipment: basis .....	55a			
	b Less: accumulated depreciation .....	55b	55c		
	56 Investments - other .....	SEE STATEMENT 12	1,493,775.	56	786,674.
	57 a Land, buildings, and equipment: basis .....	57a 1,724,026.			
b Less: accumulated depreciation <b>STMT 13</b> .....	57b 192,932.	1,566,071.	57c	1,531,094.	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 14</b> ) .....		3,841,667.	58	4,733,528.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		30,865,781.	59	36,476,868.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	23,627.	60	23,534.	
	61 Grants payable .....	4,000.	61		
	62 Deferred revenue .....		62		
	63 Loans from officers, directors, trustees, and key employees .....		63		
	64 a Tax-exempt bond liabilities .....		64a		
	b Mortgages and other notes payable .....		64b		
	65 Other liabilities (describe <b>SEE STATEMENT 15</b> ) .....		2,867,758.	65	3,383,093.
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....		2,895,385.	66	3,406,627.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted .....	3,047,789.	67	3,106,758.	
	68 Temporarily restricted .....	7,877,868.	68	10,435,986.	
	69 Permanently restricted .....	17,044,739.	69	19,527,497.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds .....		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71		
	72 Retained earnings, endowment, accumulated income, or other funds .....		72		
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		27,970,396.	73	33,070,241.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		30,865,781.	74	36,476,868.	





<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....		<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	<b>82b</b> <u>N/A</u>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
	<b>84b</b> <u>N/A</u>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? .....		
	<b>85a</b> <u>N/A</u>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
	<b>85b</b> <u>N/A</u>		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....		
	<b>85c</b> <u>N/A</u>		
<b>d</b>	Section 162(e) lobbying and political expenditures .....		
	<b>85d</b> <u>N/A</u>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		
	<b>85e</b> <u>N/A</u>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		
	<b>85f</b> <u>N/A</u>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		
	<b>85g</b> <u>N/A</u>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....		
	<b>85h</b> <u>N/A</u>		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....		
	<b>86a</b> <u>N/A</u>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....		
	<b>86b</b> <u>N/A</u>		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....		
	<b>87a</b> <u>N/A</u>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		
	<b>87b</b> <u>N/A</u>		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....		<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> .....		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
	<b>89c</b> <u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
	<b>89d</b> <u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		<b>X</b>
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....		<b>X</b>
<b>89g</b>			
<b>90 a</b>	List the states with which a copy of this return is filed <b>MD</b> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 .....	<b>90b</b>	<b>3</b>
<b>91 a</b>	The books are in care of <b>ROBBIN HILL</b> Telephone no. <b>410-820-8175</b> .....		
	Located at <b>102 E DOVER ST, EASTON, MD</b> ZIP + 4 <b>21601</b> .....		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		<b>X</b>
	If "Yes," enter the name of the foreign country <b>N/A</b> .....		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

**Part VI Other Information** (continued) Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A  
 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92  N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments ...					
96 Dividends and interest from securities .....			14	822,347.	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....			16	7,044.	
98 Net rental income or (loss) from personal property					
99 Other investment income .....					
100 Gain or (loss) from sales of assets other than inventory .....			18	815,721.	
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0.		1,645,112.	0.
105 Total (add line 104, columns (B), (D), and (E)) .....					1,645,112.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No  
**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

<b>Please Sign Here</b>	Signature of officer _____	Date _____	
	Type or print name and title _____		
<b>Paid Preparer's Use Only</b>	Preparer's signature _____	Date 01/30/08	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 CBIZ ACCOUNTING TAX & ADVISORY SERVICES PO BOX 1187/125 BAY ST EASTON, MD 21601		Preparer's SSN or PTIN (See Gen. Inst. X) EIN _____ Phone no. (410) 822-6950

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2006**

Name of the organization <b>MID SHORE COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>52 1782373</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>ROBBIN HILL</b> <b>546 SOUTH AURORA STREET, EASTON, MD 2</b>	<b>DIR FOUNDATION PROGR</b> <b>40.00</b>	<b>54,635.</b>	<b>5,502.</b>	<b>9,112.</b>
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other contractors receiving over \$50,000 for other services ▶	<b>0</b>	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		<b>X</b>
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property? .....	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit? .....	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? ..... <b>SEE STATEMENT 19</b>	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? .....	<b>2e</b>	<b>X</b>
<b>3 a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) ..... <b>SEE STATEMENT 20</b>	<b>3a</b>	<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees? .....	<b>3b</b>	<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	<b>3c</b>	<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>3d</b>	<b>X</b>
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	<b>4a</b>	<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966? .....	<b>4b</b>	<b>X</b>
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person? .....	<b>4c</b>	<b>X</b>
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year .....	<b>▶ 39</b>	
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	<b>▶ 9,238,849.</b>	
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	<b>▶ 0.</b>	
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	<b>▶ 0.</b>	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,814,864.	1,234,112.	7,957,801.	4,957,640.	15,964,417.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,393,350.	976,635.	33,622.	304,422.	2,708,029.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	<1,436.>	4,471.	7,751.	SEE STATEMENT 21	10,786.
<b>23</b> Total of lines 15 through 22	3,206,778.	2,215,218.	7,999,174.	5,262,062.	18,683,232.
<b>24</b> Line 23 minus line 17	3,206,778.	2,215,218.	7,999,174.	5,262,062.	18,683,232.
<b>25</b> Enter 1% of line 23	32,068.	22,152.	79,992.	52,621.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 373,665.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 171,542.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 18,683,232.
d Add: Amounts from column (e) for lines: 18 2,708,029. 19 _____ 22 10,786. 26b 171,542.					<b>26d</b> 2,890,357.
e Public support (line 26c minus line 26d total)					<b>26e</b> 15,792,875.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 84.5297%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? ..... If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? ..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.) **N/A**  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for  
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

**2006**

Name of organization

MID SHORE COMMUNITY FOUNDATION, INC.

Employer identification number

52-1782373

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule-**

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

**Special Rules-**

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate 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:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions  
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization  <b>MID SHORE COMMUNITY FOUNDATION, INC.</b>	Employer identification number  <b>52-1782373</b>
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**Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	1854 SH MERCANTILE BANKSHARES CORP @\$47.43; 375 SH LEGG MASON @\$97.39, 238 SH YUM! BRANDS, INC @\$58.52	\$ 138,384.	VARIOUS
7	4000 SHARES ESSEX CORP @ \$23.91	\$ 95,640.	VARIOUS
		\$	
		\$	
		\$	
		\$	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDING	123002	SL	50.00	16	1172575.			1172575.	82,080.		23,452.
2	FIRE ALARM SYSTEM FIRST FLOOR AC	062403	SL	10.00	16	8,062.			8,062.	2,419.		806.
3	REPLACEMENT	113004	SL	10.00	16	5,290.			5,290.	838.		529.
	* 990 PAGE 2 TOTAL BUILDINGS					1185927.		0.	1185927.	85,337.	0.	24,787.
	FURNITURE & FIXTURES											
4	OFFICE FURNITURE	111098	SL	10.00	16	2,502.			2,502.	1,918.		250.
7	NPO "FIMS" SOFTWARE	010101	SL	3.00	16	22,655.			22,655.	22,655.		0.
8	LASER JET PRINTER	110801	150DB	5.00	17	2,352.			2,352.	2,220.		132.
9	FURNITURE	011103	150DB	7.00	17	550.			550.	381.		67.
10	FURNITURE DR LATERAL FILE	020702	200DB	7.00	17	584.			584.	399.		72.
11	CABINET	040402	200DB	7.00	17	699.			699.	464.		84.
12	DELL COMPUTER	112001	200DB	5.00	17	2,625.			2,625.	2,442.		183.
13	FAX	112001	200DB	5.00	17	200.			200.	185.		14.
14	FURNITURE	101201	200DB	7.00	17	1,250.			1,250.	906.		152.
15	FURNITURE	112001	200DB	7.00	17	368.			368.	259.		45.
16	DISPLAY RACKS	042802	200DB	7.00	17	75.			75.	49.		9.
17	SIGN MID SHORE COMM	061903	SL	15.00	16	510.			510.	136.		34.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	FURNITURE	062303	SL	7.00	16	4,050.			4,050.	1,737.		579.
19	HP BUSINESS INKJET 1100DTN	111203	SL	5.00	16	300.			300.	160.		60.
21	PAIR AMERICAN LOUISIANA S	121903	SL	7.00	16	1,500.			1,500.	535.		214.
22	CONFERENCE ROOM TABLE	052104	SL	7.00	16	1,200.			1,200.	356.		171.
23	CREDENZA	052104	SL	7.00	16	600.			600.	179.		86.
24	C6 CONFERENCE CHAIRS	052104	SL	7.00	16	1,500.			1,500.	446.		214.
25	WRITING DESK	052104	SL	7.00	16	600.			600.	179.		86.
26	COAT RACK-MAIN FOYER	070103	SL	7.00	16	250.			250.	108.		36.
27	2 TAPESTRY CHAIRS-MAIN FO	070103	SL	7.00	16	6,000.			6,000.	2,571.		857.
28	15'4" RUNNER MAIN FOYER	070103	SL	7.00	16	19,750.			19,750.	8,463.		2,821.
29	8'40" HAMADAN RUNNER	070103	SL	7.00	16	1,225.			1,225.	525.		175.
30	FRAMED WILL-MAIN FOYER	070103	SL	7.00	16	250.			250.	108.		36.
31	2 UPHOLSTERED CHAIRS-WHI	070103	SL	7.00	16	250.			250.	108.		36.
32	WINDOW TREATMENTS-WHEEL	070103	SL	7.00	16	1,550.			1,550.	663.		221.
33	2 SIDE TABLES-CONFERENCE R	070103	SL	7.00	16	210.			210.	90.		30.
34	LEATHER SOFA CONFERENCE	070103	SL	7.00	16	350.			350.	150.		50.
35	2 BOOKSHELVES-CONFERENCE	070103	SL	7.00	16	1,600.			1,600.	687.		229.
36	CREDENZA-CONFERENCE ROOM	070103	SL	7.00	16	1,500.			1,500.	642.		214.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	ANDIRONS-CONFERENCE ROOM	070103	SL	7.00	16	985.			985.	422.		141.
38	3 LAMPS-CONFERENCE ROOM	070103	SL	7.00	16	275.			275.	117.		39.
39	HAY WAGON OIL PAINTING GREEN LEATHER DOORMANS	070103	SL	7.00	16	3,200.			3,200.	1,371.		457.
40	CHAIR CHUE UPHOLSTERED CHAIR	070103	SL	7.00	16	3,500.			3,500.	1,500.		500.
41	CHUCK WINDOW	070103	SL	7.00	16	125.			125.	54.		18.
42	TREATMENTS-CHUCK WINDOW	070103	SL	7.00	16	25.			25.	11.		4.
43	TREATMENTS-COARD	070103	SL	7.00	16	100.			100.	42.		14.
44	GATELEG TABLE BASEMENT	070103	SL	7.00	16	2,500.			2,500.	1,071.		357.
45	6 CAPTAINS CHAIRS BASEMENT	070103	SL	7.00	16	200.			200.	86.		29.
46	BUTCHER BLOCK BASEMENT	070103	SL	7.00	16	1,250.			1,250.	537.		179.
47	MISC PLATES GLASSES SILVER	070103	SL	7.00	16	70.			70.	30.		10.
48	REFRIGERATOR	070103	SL	7.00	16	50.			50.	21.		7.
49	OAK STRETCHER TABLE BASEMENT	070103	SL	7.00	16	1,250.			1,250.	537.		179.
50	ENGLISH OAK TRESTLE TABLE	070103	SL	7.00	16	900.			900.	387.		129.
51	FLOUR BARREL BASEMENT	070103	SL	7.00	16	300.			300.	129.		43.
52	DOUGH BOX BASEMENT	070103	SL	7.00	16	675.			675.	288.		96.
53	FILE CABINETS BASEMENT	070103	SL	7.00	16	25.			25.	12.		4.
54	STEEL BRASS TRIVET	070103	SL	7.00	16	545.			545.	234.		78.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	VANITY MIRROR-BATHROOM 2ND	070103	SL	7.00	16	40.			40.	18.		6.
56	FLOOR WINDOW TREATMENTS 2ND	070103	SL	7.00	16	35.			35.	15.		5.
57	FLOOR PEDESTAL TABLE 2ND	070103	SL	7.00	16	35.			35.	15.		5.
58	FLOOR 6 LEATHER CHAIRS 2ND	070103	SL	7.00	16	900.			900.	387.		129.
59	FLOOR ENGLISH TABLE 2ND	070103	SL	7.00	16	500.			500.	213.		71.
60	FLOOR ENGLISH PRINTS 2ND	070103	SL	7.00	16	50.			50.	21.		7.
61	FLOOR	070103	SL	7.00	16	50.			50.	21.		7.
62	2 LEATHER CHAIRS	070103	SL	7.00	16	150.			150.	63.		21.
63	A/C	070103	SL	7.00	16	100.			100.	42.		14.
64	BENCHES/BIRD BATH	070103	SL	7.00	16	600.			600.	258.		86.
65	LAWN/GARDEN TOOLS HERON STATUTE IN SIDE	070103	SL	7.00	16	350.			350.	150.		50.
66	FOUNTAIN NEC ELECTRA ELITE IPK	070103	SL	7.00	16	950.			950.	408.		136.
67	TELEPHONE SYSTEM	101404	SL	5.00	16	4,048.			4,048.	1,417.		810.
68	CREDENZA	111004	SL	7.00	16	683.			683.	163.		98.
69	DELL COMPUTER	101504	SL	5.00	16	1,877.			1,877.	657.		375.
70	PROJECTOR & SCREEN	031305	SL	5.00	16	1,512.			1,512.	403.		302.
73	HEADSET	121405	SL	7.00	16	801.			801.	67.		114.
74	FIMS SOFTWARE SYSTEM	012506	SL	3.00	16	12,683.			12,683.	1,762.		4,228.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
75	DELL COMPUTERS & UPGRADE	030606	150DB	5.00	17	5,458.			5,458.	546.		1,474.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					123,852.		0.	123,852.	63,196.	0.	17,379.
	LAND											
71	LAND	122003	L			391,268.			391,268.			0.
72	IMPROVEMENTS-LANDSCAPI	082605	SL	15.00	16	14,354.			14,354.	797.		957.
76	FENCE	082206	SL	15.00	16	8,625.			8,625.			479.
	* 990 PAGE 2 TOTAL LAND					414,247.		0.	414,247.	797.	0.	1,436.
	* GRAND TOTAL 990 PAGE 2 DEPR					1724026.		0.	1724026.	149,330.	0.	43,602.

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
BULLITT HOUSE		1	79,335.
TOTAL TO FORM 990, PART I, LINE 6A			79,335.

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CLEANING		9,761.	
PROPERTY TAXES		8,348.	
SUPPLIES		452.	
UTILITIES		11,832.	
REPAIRS & MAINTENANCE		12,098.	
DEPRECIATION		26,223.	
INSURANCE		2,920.	
SECURITY SYSTEM CONTRACT		360.	
MEETINGS		297.	
- SUBTOTAL -	1		72,291.
TOTAL TO FORM 990, PART I, LINE 6B			72,291.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
INVESTMENT SECURITIES	1,141,128.	325,407.	0.	815,721.
TO FORM 990, PART I, LINE 8	1,141,128.	325,407.	0.	815,721.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION		AMOUNT	
UNREALIZED GAINS ON SECURITIES		1,570,274.	
CHANGE IN VALUE OF UNITRUSTS		98,733.	
TOTAL TO FORM 990, PART I, LINE 20		1,669,007.	

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
DUES, MEMBERSHIPS	6,760.		6,760.		
MISCELLANEOUS	4,926.		4,926.		
EDUCATION AND TRAINING	1,488.		993.	495.	
WEBSITE DESIGN AND MAINTENANCE	3,397.		3,397.		
INVESTMENT EXPENSE	118,375.		118,375.		
PR SUPPORT/RESEARCH	16,818.		8,409.	8,409.	
INSURANCE	4,445.		4,445.		
STRATEGIC PLANNING PROGRAM SERVICE	9,726.		9,726.		
EXPENSE ON BEHALF OF FUNDS	114,366.	114,366.			
TOTAL TO FM 990, LN 43	280,301.	114,366.	157,031.	8,904.	



FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS FROM DONOR ADVISED FUNDS	STATEMENT	7
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROGRAM SERVICE GRANTS(SEE ATTACHED)	175,780.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22A	175,780.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	8
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
PROGRAM SERVICE GRANTS(SEE ATTACHED)	492,821.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	492,821.



MENTAL HEALTH	19,276.	19,276.
MISCELLANEOUS - FUND EXPENSES (FUNDS RETURNED TO DONOR - \$86,255, CARE PACKAGES TO TROOPS-\$13,999, MEMBERSHIPS, WEBSITE, BROCHURES, PRINTING, FACILITIES RENTALS, PROFESSIONAL FEES, SUPPLIES, ETC.-\$14,112	0.	114,366.
HOUSING/SHELTER	74,440.	74,440.
DISASTER RELIEF	7,115.	7,115.
TOTAL TO FORM 990, PART III, LINE E	313,901.	428,267.

FORM 990	OTHER INVESTMENTS	STATEMENT 12
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DESCRIPTION	VALUATION METHOD	AMOUNT
RECEIVABLE FROM UNITRUST	MARKET VALUE	786,674.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		786,674.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 13
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING	1,172,575.	105,532.	1,067,043.
FIRE ALARM SYSTEM	8,062.	3,225.	4,837.
FIRST FLOOR AC REPLACEMENT	5,290.	1,367.	3,923.
OFFICE FURNITURE	2,502.	2,168.	334.
NPO "FIMS" SOFTWARE	22,655.	22,655.	0.
LASER JET PRINTER	2,352.	2,352.	0.
FURNITURE	550.	448.	102.
FURNITURE	584.	471.	113.
DR LATERAL FILE CABINET	699.	548.	151.
DELL COMPUTER	2,625.	2,625.	0.
FAX	200.	199.	1.
FURNITURE	1,250.	1,058.	192.
FURNITURE	368.	304.	64.
DISPLAY RACKS	75.	58.	17.
SIGN MID SHORE COMM	510.	170.	340.
FURNITURE	4,050.	2,316.	1,734.
HP BUSINESS INKJET 1100DTN	300.	220.	80.
PAIR AMERICAN LOUISIANA S	1,500.	749.	751.
CONFERENCE ROOM TABLE	1,200.	527.	673.
CREDENZA	600.	265.	335.

C6 CONFERENCE CHAIRS	1,500.	660.	840.
WRITING DESK	600.	265.	335.
COAT RACK-MAIN FOYER	250.	144.	106.
2 TAPESTRY CHAIRS-MAIN FO	6,000.	3,428.	2,572.
15'4" RUNNER MAIN FOYER	19,750.	11,284.	8,466.
8'40" HAMADAN RUNNER	1,225.	700.	525.
FRAMED WILL-MAIN FOYER	250.	144.	106.
2 UPHOLSTERED CHAIRS-WHI	250.	144.	106.
WINDOW TREATMENTS-WHEEL	1,550.	884.	666.
2 SIDE TABLES-CONFERENCE R	210.	120.	90.
LEATHER SOFA CONFERENCE	350.	200.	150.
2 BOOKSHELVES-CONFERENCE	1,600.	916.	684.
CREDENZA-CONFERENCE ROOM	1,500.	856.	644.
ANDIRONS-CONFERENCE ROOM	985.	563.	422.
3 LAMPS-CONFERENCE ROOM	275.	156.	119.
HAY WAGON OIL PAINTING	3,200.	1,828.	1,372.
GREEN LEATHER DOORMANS CHAIR			
CHUE	3,500.	2,000.	1,500.
UPHOLSTERED CHAIR CHUCK	125.	72.	53.
WINDOW TREATMENTS-CHUCK	25.	15.	10.
WINDOW TREATMENTS-COARD	100.	56.	44.
GATELEG TABLE BASEMENT	2,500.	1,428.	1,072.
6 CAPTAINS CHAIRS BASEMENT	200.	115.	85.
BUTCHER BLOCK BASEMENT	1,250.	716.	534.
MISC PLATES GLASSES SILVER	70.	40.	30.
REFRIGERATOR	50.	28.	22.
OAK STRETCHER TABLE BASEMENT	1,250.	716.	534.
ENGLISH OAK TRESTLE TABLE	900.	516.	384.
FLOUR BARREL BASEMENT	300.	172.	128.
DOUGH BOX BASEMENT	675.	384.	291.
FILE CABINETS BASEMENT	25.	16.	9.
STEEL BRASS TRIVET	545.	312.	233.
VANITY	40.	24.	16.
MIRROW-BATHROOM 2ND FLOOR	35.	20.	15.
WINDOW TREATMENTS 2ND FLOOR	35.	20.	15.
PEDESTAL TABLE 2ND FLOOR	900.	516.	384.
6 LEATHER CHAIRS 2ND FLOOR	500.	284.	216.
ENGLISH TABLE 2ND FLOOR	50.	28.	22.
ENGLISH PRINTS 2ND FLOOR	50.	28.	22.
2 LEATHER CHAIRS	150.	84.	66.
A/C	100.	56.	44.
BENCHES/BIRD BATH	600.	344.	256.
LAWN/GARDEN TOOLS	350.	200.	150.
HERON STATUTE IN SIDE FOUNTAIN	950.	544.	406.
NEC ELECTRA ELITE IPK			
TELEPHONE SYSTEM	4,048.	2,227.	1,821.
CREDENZA	683.	261.	422.
DELL COMPUTER	1,877.	1,032.	845.
PROJECTOR & SCREEN	1,512.	705.	807.
LAND	391,268.	0.	391,268.
LAND IMPROVEMENTS-LANDSCAPING	14,354.	1,754.	12,600.
HEADSET	801.	181.	620.
FIMS SOFTWARE SYSTEM	12,683.	5,990.	6,693.

DELL COMPUTERS & UPGRADE	5,458.	2,020.	3,438.
FENCE	8,625.	479.	8,146.
TOTAL TO FORM 990, PART IV, LN 57	<u>1,724,026.</u>	<u>192,932.</u>	<u>1,531,094.</u>

FORM 990	OTHER ASSETS	STATEMENT 14
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DESCRIPTION	AMOUNT
RECEIVABLES FROM CHARITABLE REM TRUSTS & CASH	
VALUE OF LIFE INSURANCE	4,506,518.
MORTGAGE NOTES RECEIVABLE	73,284.
INTEREST IN REAL PROPERTY	153,726.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>4,733,528.</u>

FORM 990	OTHER LIABILITIES	STATEMENT 15
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DESCRIPTION	AMOUNT
CHARITABLE GIFT ANNUITIES	1,179,401.
AGENCY PAYABLES	2,203,692.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	<u>3,383,093.</u>

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 16
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
LONG TERM INVESTMENTS	FMV	27,655,687.			27,655,687.
TO FORM 990, LINE 54A, COL B		<u>27,655,687.</u>			<u>27,655,687.</u>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 17
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DESCRIPTION	AMOUNT
INVESTMENT EXPENSES & CHANGE IN VALUE OF UNITRUSTS	<19,642.>
TOTAL TO FORM 990, PART IV-A	<19,642.>

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 18
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES T CAPUTE 8694 COMMERCE DR SUITE 3 EASTON, MD 21601	CHAIRMAN 1.00	0.	0.	0.
CHARLES W KELLY 1736 TOWN POINT ROAD CAMBRIDGE, MD 21613	BOARD MEMBER 1.00	0.	0.	0.
HARRY C RHODES 7123 FIRST AVENUE QUEENSTOWN, MD 21658	BOARD MEMBER 1.00	0.	0.	0.
J THOMAS RHODES JR 975 CARMICHAEL ROAD QUEENSTOWN, MD 21658	BOARD MEMBER 1.00	0.	0.	0.
MARGARET B FERREE 27476 TRAVELERS REST COURT EASTON, MD 21601	BOARD MEMBER 1.00	0.	0.	0.
RICHARD C. GRANVILLE 26545 BAYFIELD LANE EASTON, MD 21601	BOARD MEMBER 1.00	0.	0.	0.
JAMES A ADKINS 27 ALGONQUIN ROAD CAMBRIDGE, MD 21613	BOARD MEMBER 1.00	0.	0.	0.
WILLIE G WOODS PO BOX 8 WYE MILLS, MD 21679	BOARD MEMBER 1.00	0.	0.	0.

ALICE R BOWER 11 S WASHINGTON ST 3E EASTON, MD 21601	BOARD MEMBER 1.00	0.	0.	0.
STUART ELSBERG 303 N QUEEN STREET CHESTERTOWN, MD 21620	BOARD MEMBER 1.00	0.	0.	0.
CHARLES L LEA JR 7288 WAVERLY ISLAND ROAD EASTON, MD 21601	BOARD MEMBER 1.00	0.	0.	0.
DAVID B. NAGEL PO BOX 340 PRESTON, MD 21655	TREASURER 1.00	0.	0.	0.
HAMISH S OSBORNE PO BOX 1555 EASTON, MD 21601	SECRETARY 1.00	0.	0.	0.
GRAHAM LEE 102 E DOVER ST EASTON, MD 21601	EXECUTIVE DIRECTOR 40.00	73,500.	18,481.	0.
JOHN W DILLON PO BOX 398 OXFORD, MD 21654	VICE CHAIRMAN 1.00	0.	0.	0.
L. BAIRD TIPSON, JR. 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	BOARD MEMBER 1.00	0.	0.	0.
WILLIAM R RUSSELL, JR 482 HERON POINT CHESTERTOWN, MD 21620	BOARD MEMBER 1.00	0.	0.	0.
DOUGLAS G. WORRALL 1604 TOWN POINT ROAD CAMBRIDGE, MD 21613	BOARD MEMBER 1.00	0.	0.	0.
W. MOORHEAD VERMILYE P.O. BOX 949 EASTON, MD 21601	SECRETARY 1.00	0.	0.	0.
LLOYD L. BEATTY 520 SOUTH AURORA STREET EASTON, MD 21601	TREASURER 1.00	0.	0.	0.
WILLIAM T. HUNTER, JR. P.O. BOX 1647 EASTON, MD 21601	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>73,500.</u>	<u>18,481.</u>	<u>0.</u>

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 19

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EXECUTIVE DIRECTOR RECEIVED COMPENSATION IN THE FORM OF WAGES FOR SERVICES RENDERED.



# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization <b>MID SHORE COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>52-1782373</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>102 E DOVER STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EASTON, MD 21601</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **ROBBIN HILL**  
Telephone No. ▶ **410-820-8175** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.