

EXTENDED TO MAY 15, 2023

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MID SHORE COMMUNITY FOUNDATION, INC.		D Employer identification number 52-1782373
	Doing business as		E Telephone number 4108208175
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 27,065,614.
	102 E DOVER STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code EASTON, MD 21601		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: BUCK DUNCAN 102 E DOVER STREET, EASTON, MD 21601			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.MSCF.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: 1992
			M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION PROVIDES GRANTS TO MID-SHORE RECIPIENTS.
	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 28
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 8
	6 Total number of volunteers (estimate if necessary) 6 150
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,238,357. 11,863,794.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,296,122. 4,169,171.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 29,094. 10,727.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,563,573. 16,043,692.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,460,071. 6,798,832.
	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) 600,364. 607,450.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 178,724.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,500,321. 2,188,053.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,560,756. 9,594,335.
19 Revenue less expenses. Subtract line 18 from line 12 8,002,817. 6,449,357.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 125,001,314. 114,429,122.
	21 Total liabilities (Part X, line 26) 9,771,637. 10,594,389.
	22 Net assets or fund balances. Subtract line 21 from line 20 115,229,677. 103,834,733.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	BUCK DUNCAN, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHRIS A. HALL	Preparer's signature CHRIS A. HALL	Date 05/06/23	Check if self-employed <input type="checkbox"/>	PTIN P00503576
	Firm's name ▶ UHY ADVISORS MID-ATLANTIC MD, INC.	Firm's EIN ▶ 26-0794367	Firm's address ▶ 955 MT. HERMON ROAD SALISBURY, MD 21804		
			Phone no. 410-742-1328		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION CONNECTS PRIVATE RESOURCES WITH PUBLIC NEEDS TO ENHANCE THE QUALITY OF LIFE FOR THE CITIZENS OF CAROLINE, DORCHESTER, KENT, QUEEN ANNE'S AND TALBOT COUNTIES, MARYLAND.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 2,496,060. including grants of \$ 2,496,060.) (Revenue \$) EDUCATION/YOUTH DEVELOPMENT - COLLEGE SCHOLARSHIPS FOR NEEDY AND DESERVING STUDENTS. ALSO SUPPORT FOR MID-SHORE INDEPENDENT SCHOOLS AND PUBLIC LIBRARIES. SUPPORT OF YOUTH SPORTS, ARTS PROGRAMS, SUMMER CAMPS, MENTORING PROGRAMS, SCHOOL FIELD TRIPS AND EXTRACURRICULAR OPPORTUNITIES.

4b (Code:) (Expenses \$ 1,377,218. including grants of \$ 1,377,218.) (Revenue \$) HUMAN SERVICES - SUPPORT OF LOCAL HUMAN SERVICES PROGRAMMING

4c (Code:) (Expenses \$ 1,401,590. including grants of \$ 1,401,590.) (Revenue \$) HEALTH & DISABILITY - SUPPORT OF LOCAL HEALTH AND DISABILITY PROGRAMMING

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,933,080. including grants of \$ 1,523,964.) (Revenue \$)

4e Total program service expenses 8,207,948.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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
35a 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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ROBBIN HILL - 410-820-8175**
102 E DOVER STREET, EASTON, MD 21601

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BUCK DUNCAN PRESIDENT	40.00			X				158,844.	0.	0.
(2) HEATHER GUERIERI DIRECTOR	1.00	X						0.	0.	0.
(3) JOE ANTHONY VICE CHAIRMAN	1.00	X	X					0.	0.	0.
(4) HARRIETTE LOWERY DIRECTOR	1.00	X						0.	0.	0.
(5) ED ALLEN DIRECTOR	1.00	X						0.	0.	0.
(6) GREG MEEKINS DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID DELUCA DIRECTOR	1.00	X						0.	0.	0.
(8) STEPHEN RIDEOUT DIRECTOR	1.00	X						0.	0.	0.
(9) TOLBERT ROWE DIRECTOR	1.00	X						0.	0.	0.
(10) ARRAMINTA WARE DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID NAGEL TREASURER	1.00	X		X				0.	0.	0.
(12) E. JEAN ANTHONY DIRECTOR	1.00	X						0.	0.	0.
(13) KATHLEEN DEOUDS DIRECTOR	1.00	X						0.	0.	0.
(14) CHARLES LERNER DIRECTOR	1.00	X						0.	0.	0.
(15) FELIX MORRISON DIRECTOR	1.00	X						0.	0.	0.
(16) MARGARET RENNELS DIRECTOR	1.00	X						0.	0.	0.
(17) ALICE RYAN CHAIRMAN	2.00	X	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CLEMENT HATHAWAY DIRECTOR	1.00	X						0.	0.	0.
(19) WILLIAM CHRISTOPHER DIRECTOR	1.00	X						0.	0.	0.
(20) JOSEPH L HOLT DIRECTOR	1.00	X						0.	0.	0.
(21) JOHN A LEWIS DIRECTOR	1.00	X						0.	0.	0.
(22) REBECCA LOURIDES DIRECTOR	1.00	X						0.	0.	0.
(23) JENNY RHODES DIRECTOR	1.00	X						0.	0.	0.
(24) TRACY TYLER DIRECTOR	1.00	X						0.	0.	0.
(25) HEATHER BACHER DIRECTOR	1.00	X						0.	0.	0.
(26) KEVIN CASHEN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								158,844.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								158,844.	0.	0.

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, 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
THE MASON COMPANIES, 11921 FREEDOM DRIVE, SUITE 1000, RESTON, VA 20190	INVESTMENT SERVICES	129,537.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,863,794.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,646,403.			
	h	Total. Add lines 1a-1f		11,863,794.			
				Business Code			
Program Service Revenue	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,185,851.		3185851.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	6a	8,000.		
			(ii) Personal	6b	54,769.		
			6c	-46,769.			
	d	Net rental income or (loss)		-46,769.		-46,769.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	7a	11,950,473.		
			(ii) Other	7b	10,967,153.		
			7c	983,320.			
	d	Net gain or (loss)		983,320.	983,320.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11 a	ADMINISTRATIVE SERVICES	561000	57,496.	57,496.		
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		57,496.				
12	Total revenue. See instructions		16,043,692.	1,040,816.	0.	3139082.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,369,509.	5,369,509.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,404,323.	1,404,323.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	25,000.	25,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	465,207.		348,905.	116,302.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,278.		23,458.	7,820.
9 Other employee benefits	75,788.		56,841.	18,947.
10 Payroll taxes	35,177.		26,383.	8,794.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	30,025.		30,025.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	369,802.		369,802.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	129,537.		129,537.	
12 Advertising and promotion	9,914.		4,957.	4,957.
13 Office expenses	24,813.		22,332.	2,481.
14 Information technology	80,159.		80,159.	
15 Royalties				
16 Occupancy	60,369.		60,369.	
17 Travel	1,418.		709.	709.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,788.		14,163.	12,625.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,792.		1,792.	
23 Insurance	5,394.		5,394.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FUND EXPENSES	1,409,116.	1,409,116.		
b MEMBERSHIP, SUBSCRIPTIO	24,356.		18,267.	6,089.
c OTHER EXPENSES	10,016.		10,016.	
d EQUIPMENT RENTAL	4,554.		4,554.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,594,335.	8,207,948.	1,207,663.	178,724.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	15,121.	1	12,519.
	2 Savings and temporary cash investments	1,848,496.	2	2,711,115.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	3,355.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,329.	9	20,954.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,235,368.		
	b Less: accumulated depreciation	10b 664,766.	1,599,656.	10c 1,570,602.
	11 Investments - publicly traded securities	120,045,632.	11	102,702,764.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,481,725.	15	7,411,168.
16 Total assets. Add lines 1 through 15 (must equal line 33)	125,001,314.	16	114,429,122.	
Liabilities	17 Accounts payable and accrued expenses	124,439.	17	251,759.
	18 Grants payable	1,994,461.	18	3,754,003.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	7,652,737.	25	6,588,627.
	26 Total liabilities. Add lines 17 through 25	9,771,637.	26	10,594,389.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,627,773.	27	14,309,579.
	28 Net assets with donor restrictions	98,601,904.	28	89,525,154.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	115,229,677.	32	103,834,733.	
33 Total liabilities and net assets/fund balances	125,001,314.	33	114,429,122.	

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	16,043,692.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,594,335.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,449,357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	115,229,677.
5	Net unrealized gains (losses) on investments	5	-17,735,952.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-108,349.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	103,834,733.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12378935.	5647286.	9437393.	4238357.	11863794.	43565765.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	12378935.	5647286.	9437393.	4238357.	11863794.	43565765.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						43565765.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	12378935.	5647286.	9437393.	4238357.	11863794.	43565765.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1419754.	1741253.	2045085.	2258924.	3193851.	10658867.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,496.	57,496.	57,496.	57,496.	57,496.	287,480.
11 Total support. Add lines 7 through 10						54512112.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	79.92	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	81.75	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
- 3b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- 3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- 4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- 4c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- 5b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- 5c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- 9b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- 9c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- 10b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Section D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			8
9	Distributable amount for 2021 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			10
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

MID SHORE COMMUNITY FOUNDATION, INC.

Employer identification number

52-1782373

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	93	
2 Aggregate value of contributions to (during year)	1,841,864.	
3 Aggregate value of grants from (during year)	3,262,411.	
4 Aggregate value at end of year	44,094,796.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	93,573,161.	71,012,304.	68,981,037.	67,371,305.	62,966,748.
b Contributions	7,909,857.	1,098,937.	733,121.	970,977.	6,929,682.
c Net investment earnings, gains, and losses	-11,746,948.	24,775,919.	2,240,409.	3,338,163.	4,650,603.
d Grants or scholarships	4,993,683.	2,373,293.	1,668,613.	2,699,408.	
e Other expenditures for facilities and programs					2,634,830.
f Administrative expenses					255,867.
g End of year balance	84,742,387.	94,513,867.	70,285,954.	68,981,037.	71,656,336.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | X |
| (ii) Related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		811,268.		811,268.
b Buildings		1,284,096.	532,462.	751,634.
c Leasehold improvements				
d Equipment		110,756.	108,096.	2,660.
e Other		29,248.	24,208.	5,040.
Total. Add lines 1a through 1e. (Column (c) must equal Form 990, Part X, column (B), line 10c.)				1,570,602.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) RECEIVABLE FROM ESTATES IN SETTLEMENT	6,587,032.
(2) RECEIVABLES FROM CHARITABLE REMAINDER TRUSTS	802,114.
(3) OTHER ASSETS	22,022.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
	7,411,168.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITY OBLIGATION	143,550.
(3) AGENCY PAYABLES	6,445,077.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
	6,588,627.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-2,115,642.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-17,735,952.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-53,580.	
e	Add lines 2a through 2d	2e		-17,789,532.
3	Subtract line 2e from line 1	3		15,673,890.
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	369,802.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		369,802.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		16,043,692.

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

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

1	Total expenses and losses per audited financial statements		1	9,279,302.
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	54,769.	
e	Add lines 2a through 2d	2e		54,769.
3	Subtract line 2e from line 1	3		9,224,533.
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	369,802.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		369,802.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		9,594,335.

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 X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE FOUNDATION IS EXEMPT FROM THE PAYMENT OF FEDERAL AND STATE INCOME TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. THE FOUNDATION REVIEWS AND ASSESSES ALL ACTIVITIES TO IDENTIFY ANY CHANGES IN THE SCOPE OF THE ACTIVITIES AND REVENUE SOURCES AND THE TAX TREATMENT THEREOF TO IDENTIFY ANY UNCERTAIN TAX POSITIONS. FOR THE YEARS ENDED JUNE 30, 2022 AND 2021, NO PROVISION FOR INCOME TAXES WAS MADE FOR THE FOUNDATION, AS THE ORGANIZATION HAD NO SIGNIFICANT UNRELATED BUSINESS INCOME AND DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION OR DISCLOSURE IN THESE FINANCIAL STATEMENTS. TAX YEARS CONSIDERED OPEN AND SUBJECT TO EXAMINATION INCLUDE RETURNS FOR THE FOUNDATION FOR THE YEARS ENDED JUNE 30, 2019 THROUGH JUNE

Part XIII Supplemental Information (continued)

30, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPLIT-INTEREST AGREEMENTS - CHANGE IN VALUE

RENTAL EXPENSES - 50% OF BULLITT HOUSE

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES - 50% OF BULLITT HOUSE

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPLIT-INTEREST AGREEMENTS - CHANGE IN VALUE \$108,349

RENTAL EXPENSES - 50% OF BULLITT HOUSE 54,769

TOTAL TO SCHEDULE D, PART XI, LINE 2D \$163,118

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES - 50% OF BULLITT HOUSE \$40,202

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	GENERAL SUPPORT	25,000.	CHECK	0.		

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021
Open to Public
Inspection

Name of the organization **MID SHORE COMMUNITY FOUNDATION, INC.** Employer identification number **52-1782373**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AARON'S PLACE, INC. 401 ALDERSGATE DRIVE DENTON, MD 21629	84-2099035	501(C)(3)	9,741.	0.			PROGRAMS
ACADEMY ART MUSEUM INC 106 SOUTH STREET EASTON, MD 21601	52-6051766	501(C)(3)	42,250.	0.			PROGRAMS
THE ANIMAL CARE SHELTER FOR KENT COUNTY - 10720 AUGUSTINE HERMAN HIGHWAY - CHESTERTOWN, MD 21620			25,200.	0.			PROGRAMS/VET CENTER SUPPORT ROOM
BAAM, INC. P.O. BOX 1066 EASTON, MD 21601	84-1677829		16,264.	0.			PROGRAMS
BAY HUNDRED COMMUNITY VOLUNTEERS INC - P.O. BOX 12 - MCDANIEL, MD 21647	82-0552436	501(C)(3)	8,000.	0.			PROGRAMS
CAMBRIDGE ADVENTIST CHURCH 3105 MALLARD COURT CAMBRIDGE, MD 21613		RELIGIOUS ORG	10,000.	0.			PROGRAMS

- 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 ▶

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CAMBRIDGE CHURCH OF THE NAZARENE 97 SANDY HILL ROAD CAMBRIDGE, MD 21613		RELIGIOUS ORG	15,000.	0.			PROGRAMS
CASA OF THE MID-SHORE 1 SOUTH WASHINGTON ST EASTON, MD 21601	52-1568597	501(C)(3)	38,500.	0.			PROGRAMS/IT UPGRADE
CHANNEL MARKER INC 8865 GLEBE PARK DRIVE UNIT 1 EASTON, MD 21601	52-1244067	501(C)(3)	17,500.	0.			PROGRAMS
CHESAPEAKE COLLEGE FOUNDATION INC PO BOX 8 WYE MILLS, MD 21679	52-1104909	501(C)(3)	177,813.	0.			PROGRAMS/FINANCIAL AID
CHESAPEAKE FILM FESTIVAL INC 101 MARLBORO AVE STE 53 EASTON, MD 21601	27-3268440	501(C)(3)	17,500.	0.			PROGRAMS
CHESAPEAKE MULTICULTURAL RESOURCE CENTER INC - PO BOX 1990 - EASTON, MD 21601	46-0893377	501(C)(3)	19,750.	0.			PROGRAMS
CHESTERTOWN RIVER ARTS 315 HIGH STREET SUITE 106 CHESTERTOWN, MD 21620	52-1467733	501(C)(3)	17,742.	0.			PROGRAMS
CHESTERWYE FOUNDATION, INC. PO BOX 121 QUEENSTOWN, MD 21658	52-1285131	501(C)(3)	63,784.	0.			PROGRAMS
CHRIST CHURCH PO BOX 5 ST. MICHAELS, MD 21663		RELIGIOUS ORG	35,000.	0.			PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS REGIONAL HOSPICE INC 160 COURSEVALL DRIVE CENTREVILLE, MD 21617	52-1414892	501(C)(3)	19,500.	0.			PROGRAMS
CO-OP ARUNDEL 214 ST. ANTONS WAYS ARNOLD, MD 21012			10,000.	0.			PROGRAMS
CRITCHLOW ADKINS CHILDREN'S CENTER 133 NORTH WASHINGTON STREET EASTON, MD 21601	23-7404362	501(C)(3)	31,938.	0.			PROGRAMS/FINANCIAL AID/FURNITURE REPLACEMENT
CRU PO BOX 628222 ORLANDO, FL 32862	33-0863088	501(C)(3)	7,500.	0.			PROGRAMS
DENTON WESLEYAN CAMP 424 EAST WESLEY CIRCLE DENTON, MD 21629			184,000.	0.			PROGRAMS AND 2022 PROJECTS
DORCHESTER CHAMBER FOUNDATION INC 528 POPLAR ST CAMBRIDGE, MD 21613	52-2267791	501(C)(3)	10,000.	0.			SCHOLARSHIPS
EASTER SEALS, FBO CAMP FAIRLEE 61 CORPORATE CIRCLE NEW CASTLE, DE 19720-2405	51-0066728	501(C)(3)	5,400.	0.			PROGRAMS
ECHO HILL OUTDOOR SCHOOL 13655 BLOOMINGNECK ROAD WORTON, MD 21678-1432	23-7301918	501(C)(3)	52,000.	0.			SCHOLARSHIPS/RECONSTRUCTION OF BOAT SHED/DOCK
FOR ALL SEASONS INC 300 TALBOT ST EASTON, MD 21601	52-1496434	501(C)(3)	17,432.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL - 1346 BELMONT AVE, SUITE 601 - SALISBURY, MD 21804			5,500.	0.			PROGRAMS
HABITAT FOR HUMANITY CHOPTANK INC 29350 MAPLE AVE, SUITE 3 TRAPPE, MD 21673	52-1785188	501(C)(3)	28,452.	0.			PROGRAMS
HARVESTING HOPE YOUTH AND FAMILY SERVICES, INC - 204 CEDAR STREET, STE. 102 - CAMBRIDGE, MD 21613	81-3578053	501(C)(3)	10,000.	0.			PROGRAMS
HAVEN MINISTRIES INC PO BOX 44 CHESTER, MD 21619	27-1048008	501(C)(3)	17,500.	0.			PROGRAMS
HISPANIC ALLIANCE P.O. BOX 17934 GREENVILLE, SC 29606			30,000.	0.			PROGRAMS
HORIZONS OF KENT AND QUEEN ANNE'S COUNTIES - 116-B SOUTH LYNCHBURG ST - CHESTERTOWN, MD 21620	46-1800850	501(C)(3)	33,056.	0.			PROGRAMS
KENT ASSOCIATION OF RIDING THERAPY P.O. BOX 126 WORTON, MD 21678-1432	52-1356842	501(C)(3)	6,500.	0.			PROGRAMS
KENT ATTAINABLE HOUSING 200 RADCLIFFE DRIVE CHESTERTOWN, MD 21620			56,600.	0.			PROGRAMS
KENT COUNTY PUBLIC LIBRARY, INC. 408 HIGH STREET CHESTERTOWN, MD 21620	52-1179234	GOVERNMENT	7,364.	0.			PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
KENT SCHOOL INC 6788 WILKINS LANE CHESTERTOWN, MD 21620	52-0856397	501(C)(3)	30,652.	0.			PROGRAMS
KEY SCHOOL INC 534 HILLSMERE DRIVE ANNAPOLIS, MD 21403	52-0701774	501(C)(3)	10,000.	0.			PROGRAMS
MARTIN'S HOUSE & BARN 14374 BENEDICTINE LANE RIDGELY, MD 21660			14,250.	0.			PROGRAMS
MARYLAND FOOD BANK 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 21227	52-1135690	501(C)(3)	10,000.	0.			PROGRAMS
MID-SHORE COUNCIL ON FAMILY VIOLENCE INC - 8626 BROOKS DRIVE, SUITE 102 - EASTON, MD 21601	52-1179234	501(C)(3)	21,250.	0.			PROGRAMS
NEIGHBORHOOD SERVICE CENTER INC 126 PORT STREET EASTON, MD 21601	52-0982396	501(C)(3)	57,200.	0.			PROGRAMS
NEW BEGINNINGS YOUTH AND FAMILY SERVICES INC - 522 GREENWOOD AVENUE - CAMBRIDGE, MD 21613	52-2093660	501(C)(3)	20,000.	0.			PROGRAMS
PICKERING CREEK AUDUBON CENTER 11450 AUDUBON LANE EASTON, MD 21601	52-1038833	501(C)(3)	52,800.	0.			PROGRAMS/LAND ACQUISITION
PINE STREET COMMITTEE, INC. 615B PINE STREET CAMBRIDGE, MD 21613	52-2100019	501(C)(3)	15,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE STRIDES INC PO BOX 391 EASTON, MD 21601	52-1784328	501(C)(3)	19,000.	0.			PROGRAMS
RADCLIFFE CREEK SCHOOL INC 201 TALBOT BLVD, SUITE A CHESTERTOWN, MD 21620	52-1970233	501(C)(3)	25,000.	0.			PROGRAMS/FINANCIAL AID
REALLY GREAT CATS RESCUE, INC 7879 WHITWORTH CT CHESTERTOWN, MD 21620	52-2147889	501(C)(3)	7,000.	0.			PROGRAMS
REBUILDING TOGETHER KENT COUNTY, MD - PO BOX 180 - CHESTERTOWN, MD 21620	75-3163984	501(C)(3)	12,000.	0.			PROGRAMS
SALISBURY UNIVERSITY FOUNDATION INC - PO BOX 2655 - SALISBURY, MD 21802	52-1127396	501(C)(3)	60,058.	0.			SCHOLARSHIPS
SALVATION ARMY 200 WASHINGTON ST CAMBRIDGE, MD 21613	58-0660607	501(C)(3)	12,000.	0.			PROGRAMS
SAMARITAN GROUP INC PO BOX 934 CHESTERTOWN, MD 21620	56-2482514	501(C)(3)	10,000.	0.			PROGRAMS
SANDHILLS COMMUNITY COLLEGE FOUNDATION, INC. - 3395 AIRPORT RD - PINEHURST, NC 28374	56-0946799	501(C)(3)	148,536.	0.			PROGRAMS
SHORERIVERS INC 114 SOUTH WASHINGTON ST EASTON, MD 21601	26-3187608	501(C)(3)	33,637.	0.			PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
SOCIETY OF ST. VINCENT DE PAUL 200 HAMBROOKS BLVD CAMBRIDGE, MD 21613		RELIGIOUS ORG	6,719.	0.			PROGRAMS
ST. MICHAELS COMMUNITY CENTER INC PO BOX 354 ST. MICHAELS, MD 21663	52-1698879	501(C)(3)	142,970.	0.			PROGRAMS/CAPITAL CAMPAIGN
SULTANA EDUCATION FOUNDATION PO BOX 524 CHESTERTOWN, MD 21620	52-2021090	501(C)(3)	32,473.	0.			PROGRAMS
SUN VALLEY FILM FESTIVAL INC PO BOX 3471 SUN VALLEY, ID 83353	61-1667380	501(C)(3)	10,000.	0.			PROGRAMS
TALBOT COMMUNITY CONNECTIONS INC PO BOX 2615 EASTON, MD 21601	01-0580596	501(C)(3)	28,000.	0.			PROGRAMS
TALBOT COUNTY FREE LIBRARY 100 W. DOVER STRET EASTON, MD 21601	52-0629774	501(C)(3)	5,107.	0.			PROGRAMS
TALBOT COUNTY PUBLIC SCHOOLS PO BOX 1029 EASTON, MD 21601	69-0520051	GOVERNMENT	31,216.	0.			PROGRAMS
TALBOT HISTORICAL SOCIETY INC 30 SOUTH WASHINGTON STREET EASTON, MD 21601	52-6044645	501(C)(3)	16,000.	0.			PROGRAMS/RESTORATION OF COTTAGES
TALBOT HOSPICE FOUNDATION INC 586 CYNWOOD DR EASTON, MD 21601	52-1227747	501(C)(3)	47,600.	0.			PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TALBOT INTERFAITH SHELTER INC 107 GOLDSBOROUGH ST EASTON, MD 21601	26-4629046	501(C)(3)	27,700.	0.			PROGRAMS/CAPACITY BUILDING
THE COUNTRY SCHOOL 716 GOLDSBOROUGH STREET EASTON, MD 21601	52-0591569	501(C)(3)	17,450.	0.			PROGRAMS/FINANCIAL AID
THE GUNSTON SCHOOL INC PO BOX 200 CENTERVILLE, MD 21617	52-0614282	501(C)(3)	52,000.	0.			PROGRAMS/FINANCIAL AID
THE VESTRY OF WYE PARISH P.O. BOX 98 WYE MILLS, MD 21679-0098		RELIGIOUS ORG	148,536.	0.			UNRESTRICTED
TILGHMAN AREA YOUTH ASSOCIATION, INC. - PO BOX 55 - TILGHMAN, MD 21671	45-0650952	501(C)(3)	29,046.	0.			PROGRAMS
TRINITY LUTHERAN CHURCH 1100 PHILADELPHIA ROAD JOPPA, MD 21085	52-0799211	RELIGIOUS ORG	148,536.	0.			UNRESTRICTED
UM MEMORIAL HOSPITAL FOUNDATION INC - 219 SOUTH WASHINGTON STREET - EASTON, MD 21601	52-1282080	501(C)(3)	11,000.	0.			PROGRAMS
UNIV OF MARYLAND, COLLEGE PARK, STUDENT FINANCIAL SERVICES AND CASHIERING - 1109 LEE BUILDING - COLLEGE PARK, MD 20742-5151	52-6002033		57,521.	0.			SCHOLARSHIPS
UNIVERSITY OF MARYLAND CENTER FOR ENVIRONMENTAL SCIENCE - P.O. BOX 775 - CAMBRIDGE, MD 21613-0775			30,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	52-0591691	501(C)(3)	92,784.	0.			PROGRAMS
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	41,000.	0.			PROGRAMS
WYE RIVER UPPER SCHOOL INC 316 SOUTH COMMERCE STREET CENTREVILLE, MD 21617	35-2166557	501(C)(3)	161,000.	0.			PROGRAMS/FINANCIAL AID
YMCA OF THE CHESAPEAKE INC 111-1 EAST DOVER STREET EASTON, MD 21601	52-0646895	501(C)(3)	89,500.	0.			PROGRAMS/FINANCIAL AID
KENT ISLAND FEDERATION OF ARTS, INC. - 405 MAIN ST - STEVENSVILLE, MD 21666	51-1292410	501(C)(3)	7,000.	0.			PROGRAMS
QUEEN ANNE'S COUNTY FREE LIBRARY 121 S. COMMERCE ST CENTREVILLE, MD 21617	52-0623993	501(C)(3)	80,000.	0.			KIDZONE/MOBILE LIBRARY
TALISMAN THERAPEUTIC RIDING, INC. 172 BLUE RIBBON LANE GRASONVILLE, MD 21638	45-4204697	501(C)(3)	10,000.	0.			RESTORATION AND REPAIR OF INDOOR ARENA
ALPHA GENESIS CDC P.O. BOX 125 CAMBRIDGE, MD 21613	46-3048436	501(C)(3)	19,583.	0.			PROGRAMS
BAYWATER ANIMAL RESCUE 4930 BUCKTOWN RD CAMBRIDGE, MD 21613			11,266.	0.			PROGRAMS AND CAPITAL EXPANSION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBRIDGE COMMUNITY RADIO, INC. 119 CHOPTANK AVE CAMBRIDGE, MD 21613	47-1854238	501(C)(3)	15,500.	0.			PROGRAMS AND STATION DEVELOPMENT AND EXPANSION
CASA OF CAROLINE, INC. 114 MARKET ST DENTON, MD 21629	82-0561419	501(C)(3)	10,000.	0.			PROGRAMS
CASCADES TENNIS JUNIOR SCHOLARSHIP FUND			10,000.	0.			EDUCATION
CHANGING PERSPECTIVES			35,000.	0.			EDUCATION
CHESAPEAKE COLLEGE 100 COLLEGE CIRCLE WYE MILLS, MD 21679			12,635.	0.			EDUCATION
CHESAPEAKE HOUSING MISSION P.O. BOX 1051 SALISBURY, MD 21802	26-3435626	501(C)(3)	12,500.	0.			PROGRAMS
CHILDREN'S HOSPITAL FOUNDATION			1,074,634.	0.			PROGRAMS
CHURCH HILL THEATRE, INC. 103 WALNUT ST, BOX 91 CHURCH HILL, MD 21623			10,000.	0.			PROGRAMS/MARQUEE
COAL CREEK THEATER			10,000.	0.			PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
COMMUNITY CIVIC LEAGUE OF FEDERALSBURG - P.O. BOX 293 - FEDERALSBURG, MD 21632-0293	52-1230398	501(C)(3)	6,000.	0.			PROGRAMS
COMPASS HOSPICE			6,000.	0.			PROGRAMS
EASTON HIGH SCHOOL 723 MECKLENBURG AVE EASTON, MD 21601		GOVERNMENT	12,650.	0.			PROGRAMS/MARKER SPORT ROBOT
EASTPOINT CHURCH 29000 INFORMATION LANE, STE 304 EASTON, MD 21601		RELIGIOUS ORG	13,000.	0.			PROGRAMS
FRIENDS & FAMILY OF ASBURY & GREEN CHAPP - P.O. BOX 3241 - EASTON, MD 21601		501(C)(3)	11,000.	0.			PROGRAMS/TRACTOR & WAGON
FARMERS AND HUNTERS FEEDING THE HUNGRY - P.O. BOX 323 - WILLIAMSPORT, MD 21795	52-2151919	501(C)(3)	10,000.	0.			MEAT PROCESSING
GARFIELD CENTER FOUNDATION, INC. P.O. BOX 37 CHESTERTOWN, MD 21620	52-2343419	501(C)(3)	10,000.	0.			PROGRAMS/TECHNOLOGY IMPROVEMENTS
GRACE UNITED METHODIST CHURCH		RELIGIOUS ORG	15,000.	0.			MISSION CENTER FOOD PANTRY
HARRIETT'S HOUSE P.O. BOX 586 CAMBRIDGE, MD 21613	83-2279182	501(C)(3)	7,500.	0.			PROGRAMS/PRIVACY FENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
HOMEPORTS, INC P.O. BOX 114 CHESTERTOWN, MD 21620	51-0603421	501(C)(3)	6,000.	0.			PROGRAMS
INTERVALE CENTER			10,000.	0.			PROGRAMS
JAZZ ALIVE			7,000.	0.			PROGRAMS
JOHNS HOPKINS UNIVERSITY AND MEDICINE			10,000.	0.			PROGRAMS
KENT CONSERVATION & PRESERVATION ALLIANCE - 503 WASHINGTON AVE, SUITE 256 - CHESTERTOWN, MD 21620		501(C)(3)	15,000.	0.			PROGRAMS
KENT CULTURAL ALLIANCE 101 SPRING AVE CHESTERTOWN, MD 21620	52-1236800	501(C)(3)	5,500.	0.			PROGRAMS
MARYLAND ASSOCIATION FOR PARKINSON SUPPORT - P.O. BOX 450 - BROOKLANDVILLE, MD 21022	46-3905854	501(C)(3)	10,000.	0.			PROGRAMS
MASSEY AIR MUSEUM, INC. 33541 MARYLAND LINE ROAD MASSEY, MD 21650	37-1454652	501(C)(3)	7,000.	0.			PROGRAMS
MID SHORE COMMUNITY MEDIATION CENTER - 8626 BROOKS DRIVE, SUITE 204 - EASTON, MD 21601	20-2779553	501(C)(3)	10,000.	0.			PROGRAMS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
OPEN DOORS PARTNERS IN EDUCATION 103 CHURCH ALLEY CHESTERTOWN, MD 21620	85-2280696	501(C)(3)	10,000.	0.			PROGRAMS
PEOPLE FOR CHANGE COALITION, INC. 9500 ARENA DRIVE UPPER MARLBORO, MD 20774	45-2570020	501(C)(3)	19,300.	0.			PROGRAMS
PLEASANT DAY MEDICAL ADULT DAY CARE - 2474 CAMBRIDGE BELTWAY - CAMBRIDGE, MD 21613		501(C)(3)	10,000.	0.			PROGRAMS
ST. PAUL'S EPISCOPAL CHURCH		RELIGIOUS ORG	21,200.	0.			PROGRAMS
STEVENSON UNIVERSITY 1525 GREENSPRING VALLEY RD STEVENSON, MD 21153	52-0705392	501(C)(3)	10,000.	0.			EDUCATION
THE JOURNEY: A WESLEYAN CHURCH		RELIGIOUS ORG	50,000.	0.			15 PASSENGER VEHICLE WITH WHEELCHAIR MODIFICATIONS
THE TRUSTEES OF DUDLEY'S CHAPEL			7,000.	0.			ROOF REPLACEMENT FUND
THIRD HAVEN FRIENDS MEETING 405 S. WASHINGTON STREET EASTON, MD 21601		RELIGIOUS ORG	16,138.	0.			PROGRAMS
TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	8,500.	0.			PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
UM SHORE REGIONAL HEALTH 100 BROWN ST CHESTERTOWN, MD 21620	52-2046500	501(C)(3)	15,000.	0.			PROGRAMS
UNITED WAY OF KENT COUNTY, INC, P.O. BOX 594 CHESTERTOWN, MD 21601	52-6014935	501(C)(3)	8,742.	0.			PROGRAMS
UNIVERSITY OF RICHMOND 110 UR DRIVE, SUITE 201 RICHMOND, VA 23173	54-0505965	501(C)(3)	10,000.	0.			PROGRAMS
WATERS UNITED METHODIST CHURCH		RELIGIOUS ORG	6,728.	0.			MEMORIAL DONATION
YOUTH AUDIENCES ARTS OF MARYLAND			6,000.	0.			PROGRAMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS - CASH BASIS - PAID DURING FISCAL YEAR	188	1,404,323.	0.		

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

PART 1, LINE 2

THE FOUNDATION REQUESTS REPORTS ON GRANTS BE SUBMITTED WITHIN 12 MONTHS OF THE GRANT. IN ADDITION, FOUNDATION REPRESENTATIVES MAKE PERIODIC SITE VISITS TO THE RECIPIENT ORGANIZATION.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MID SHORE COMMUNITY FOUNDATION, INC.

Employer identification number

52-1782373

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?		X
c	Participate in or receive payment from an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		X
b	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		X
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BUCK DUNCAN PRESIDENT	(i)	158,844.	0.	0.	0.	0.	158,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1B:

THE FOUNDATION PAYS FOR THE COUNTRY CLUB AND ROTARY DUES OF THE FOUNDATION'S PRESIDENT. AMONG HIS LIST OF RESPONSIBILITIES IS TO PROMOTE THE FOUNDATION AND WORK TO SOLICIT CHARITABLE CONTRIBUTIONS FOR THE FOUNDATION. THE COUNTRY CLUB AND ROTARY MEMBERSHIPS ARE CONSIDERED AN EFFECTIVE WAY TO ASSIST IN THE ACCOMPLISHMENT OF THESE OBJECTIVES.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **MID SHORE COMMUNITY FOUNDATION, INC.** Employer identification number: **52-1782373**

Part I		Types of Property			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	26	5,646,403.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

MID SHORE COMMUNITY FOUNDATION, INC.

Employer identification number
52-1782373

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING THE FORM 990, A COPY IS DISTRIBUTED TO ALL BOARD MEMBERS FOR THEIR INSPECTION. THE BOARD CONSISTS OF SEVERAL MEMBERS WHO ARE CERTIFIED PUBLIC ACCOUNTANTS AND LAWYERS WHO ARE FAMILIAR WITH THE FILING REQUIREMENTS OF THE FOUNDATION. IN ADDITION, THE FORM 990 IS ALSO PROVIDED TO TWO COMMITTEES OF THE BOARD FOR THEIR REVIEW OF THE INFORMATION. THE TWO COMMITTEES ARE THE EXECUTIVE COMMITTEE AND THE FINANCE COMMITTEE. BEFORE FILING THE FORM 990, THE EXECUTIVE COMMITTEE WILL VOTE THAT IT BE ACCEPTED AND APPROVED FOR SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST STATEMENT IS PRESENTED TO EACH NEW BOARD MEMBER FOR SIGNATURE AT THEIR ORIENTATION. A FOLDER OF SIGNED STATEMENT IS MAINTAINED AND REVIEWED ANNUALLY TO CONFIRM COMPLIANCE BY EACH BOARD MEMBER. THE STATEMENT INCLUDES A REQUIREMENT THAT THE BOARD MEMBER ALERT THE FOUNDATION OF ANY CHANGES THAT MAY OCCUR WHILE THEY ARE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE ESTABLISHES A SUGGESTED COMPENSATION PACKAGE FOR THE KEY EMPLOYEES. THE BASIS FOR STRUCTURING THE COMPENSATION REVOLVES AROUND INFORMATION AVAILABLE FROM OTHER LOCAL NOT-FOR-PROFIT ORGANIZATIONS WHICH BOARD MEMBERS MAY BE FAMILIAR WITH ALONG WITH THE BUDGETARY GUIDELINES TO WHICH THE FOUNDATION ADHERES. THE EXECUTIVE COMMITTEE COMPENSATION RECOMMENDATION IS THEN APPROVED BY THE FOUNDATION BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

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

Schedule O (Form 990) 2021

Name of the organization

MID SHORE COMMUNITY FOUNDATION, INC.

Employer identification number

52-1782373

THE ORGANIZATION MAKES ALL ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THESE DOCUMENTS ARE AVAILABLE ON THE WEBSITE OR UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF CHARITABLE GIFT ANNUITIES -108,349.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. DURING THE TAX YEAR, THERE WERE NO CHANGES IN THE OVERSIGHT PROCESS OR SELECTION PROCESS.