

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)

2020

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.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 102 E DOVER STREET City or town, state or province, country, and ZIP or foreign postal code EASTON, MD 21601 F Name and address of principal officer: BUCK DUNCAN 102 E DOVER STREET, EASTON, MD 21601	D Employer identification number 52-1782373 E Telephone number 4108208175 G Gross receipts \$ 50,938,195. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.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

	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.		
Activities & Governance	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 2020 (Part V, line 2a)	5	13
	6	Total number of volunteers (estimate if necessary)	6	130
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	9,437,393.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,856,828.	11,296,122.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,732.	29,094.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,327,953.	15,563,573.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,440,160.	5,460,071.
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	589,561.	600,364.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 169,978.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,119,827.	1,500,321.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,149,548.	7,560,756.
	19	Revenue less expenses. Subtract line 18 from line 12	5,178,405.	8,002,817.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	94,649,390.	125,001,314.
	21	Total liabilities (Part X, line 26)	8,175,716.	9,771,637.
	22	Net assets or fund balances. Subtract line 21 from line 20	86,473,674.	115,229,677.

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 BUCK DUNCAN, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHRIS A. HALL	Preparer's signature CHRIS A. HALL
	Date 02/08/22	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 [X]

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 [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,548,575. including grants of \$ 2,548,575.) (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 \$ 1,242,177. including grants of \$ 1,242,177.) (Revenue \$) HUMAN SERVICES - SUPPORT OF LOCAL HUMAN SERVICES PROGRAMMING

4c (Code:) (Expenses \$ 472,619. including grants of \$ 472,619.) (Revenue \$) HEALTH & DISABILITY - SUPPORT OF LOCAL HEALTH AND DISABILITY PROGRAMMING

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,058,760. including grants of \$ 1,196,700.) (Revenue \$)

4e Total program service expenses 6,322,131.

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> ?	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 Revenue Procedure 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>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	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 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 lines 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 in 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 in 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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (28), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BUCK DUNCAN PRESIDENT	40.00			X			158,695.	0.	0.	
(2) W. MOORHEAD VERMILYE CHAIRMAN	2.00	X		X			0.	0.	0.	
(3) JOE ANTHONY DIRECTOR	2.00	X					0.	0.	0.	
(4) BRETT SUMMERS SECRETARY	1.00	X		X			0.	0.	0.	
(5) ED ALLEN DIRECTOR	1.00	X					0.	0.	0.	
(6) SUSAN CHAFFINCH DIRECTOR	1.00	X					0.	0.	0.	
(7) DAVID DELUCA DIRECTOR	1.00	X					0.	0.	0.	
(8) KENNETH KOZEL DIRECTOR	1.00	X					0.	0.	0.	
(9) RICHARD SCOBEY 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 DEOODES 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 VICE CHAIRMAN	1.00	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(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 LOUKIDES 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								158,695.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								158,695.	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, SUITE 200, 11130 SUNRISE VALLEY DRIVE, RESTON, VA 20191	INVESTMENT SERVICES	117,547.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for GEORGE FOX, ANDREW MEEHAN, and SANDY MCCALLISTER.

Total to Part VII, Section A, line 1c

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	4,238,357.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			4,238,357.			
Program Service Revenue	2 a _____	Business Code					
	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)		2,247,124.			2,247,124.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				11,800.			
	b Less: rental expenses ...	6b	40,202.				
	c Rental income or (loss)	6c	-28,402.				
	d Net rental income or (loss)			-28,402.		-28,402.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				44,383,418.			
	b Less: cost or other basis and sales expenses	7b	35,334,420.				
	c Gain or (loss)	7c	9,048,998.				
d Net gain or (loss)			9,048,998.	9,048,998.			
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	11 a ADMINISTRATIVE SERVICES	Business Code	561000	57,496.	57,496.		
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			57,496.			
12 Total revenue. See instructions			15,563,573.	9,106,494.	0.	2,218,722.	

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 ...	4,528,613.	4,528,613.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	906,458.	906,458.		
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	158,695.		158,695.	
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	309,715.		181,652.	128,063.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,190.		22,670.	7,520.
9 Other employee benefits	68,433.		64,604.	3,829.
10 Payroll taxes	33,331.		24,179.	9,152.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	28,569.		28,569.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	323,284.		323,284.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	108,670.		108,670.	
12 Advertising and promotion	8,437.		4,032.	4,405.
13 Office expenses	23,114.		21,215.	1,899.
14 Information technology	26,601.		26,601.	
15 Royalties				
16 Occupancy	40,203.		40,203.	
17 Travel	1,986.		1,115.	871.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	33,052.		23,560.	9,492.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	7,503.		7,503.	
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	862,060.	862,060.		
b MEMBERSHIP, SUBSCRIPTIO	22,713.		17,966.	4,747.
c UTILITIES	5,981.		5,981.	
d EQUIPMENT RENTAL	4,524.		4,524.	
e All other expenses	3,624.		3,624.	
25 Total functional expenses. Add lines 1 through 24e	7,560,756.	6,322,131.	1,068,647.	169,978.
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	8,824.	1	15,121.
	2 Savings and temporary cash investments	2,853,323.	2	1,848,496.
	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	5,855.	7	3,355.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,329.	9	7,329.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,235,368.		
	b Less: accumulated depreciation	10b 635,712.	10c	1,599,656.
	11 Investments - publicly traded securities	89,275,656.	11	120,045,632.
	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	868,515.	15	1,481,725.
16 Total assets. Add lines 1 through 15 (must equal line 33)	94,649,390.	16	125,001,314.	
Liabilities	17 Accounts payable and accrued expenses	161,667.	17	124,439.
	18 Grants payable	1,969,956.	18	1,994,461.
	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	6,044,093.	25	7,652,737.
	26 Total liabilities. Add lines 17 through 25	8,175,716.	26	9,771,637.
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	12,440,637.	27	16,627,773.
	28 Net assets with donor restrictions	74,033,037.	28	98,601,904.
	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	86,473,674.	32	115,229,677.
33 Total liabilities and net assets/fund balances	94,649,390.	33	125,001,314.	

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	15,563,573.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,560,756.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,002,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	86,473,674.
5	Net unrealized gains (losses) on investments	5	19,914,644.
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	838,542.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	115,229,677.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9084828.	12378935.	5647286.	9437393.	4238357.	40786799.
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	9084828.	12378935.	5647286.	9437393.	4238357.	40786799.
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.						40786799.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	9084828.	12378935.	5647286.	9437393.	4238357.	40786799.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1351578.	1419754.	1741253.	2045085.	2258924.	8816594.
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						49890873.
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 2020 (line 6, column (f), divided by line 11, column (f))	14	81.75 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	84.05 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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

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

Part IV Supporting Organizations (continued)

	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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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>	Yes	No
2a		
b Did the activities described in 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>		
2b		
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>		
3a		
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>		
3b		

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions 3-9 regarding modifications, states, monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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	71,012,304.	68,981,037.	67,371,305.	62,966,748.	55,116,310.
b Contributions	1,098,937.	733,121.	970,977.	6,929,682.	3,291,547.
c Net investment earnings, gains, and losses	24,775,919.	2,240,409.	3,338,163.	4,650,603.	5,894,160.
d Grants or scholarships	2,373,293.	1,668,613.	2,699,408.		
e Other expenditures for facilities and programs				2,634,830.	1,113,101.
f Administrative expenses				255,867.	222,168.
g End of year balance	94,513,867.	70,285,954.	68,981,037.	71,656,336.	62,966,748.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 10.3000 %
 - b Permanent endowment 89.7000 %
 - 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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.	505,648.	778,448.
c Leasehold improvements				
d Equipment		110,756.	106,303.	4,453.
e Other		29,248.	23,761.	5,487.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,599,656.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" 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	173,572.
(3) AGENCY PAYABLES	7,479,165.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	7,652,737.

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	35,307,327.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,914,644.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	152,394.
e	Add lines 2a through 2d	2e	20,067,038.
3	Subtract line 2e from line 1	3	15,240,289.
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	323,284.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	323,284.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,563,573.

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	7,277,674.
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	40,202.
e	Add lines 2a through 2d	2e	40,202.
3	Subtract line 2e from line 1	3	7,237,472.
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	323,284.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	323,284.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,560,756.

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, 2021 AND 2020, 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, 2018 THROUGH JUNE

Part XIII Supplemental Information (continued)

30, 2020.

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 \$112,192

RENTAL EXPENSES - 50% OF BULLITT HOUSE 40,202

TOTAL TO SCHEDULE D, PART XI, LINE 2D \$152,394

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization MID SHORE COMMUNITY FOUNDATION, INC.	Employer identification number 52-1782373
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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.

Table with 9 columns: (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). Row 1 contains data for 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 III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

**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

2020

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY ART MUSEUM INC 106 SOUTH STREET EASTON, MD 21601	52-6051766	501(C)(3)	49,500.	0.			PROGRAMS
FOR ALL SEASONS INC 300 TALBOT ST EASTON, MD 21601	52-1496434	501(C)(3)	59,876.	0.			PROGRAMS AND COVID-19 RELIEF
COMPASS REGIONAL HOSPICE INC 160 COURSEVALL DRIVE CENTREVILLE, MD 21617	52-1414892	501(C)(3)	10,200.	0.			PROGRAMS
YMCA OF THE CHESAPEAKE INC 111-1 EAST DOVER STREET EASTON, MD 21601	52-0646895	501(C)(3)	82,600.	0.			PROGRAMS/FINANCIAL AID
SAINT MARTIN'S MINISTRIES INC PO BOX 996 RIDGELY, MD 21660	52-1913676	501(C)(3)	11,250.	0.			PROGRAMS
WASHINGTON COLLEGE 300 WASHINGTON AVENUE CHESTERTOWN, MD 21620	52-0591691	501(C)(3)	95,121.	0.			PROGRAMS/FINANCIAL AID

- 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 ▶ _____

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

Schedule I (Form 990) 2020

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
CHESTERWYE FOUNDATION, INC. PO BOX 121 QUEENSTOWN, MD 21658	52-1285131	501(C)(3)	62,263.	0.			PROGRAMS
CHESAPEAKE COLLEGE FOUNDATION INC PO BOX 8 WYE MILLS, MD 21679	52-1104909	501(C)(3)	160,866.	0.			PROGRAMS/FINANCIAL AID
UM MEMORIAL HOSPITAL FOUNDATION INC - 219 SOUTH WASHINGTON STREET - EASTON, MD 21601	52-1282080	501(C)(3)	18,000.	0.			PROGRAMS
TALBOT HOSPICE FOUNDATION INC 586 CYNWOOD DR EASTON, MD 21601	52-1227747	501(C)(3)	15,883.	0.			PROGRAMS AND COVID-19 RELIEF
TRINITY LUTHERAN CHURCH 1100 PHILADELPHIA ROAD JOPPA, MD 21085	52-0799211	RELIGIOUS ORG	148,434.	0.			UNRESTRICTED/MEMORIAL TRUST FUND/FLOWERS
SANDHILLS COMMUNITY COLLEGE FOUNDATION, INC. - 3395 AIRPORT RD - PINEHURST, NC 28374	56-0946799	501(C)(3)	148,132.	0.			PROGRAMS
RADCLIFFE CREEK SCHOOL INC 201 TALBOT BLVD, SUITE A CHESTERTOWN, MD 21620	52-1970233	501(C)(3)	51,047.	0.			PROGRAMS/FINANCIAL AID/COVID-19 RELIEF
DELMARVA COMMUNITY SERVICES INC 2450 CAMBRIDGE BELTWAY CAMBRIDGE, MD 21613	52-1000521	501(C)(3)	15,000.	0.			PROGRAMS
CASA OF THE MID-SHORE 1 SOUTH WASHINGTON ST EASTON, MD 21601	52-1568597	501(C)(3)	46,100.	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
CHESAPEAKE MULTICULTURAL RESOURCE CENTER INC - PO BOX 1990 - EASTON, MD 21601	46-0893377	501(C)(3)	11,705.	0.			PROGRAMS AND COVID-19 RELIEF
CHRIST CHURCH PO BOX S ST. MICHAELS, MD 21663		RELIGIOUS ORG	38,490.	0.			PROGRAMS
SHORERIVERS INC 114 SOUTH WASHINGTON ST EASTON, MD 21601	26-3187608	501(C)(3)	21,936.	0.			PROGRAMS
TALBOT HUMANE CO PO BOX 1143 EASTON, MD 21601	52-0636395	501(C)(3)	14,050.	0.			PROGRAMS AND COVID-19 RELIEF
HABITAT FOR HUMANITY CHOPTANK INC 29350 MAPLE AVE, SUITE 3 TRAPPE, MD 21673	52-1785188	501(C)(3)	30,050.	0.			PROGRAMS
EASTON VOLUNTEER FIRE DEPARTMENT INC - 315 LEONARD RIECK DRIVE - EASTON, MD 21601	52-6054232	501(C)(4)	5,732.	0.			UNRESTRICTED
CHESTERTOWN RIVER ARTS 315 HIGH STREET SUITE 106 CHESTERTOWN, MD 21620	52-1467733	501(C)(3)	5,244.	0.			PROGRAMS AND COVID-19 RELIEF
SUN VALLEY FILM FESTIVAL INC PO BOX 3471 SUN VALLEY, ID 83353	61-1667380	501(C)(3)	10,000.	0.			PROGRAMS
HORIZONS OF KENT AND QUEEN ANNE'S COUNTIES - 116-B SOUTH LYNCHBURG ST - CHESTERTOWN, MD 21620	46-1800850	501(C)(3)	11,200.	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
TALBOT COMMUNITY CONNECTIONS INC PO BOX 2615 EASTON, MD 21601	01-0580596	501(C)(3)	15,500.	0.			PROGRAMS
CAROLINE COUNTY PUBLIC SCHOOLS 204 FRANKLIN ST DENTON, MD 21629		GOVERNMENT	118,148.	0.			FOOD PROGRAMS AND COVID-19 RELIEF
MID-SHORE PRO BONO INC 8 SOUTH WEST ST EASTON, MD 21601	16-1779280	501(C)(3)	7,085.	0.			PROGRAMS AND COVID-19 GRANTS
CAROLINE COUNTY HUMANE SOCIETY INC 407 W. BELL ST RIDGELY, MD 21660	52-1528421	501(C)(3)	11,347.	0.			PROGRAMS
BAY AREA COMMUNITY CHURCH 884 CHESTERFIELD ROAD ANNAPOLIS, MD 21401	52-1537936	RELIGIOUS ORG	24,500.	0.			PROGRAMS
KENT SCHOOL INC 6788 WILKINS LANE CHESTERTOWN, MD 21620	52-0856397	501(C)(3)	40,346.	0.			PROGRAMS AND COVID-19 RELIEF
NEW BEGINNINGS YOUTH AND FAMILY SERVICES INC - 522 GREENWOOD AVENUE - CAMBRIDGE, MD 21613	52-2093660	501(C)(3)	23,250.	0.			PROGRAMS AND COVID-19 RELIEF
CRU PO BOX 628222 ORLANDO, FL 32862	33-0863088	501(C)(3)	7,500.	0.			PROGRAMS
SULTANA EDUCATION FOUNDATION PO BOX 524 CHESTERTOWN, MD 21620	52-2021090	501(C)(3)	12,360.	0.			PROGRAMS

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TALBOT COUNTY PUBLIC SCHOOLS PO BOX 1029 EASTON, MD 21601	69-0520051	GOVERNMENT	14,790.	0.			PROGRAMS AND COVID-19 RELIEF
PICKERING CREEK AUDUBON CENTER 11450 AUDUBON LANE EASTON, MD 21601	52-1038833	501(C)(3)	19,900.	0.			PROGRAMS
HAVEN MINISTRIES INC PO BOX 44 CHESTER, MD 21619	27-1048008	501(C)(3)	18,869.	0.			PROGRAMS AND COVID-19 RELIEF
DORCHESTER CHAMBER FOUNDATION INC 528 POPLAR ST CAMBRIDGE, MD 21613	52-2267791	501(C)(3)	10,000.	0.			SCHOLARSHIPS
KEY SCHOOL INC 534 HILLSMERE DRIVE ANNAPOLIS, MD 21403	52-0701774	501(C)(3)	10,000.	0.			PROGRAMS
TALBOT INTERFAITH SHELTER INC 107 GOLDSBOROUGH ST EASTON, MD 21601	26-4629046	501(C)(3)	130,806.	0.			PROGRAMS AND COVID-19 RELIEF
WYE RIVER UPPER SCHOOL INC 316 SOUTH COMMERCE STREET CENTREVILLE, MD 21617	35-2166557	501(C)(3)	65,000.	0.			PROGRAMS/FINANCIAL AID/COVID-19 RELIEF
BENEDICTINE SCHOOL FOR EXCEPTIONAL CHILDREN FOUNDATION INC - 14299 BENEDICTINE LANE - RIDGELY, MD 21660	52-1479494	501(C)(3)	6,163.	0.			PROGRAMS
NEIGHBORHOOD SERVICE CENTER INC 126 PORT STREET EASTON, MD 21601	52-0982396	501(C)(3)	71,100.	0.			PROGRAMS AND COVID-19 RELIEF

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REALLY GREAT CATS RESCUE, INC 7879 WHITWORTH CT CHESTERTOWN, MD 21620	52-2147889	501(C)(3)	7,000.	0.			PROGRAMS
SALVATION ARMY 200 WASHINGTON ST CAMBRIDGE, MD 21613	58-0660607	501(C)(3)	6,000.	0.			PROGRAMS
JUNIOR ACHIEVEMENT OF THE EASTERN SHORE, INC - 123-C CAMDEN ST - SALISBURY, MD 21801	84-1267604	501(C)(3)	10,000.	0.			PROGRAMS AND COVID-19 RELIEF
TILGHMAN AREA YOUTH ASSOCIATION, INC. - PO BOX 55 - TILGMAN, MD 21671	45-0650952	501(C)(3)	15,000.	0.			PROGRAMS
CAMBRIDGE MAIN STREET INC 437 RACE STREET CAMBRIDGE, MD 21613	52-1965201	501(C)(3)	7,000.	0.			PROGRAMS
CHESAPEAKE FILM FESTIVAL INC 101 MARLBORO AVE STE 53 EASTON, MD 21601	27-3268440	501(C)(3)	6,193.	0.			PROGRAMS
AARON'S PLACE, INC. 401 ALDERSGATE DRIVE DENTON, MD 21629	84-2099035	501(C)(3)	22,800.	0.			PROGRAMS AND COVID-19 RELIEF
ANNE ARUNDEL MEDICAL CENTER FOUNDATION INC - 2000 MEDICAL PARKWAY - ANNAPOLIS, MD 21401	52-1331298	501(C)(3)	45,000.	0.			PROGRAMS
BAY HUNDRED COMMUNITY VOLUNTEERS INC - P.O. BOX 12 - MCDANIEL, MD 21647	82-0552436	501(C)(3)	6,000.	0.			PROGRAMS

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CAMBRIDGE CHURCH OF THE NAZARENE 97 SANDY HILL ROAD CAMBRIDGE, MD 21613		RELIGIOUS ORG	12,000.	0.			PROGRAMS
CHANNEL MARKER INC 8865 GLEBE PARK DRIVE UNIT 1 EASTON, MD 21601	52-1244067	501(C)(3)	10,000.	0.			PROGRAMS
COMMUNITY MEDIATION UPPER SHORE INC - PO BOX 692 - CHESTERTOWN, MD 21620	52-2302895	501(C)(3)	16,864.	0.			PROGRAMS AND COVID-19 RELIEF
EASTER SEALS, FBO CAMP FAIRLEE 61 CORPORATE CIRCLE NEW CASTLE, DE 19720-2405	51-0066728	501(C)(3)	5,500.	0.			PROGRAMS AND COVID-19 RELIEF
FOUNDATION OF HOPE INC P.O. BOX 1604 EASTON, MD 21601	54-2155211	501(C)(3)	10,000.	0.			PROGRAMS
KENT CENTER INC 215 SCHEELER ROAD CHESTERTOWN, MD 21620	52-0906488	501(C)(3)	11,000.	0.			PROGRAMS AND COVID-19 RELIEF
KENT COUNTY PUBLIC LIBRARY, INC. 408 HIGH STREET CHESTERTOWN, MD 21620	52-1179234	GOVERNMENT	9,610.	0.			PROGRAMS
MID-SHORE COUNCIL ON FAMILY VIOLENCE INC - 8626 BROOKS DRIVE, SUITE 102 - EASTON, MD 21601	52-1179234	501(C)(3)	34,012.	0.			PROGRAMS AND COVID-19 RELIEF
MID-SHORE EARLY LEARNING CENTER INC - PO BOX 1359 - EASTON, MD 21601	46-4003856	501(C)(3)	10,000.	0.			PROGRAMS AND COVID-19 RELIEF

Schedule I (Form 990)

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

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PARTNERS IN CARE MARYLAND INC 8151-C RITCHIE HIGHWAY PASADENA, MD 21122	52-1911806	501(C)(3)	66,651.	0.			PROGRAMS AND COVID-19 RELIEF
PINE STREET COMMITTEE, INC. 615B PINE STREET CAMBRIDGE, MD 21613	52-2100019	501(C)(3)	19,511.	0.			PROGRAMS AND COVID-19 RELIEF
POSITIVE STRIDES INC PO BOX 391 EASTON, MD 21601	52-1784328	501(C)(3)	15,000.	0.			PROGRAMS
REBUILDING TOGETHER CAROLINE COUNTY - P.O. BOX 534 - DENTON, MD 21629	26-0260471	501(C)(3)	6,000.	0.			PROGRAMS AND COVID-19 RELIEF
REBUILDING TOGETHER KENT COUNTY, MD - PO BOX 180 - CHESTERTOWN, MD 21620	75-3163984	501(C)(3)	15,500.	0.			PROGRAMS AND COVID-19 RELIEF
SOCIETY OF ST. VINCENT DE PAUL 29533 CANVASBACK DRIVE EASTON, MD 21601	51-0641320	501(C)(3)	6,000.	0.			PROGRAMS AND COVID-19 RELIEF
ST. MICHAELS COMMUNITY CENTER INC PO BOX 354 ST. MICHAELS, MD 21663	52-1698879	501(C)(3)	27,750.	0.			PROGRAMS AND COVID-19 RELIEF
THE COUNTRY SCHOOL 716 GOLDSBOROUGH STREET EASTON, MD 21601	52-0591569	501(C)(3)	31,552.	0.			PROGRAMS/FINANCIAL AID/COVID-19 RELIEF
THE GUNSTON SCHOOL INC PO BOX 200 CENTERVILLE, MD 21617	52-0614282	501(C)(3)	31,000.	0.			PROGRAMS AND COVID-19 RELIEF

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THE PEACE CENTER FOUNDATION 101 WEST BROAD STREET GREENVILLE, SC 29601	57-0811297	RELIGIOUS ORG	10,000.	0.			PROGRAMS
THE VESTRY OF WYE PARISH P.O. BOX 98 WYE MILLS, MD 21679-0098		RELIGIOUS ORG	162,404.	0.			HISTORIC PRESERVATION
UNITED NEEDS AND ABILITIES INC 688 EAST MAIN STREET SALISBURY, MD 21804	52-1232175	501(C)(3)	6,000.	0.			PROGRAMS
UNIV OF MARYLAND, COLLEGE PARK, STUDENT FINANCIAL SERVICES AND CASHIERING - 1109 LEE BUILDING - COLLEGE PARK, MD 20742-5151	52-6002033		61,454.	0.			SCHOLARSHIPS
SALISBURY UNIVERSITY FOUNDATION INC - PO BOX 2655 - SALISBURY, MD 21802	52-1127396	501(C)(3)	57,941.	0.			SCHOLARSHIPS
SAMARITAN GROUP INC PO BOX 934 CHESTERTOWN, MD 21620	56-2482514	501(C)(3)	15,000.	0.			PROGRAMS
ALANO CLUB OF THE PIEDMONT 111 CATALINA DRIVE GREENVILLE, SC 29609	23-7025687	501(C)(3)	6,000.	0.			PROGRAMS
AN OPTICAL GALLERIA LLC 19 N. HARRISON STREET EASTON, MD 21601			9,500.	0.			PROGRAMS AND COVID-19 RELIEF
ANIMAL CARE SHELTER FOR KENT COUNTY - 10720 AUGUSTINE HERMAN HIGHWAY - CHESTERTOWN, MD 21620			18,397.	0.			PROGRAMS

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ATELIER 11, LTC 5 E DOVER STREET, STE 301 EASTON, MD 21601			9,500.	0.			PROGRAMS AND COVID-19 RELIEF
AVALON FOUNDATION, INC. 40 EAST DOVER STREET EASTON, MD 21601-3013	52-1850874	501(C)(3)	6,000.	0.			PROGRAMS
BAAM, INC. P.O. BOX 1066 EASTON, MD 21601	84-1677829		22,626.	0.			PROGRAMS AND COVID-19 RELIEF
BANNING'S TAVERN LLC 42 E. DOVER STREET EASTON, MD 21601			9,500.	0.			PROGRAMS AND COVID-19 RELIEF
BOULDER CREDIT RETREAT FOUNDATION 18370 BLUEMONT VILLAGE LANE BLUEMONT, VA 20135	27-3228310	501(C)(3)	9,000.	0.			PROGRAMS
CAMBRIDGE ADVENTIST CHURCH 3105 MALLARD COURT CAMBRIDGE, MD 21613		RELIGIOUS ORG	15,000.	0.			PROGRAMS
CAMBRIDGE WESLEYAN CHURCH 803 RACE STREET CAMBRIDGE, MD 21613		RELIGIOUS ORG	75,600.	0.			RAMP/DECK REPLACEMENT
CHOPTANK COMMUNITY HEALTH SYSTEM, INC - P.O. BOX 660 - DENTON, MD 21629-0660	52-1116591	501(C)(3)	79,380.	0.			HVAC IMPROVEMENTS AND COVID-19 RELIEF
COASTAL BUSINESS GROUP LLC 20 N. WASHINGTON STREET EASTON, MD 21601			9,500.	0.			PROGRAMS AND COVID-19 RELIEF

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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)	62,576.	0.			PROGRAMS/FINANCIAL AID/SCHOLARSHIPS/COVID-19 RELIEF/CLASSROOM RENOVATIONS
DENTON WESLEYAN CAMP 424 EAST WESLEY CIRCLE DENTON, MD 21629			220,000.	0.			RELOCATING ARCHIVES AND CAMP OFFICE
DIANA M FLAGLER LLC, D/B/A LA DE DA - 13 NORTH HARRISON STREET - EASTON, MD 21601			9,500.	0.			PROGRAMS AND COVID-19 RELIEF
THE DIXON HOUSE INC 108 NORTH HIGGINS STREET EASTON, MD 21601-3623	52-0607903	501(C)(3)	7,568.	0.			PROGRAMS AND COVID-19 RELIEF
DORCHESTER COUNTY PUBLIC LIBRARY 303 GAY STREET CAMBRIDGE, MD 21613-1812	52-6001138	501(C)(3)	10,000.	0.			ELEVATOR REPAIRS
DORCHESTER COUNTY PUBLIC SCHOOLS 700 GLASGOW STREET CAMBRIDGE, MD 21613		GOVERNMENT	27,000.	0.			PROGRAMS AND COVID-19 RELIEF
EASTERN SHORE LAND CONSERVANCY, INC. - 114 SOUTH WASHINGTON STREET, SUITE 101 - EASTON, MD 21601	52-1711989	501(C)(3)	54,806.	0.			PROGRAMS
EASTON CHORAL ARTS SOCIETY, INC P.O. BOX 13 EASTON, MD 21601	52-1814730	501(C)(3)	7,052.	0.			PROGRAMS

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EASTON CHURCH OF GOD 1009 NORTH WASHINGTON STREET EASTON, MD 21601		RELIGIOUS ORG	7,490.	0.			PROGRAMS
EASTON FIRST WESLEYAN CHURCH 620 GOLDSBOROUGH STREET EASTON, MD 21601		RELIGIOUS ORG	10,000.	0.			TECHNOLOGY UPGRADE
ECHO HILL OUTDOOR SCHOOL 13655 BLOOMINGNECK ROAD WORTON, MD 21678-1432	23-7301918	501(C)(3)	56,000.	0.			PROGRAMS AND COVID-19 RELIEF
FRUGALICIOUS, LLC 218 N. WASHINGTON STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
GIRL SCOUTS OF THE CHESAPEAKE BAY COUNCIL - 1346 BELMONT AVE, SUITE 601 - SALISBURY, MD 21804			6,000.	0.			PROGRAMS AND COVID-19 RELIEF
GRIFFIN ONE LLC, D/B/A/ CURLICUE 19 GOLDSBOROUGH STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
HARVESTING HOPE YOUTH AND FAMILY SERVICES, INC - 204 CEDAR STREET, STE. 102 - CAMBRIDGE, MD 21613	81-3578053	501(C)(3)	27,000.	0.			PROGRAMS AND COVID-19 RELIEF
HILL'S CAFE & JUICE BAR 32 E DOVER STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
HISPANIC ALLIANE P.O. BOX 17934 GREENVILLE, SC 29606			30,000.	0.			PROGRAMS

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HISTORIC EASTON, INC. P.O. BOX 1071 EASTON, MD 21601	23-7309742	501(C)(3)	22,860.	0.			PROGRAMS AND COVID-19 RELIEF
HOWARD UNIVERSITY 2400 6TH STREET NW, SUITE 218 WASHINGTON, DC 20059	53-0204707	501(C)(3)	41,557.	0.			PROGRAMS
HUMMINGBIRD INN 14 N. AURORA STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
ILLUMINATION, LLC 78 GOLDSBOROUGH STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
JEVS HUMAN SERVICES, INC. 1845 WALNUT STREET, 7TH FLOOR PHILADELPHIA, PA 19103	23-1352118	501(C)(3)	10,000.	0.			PROGRAMS
KALON MERAKI SALON LLC 123 N. WASHINGTON ST, STE 105 EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
KENT AGRICULTURAL CENTER INC P.O. BOX 386 CHESTERTOWN, MD 21620	52-1279539	501(C)(5)	10,000.	0.			PROGRAMS
KENT ASSOCIATION OF RIDING THERAPY P.O. BOX 126 WORTON, MD 21678-1432	52-1356842	501(C)(3)	5,500.	0.			PROGRAMS
KENT ATTAINABLE HOUSING 200 RADCLIFFE DRIVE CHESTERTOWN, MD 21620			24,000.	0.			PROGRAMS

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KENT COUNTY PUBLIC SCHOOLS 5608 BOUNDARY AVENUE ROCK HALL, MD 21661		GOVERNMENT	28,302.	0.			PROGRAMS AND COVID-19 RELIEF
KMG LLC 9 N. HARRISON STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
LASER LETTERS, INC. 8 S. WEST STREET, SUITE 201 EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
LAUREL WESLEYAN CHURCH 30186 SEAFORD ROAD LAUREL, DE 19956		RELIGIOUS ORG	60,000.	0.			PARKING LOT PROJECT
LIZZY DEE, LLC 20 GOLDSBOROUGH STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
MARC RANDALL / MDEL LLC 3 EAST DOVER STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
MARK'S FITNESS STUDIO, INC. 218 NORTH WASHINGTON STREET, SUITE EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
MARTIN'S HOUSE & BARN 14374 BENEDICTINE LANE RIDGELY, MD 21660			26,940.	0.			PROGRAMS AND COVID-19 RELIEF
MARYLAND FOOD BANK 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 21227	52-1135690	501(C)(3)	20,000.	0.			PROGRAMS

Schedule I (Form 990)

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MEMORIAL SLOAN KETTERING CANCER CENTER - P.O. BOX 27106 - NEW YORK, NY 10087-7106	91-2154267	501(C)(3)	70,000.	0.			RESEARCH
MEN FOR CHANGE, INC. 100 AUSTIN AVENUE FEDERALSBURG, MD 21632	27-7625683	501(C)(3)	5,500.	0.			PROGRAMS AND COVID-19 RELIEF
MID-ATLANTIC SYMPHONY ORCHESTRA SOCIETY INC - P.O. BOX 3381 - EASTON, MD 21601	52-2038928	501(C)(3)	7,497.	0.			PROGRAMS
MINARY'S DREAM ALLIANCE 223 BRIARWOOD CIRCLE DENTON, MD 21629			12,000.	0.			PROGRAMS AND COVID-19 RELIEF
NANTICOKE HISTORIC PRESERVATION ALLIANCE, INC. - 5606 ROSS NECK ROAD - CAMBRIDGE, MD 21613			10,000.	0.			MONUMENT
OPERATION SUPPORT OUR TROOPS AMERICA, INC. - 1807 S. WASHINGTON STREET, SUITE 110, #359 - NAPERVILLE, IL 60565	20-4275756	501(C)(3)	9,000.	0.			PROGRAMS
OUT OF THE FIRE, INC 22 GOLDSBOROUGH STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
OXFORD COMMUNITY CENTER 200 OXFORD ROAD OXFORD, MD 21654	52-1186193	501(C)(3)	50,500.	0.			PROGRAMS AND RENOVATIONS
QUEEN ANNE'S ADVOCATES FOR YOUTH INC - 110 CHANNEL MARKER WAY, SUITE 101 - GRASONVILLE, MD 21638			15,000.	0.			PROGRAMS AND COVID-19 RELIEF

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QUEEN ANNE'S COUNTY HISTORICAL SOCIETY INC - 124 SOUTH COMMERCE STREET - CENTREVILLE, MD 21617-0062			10,000.	0.			PROGRAMS
QUEEN ANNE'S COUNTY PUBLIC SCHOOLS 202 CHESTERFIELD AVENUE CENTREVILLE, MD 21617		GOVERNMENT	26,094.	0.			PROGRAMS AND COVID-19 RELIEF
SCOSSA RESTAURANT & LOUNGE 8 N. WASHINGTON STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
SCOTTS UNITED METHODIST CHURCH P.O. BOX 101 TRAPPE, MD 21673			7,490.	0.			PROGRAMS
SHABBY CHIC SALON 225 E. DOVER STREET EASTON, MD 21601			9,500.	0.			COVID-10 RELEIF
SHAPERS INC 6 N. WEST STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
SOCIETY OF ST. VINCENT DE PAUL 200 HAMBROOKS BLVD CAMBRIDGE, MD 21613		RELIGIOUS ORG	10,000.	0.			PROGRAMS AND COVID-19 RELIEF
STORMY'S ICE CREAM LLC 32 E DOVER STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
STUDIO TWO SALON LLC 101 EAST DOVER STREET STE C EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF

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
TALBOT COUNTY FREE LIBRARY 100 W. DOVER STRET EASTON, MD 21601	52-0629774	501(C)(3)	7,300.	0.			PROGRAMS
TALBOT HISTORICAL SOCIETY INC 30 SOUTH WASHINGTON STREET EASTON, MD 21601	52-6044645	501(C)(3)	7,100.	0.			PROGRAMS
TALENT SOURCE, INC 3 GOLDSBOROUGH STREET, STE 201 EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
TIDEWATER INN, LLC 101 EAST DOVER STREET EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
TILGHMAN UNITED METHODIST CHURCH P.O. BOX 192 TILGMAN, MD 21671		RELIGIOUS ORG	7,490.	0.			PROGRAMS
TOTAL IMAGE INC, D/B/A DRAGONFLY BOUTIQUE - 21 GOLDSBOROUGH STREET - EASTON, MD 21601			9,500.	0.			COVID-19 RELIEF
TOWN OF EASTON 14 SOUTH HARRISON STREET EASTON, MD 21601		GOVERNMENT	38,000.	0.			LIGHTING PROJECT
TOWN OF ROCK HALL 5585 W. MAIN STREET ROCK HALL, MD 21661		GOVERNMENT	22,058.	0.			PROGRAMS AND ROOF REPAIR/REPLACEMENT
UNIVERSITY OF MARYLAND CENTER FOR ENVIRONMENTAL SCIENCE - P.O. BOX 775 - CAMBRIDGE, MD 21613-0775			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
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	15,000.	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	223	906,458.	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

2020

Open to Public Inspection

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.

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

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <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
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

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

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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 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)	158,695.	0.	0.	0.	0.	158,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(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

2020

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	27	525,711.	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**

- 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.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

MID SHORE COMMUNITY FOUNDATION, INC.

Employer identification number

52-1782373

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS INCLUDE ANIMAL RELATED, ARTS/CULTURE, COMMUNITY

DEVELOPMENT, DISASTER RELIEF, ENVIRONMENT, AND HISTORIC PRESERVATION.

EXPENSES \$ 2,058,760. INCLUDING GRANTS OF \$ 1,196,700. REVENUE \$ 0.

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

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

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:

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	112,191.
PRIOR PERIOD RESTATEMENT	726,350.
ROUNDING	1.
TOTAL TO FORM 990, PART XI, LINE 9	838,542.

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.