		EXTENDED TO MAY 15, 2023		
Form 990-T		Exempt Organization Business Income Tax Retur	'n	OMB No. 1545-0047
		(and proxy tax under section 6033(e))		0004
	For e	alendar year 2021 or other tax year beginning $\overline{ ext{JUL}}$, 1 , 2021 , and ending $\overline{ ext{JUN}}$, 30 , 20	22.	2021
Department of the Treas Internal Revenue Service	ury	 Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)() 	3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address cha		Name of organization (Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF FREDERICK	DEmp	loyer identification number
B Exempt under sed	ction Print			52-1488711
) or	Number, street, and room or suite no. If a P.O. box, see instructions.	EGrou	p exemption number
408(e) 2	20(e) Type	312 EAST CHURCH STREET	(see	instructions)
408A5	30(a)	City or town, state or province, country, and ZIP or foreign postal code	-	
······	29A	FREDERICK, MD 21701	F	Check box if
	СВс	bok value of all assets at end of year	-1` `	an amended return.
G Check organiz		X 501(c) corporation 501(c) trust 401(a) trust Other trust		un un ondou return,
H Check if filing o	only to 🕨	Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501	(c)(3) organiz	ration filing a consolidated return with a 501(c)(2) titleholding corporation		
J Enter the numb	oer of attach	ed Schedules A (Form 990-T)		1
K During the tax	year, was th			Yes X No
If "Yes," enter	the name an	d identifying number of the parent corporation.		
		GAIL FITZGERALD Telephone number 🕨	301-	695-7660
Part I Total	Unrelate	d Business Taxable Income		an a
† Total of unrel	lated busine	ss taxable income computed from all unrelated trades or businesses (see	1	
instructions)			1	0.
2 Reserved			2	
3 Add lines 1 a	nd 2		3	
		see instructions for limitation rules)		0.
5 Total unrelate	ed business	taxable income before net operating losses. Subtract line 4 from line 3	5	
	•	ng loss. See instructions	6	
7 Total of unrel	ated busines	ss taxable income before specific deduction and section 199A deduction.		
Subtract line			7	
8 Specific dedu	uction (gener	ally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section	on 199A dec	duction. See instructions	9	
10 Total deduct		***************************************	10	1,000.
	isiness taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero			11	0.
	omputati		····	
		s corporations. Multiply Part I, line 11 by 21% (0.21)	· 1	0.
		ites. See instructions for tax computation. Income tax on the amount on		
Part I, line 11		Tax rate schedule or Schedule D (Form 1041)		
3 Proxy tax. Se		······		
4 Other tax amo			4	,
5 Alternative mi	•		5	
		ility income. See instructions	6	
		6 to line 1 or 2, whichever applies	7	<u> </u>
LHA For Paperwo	ork Meductio	on Act Notice, see instructions.		Form 990-T (2021)

123701 07-06-22

_	990-T (2021)	·		Page 2
Par	t III Tax and Payments			· · · ·
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
¢	General business credit, Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
е	Total credits. Add lines 1a through 1d		1e	
2	Subtract line 1e from Part II, line 7		2	0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form	8697 Sorm 8866	3	
4	Total tax. Add ilnes 2 and 3 (see instructions).	viously deferred under		
	section 1294. Enter tax amount here		4	Ο.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k),	line 4	5	0.
6a	Payments: A 2020 overpayment credited to 2021	6a 7,201		
b	2021 estimated tax payments. Check if section 643(g) election applies	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
е	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total	- ▶ 6g		
7	Total payments. Add lines 6a through 6g		7	7,201.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	▶ □	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	Þ	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount over	paid 🕨 🕨	10	7,201.
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax	7,201 Refunded >	11	0.
Part	IV Statements Regarding Certain Activities and Other Information	tion (see instructions)		
1	At any time during the 2021 calendar year, did the organization have an interest in o			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization may have to file	<u>;</u>	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	e name of the foreign country	1	
	here 🍺			X
2	During the tax year, did the organization receive a distribution from, or was it the gran	ntor of, or transferor to, a		
	foreign trust?			X
	If "Yes," see instructions for other forms the organization may have to file.			
3	Enter the amount of tax-exempt interest received or accrued during the tax year	▶ \$		
4	Enter available pre-2018 NOL carryovers here 🕨 💲 Do not in			-
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by	any deduction reported on P	art I, line 4.	
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NC	DL carryovers, Don't reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	r the tax year. See instructior	is.	
	Business Activity Code	Available post-2017 NOL		
	\$)		
	\$			
6a	Did the organization change its method of accounting? (see instructions)			
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-F	PF, or Form 1128? If "No."		
	explain in Part V	···		
Part	V Supplemental Information			

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Signature of officer	Date PRESIDENT AND		D CEO	the p	lay the IRS discuss this return with le preparer shown below (see structions)? X Yes No	
	Print/Type preparer's name	Preparer's signature	∩ Date	Check	if	PTIN	
Paid Preparer	SUSAN KELLER	Quary J. Kel	04/27/2	self- emplo 3	yed	P00245169	
Use Only		UCKER, CHARTERED	}	Firm's EIN		52-0959934	
	400 EAS Firm's address > BALTIMO		'E 200	Phone no.	. 41	.0-727-5735	
123711 01-31-2	22		72			Form 990-T (2021	

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2021.05080 THE COMMUNITY FOUNDATION OF 01834_01

SCHE	DULE A
(Earm	000 T

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

1

2021

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A 	Name of the organization THE COMMUNITY COUNTY MARYLAND, INC.	FO	UNDATION	OF	FREDERICK	В	Employer identi 52 - 1488		n numbe	۳
<u>c</u>	Unrelated business activity code (see instructions)		523000			D	Sequence:	1	of	1

E Describe the unrelated trade or business **DINVESTMENTS**

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance 🕨	1 c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)). See instructions	4a	17,862.		17,862.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
¢	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 1	5	-33,822.		-33,822.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12		· ·	
13	Total. Combine lines 3 through 12	13	-15,960.		-15,960.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)		1 1	
2	Salaries and wages		2	
з	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	86	
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement)		14	10-74.7L
15	Total deductions. Add lines 1 through 14		15	0.
16	Unrelated business income before net operating loss deduction. Subtract line	15 from Part I, line 13,		
	column (C)		16	-15,960.
17	Deduction for net operating loss. See instructions		17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16		18	-15,960.
LHA	For Paperwork Reduction Act Notice, see instructions.			(Form 990-T) 2021

123741 01-28-22

Schedule A (Form 990-T) 2021

	rt III Cost of Goods Sold Enter me	thod of inventory valu	ation 🕨		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		,	4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter	here and in Part I, line	2		
9	Do the rules of section 263A (with respect to property	/ produced or acquired	i for resale) apply to the o	rganization?	Yes
Par					
1	Description of property (property street address, city,	state, ZIP code). Cheo	ck if a dual-use. See instru	ictions.	
		1			· · · · · · · · · · · · · · · · · · ·
•		<u>A</u>	В	C	D
2	Rent received or accrued				
а	1 · · · · · · · · · · · · · · · · · · ·				
	rent for personal property is more than 10%				
	but not more than 50%)			· · · · · · · · · · · · · · · · · · ·	
b		1			
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)	an many particular data minanya ang ang ang ang ang ang ang ang ang an			
C	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)		e and on Part I, line 6, col		
5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er	nter here and on Part I.			
5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s	nter here and on Part I ee instructions)	line 6, column (B)		
5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address,	nter here and on Part I ee instructions)	line 6, column (B)		
5 Part	Deductions directly connected with the Income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	nter here and on Part I ee instructions)	line 6, column (B)		
5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	nter here and on Part I ee instructions)	line 6, column (B)		
5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B C	nter here and on Part I ee instructions)	line 6, column (B)		
5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A B	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	
5 Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I ee instructions)	line 6, column (B)		D
5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er V Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 ^D art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3 a b c 4 5	Deductions directly connected with the Income In lines 2(a) and 2(b) (attach statement)	A	B B	C	D
5 Part 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	nter here and on Part I. ee instructions) city, state, ZIP code).	, line 6, column (B) Check if a dual-use, See i	nstructions.	D
5 Part 1 2 3 a b c 4 5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	B B %	C C	D
5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	A	B B %	C C	D
5 Part 1 2 3 a b c 4 5 6 7	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A A Center here and on Part I Content of the second	B B Check if a dual-use. See i B B Check if a dual-use. See i See i Check if a dual-use. See i See i Sei i See i Sei i See i See i See i See i See i See i See	C	D
$\begin{array}{c} 5\\ \hline \text{Part}\\ 1\\ 2\\ 3\\ a\\ b\\ c\\ 4\\ 5\\ 6\\ 7\\ 8\end{array}$	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A A Center here and on Part I Content of the second	B B Check if a dual-use. See i B B Check if a dual-use. See i See i Check if a dual-use. See i See i Sei i See i Sei i See i See i See i See i See i See i See	C	D
5 Part 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A through D. Er Unrelated Debt-Financed Income (s Description of debt-financed property (street address, A	A A A City, state, ZIP code). A A A A A A A A A A A A A	B B Check if a dual-use. See i B B Check if a dual-use. See i See i Check if a dual-use. See i See i Sei i See i Sei i See i See i See i See i See i See i See	C	D

Caba											1
Par	dule A (Form 990-T) 2021 t VI Interest, Annu	uities, R	oyalties, and F	Rents fro	om Contro	olled C	Organization	IS (se	e instruc	tions)	Page 3
·			1	T			Exempt Contro			_	
	 Name of controller organization 	d	identification income				al of specified ments made			mn 4 in the aniza-	5. Deductions directly connected with income in column 5
(1)								00115	grossin	Joine	
(2)											
(3)											
(4)				1							
			No	nexempt	Controlled Or	ganizat	ions	iun aussioann.			
	7. Taxable income	in	Net unrelated come (loss) e instructions)	1	otal of specif ayments mad		10. Part of that is inc controlling of gross	luded ir	n the ation's		Deductions directly connected with ome in column 10
(1)					• <u>•</u> ••••••••••••••••••••••••••••••••••		<u></u>				
(2)											
(3)							1				
(4)											
							Add colum Enter here a line 8, ce	and on I	Part I,	Enter	columns 6 and 11. · here and on Part I, ne 8, column (B)
Totals						🕨			0.		0.
Part			of a Section 50	r1(c)(7),			nization (se	e instru	lictions)		
	1. Desci	ription of i			2. Amour incom		3. Deductio directly conne (attach staten	ected (4. Set- attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
Totals					Add amou column 2. here and on line 9, colur	Enter Part I, nn (A) 0.					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 •
Part	VIII Exploited Ex	empt A	ctivity Income,	Other [•]	Than Adve	ertisin	ig Income (s	see instr	ructions)		
1	Description of exploited										*****
2	Gross unrelated busine	ss income	from trade or busir	ness, Ente	r here and or	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly conn										
	line 10, column (B)									3	
4	Net income (loss) from (unrelated	trade or business. S	Subtract lii	ne 3 from line	2. If a	gain, complete				
	lines 5 through 7		•••••••••••••••••••••••••••••••••••••••							4	
5	Gross income from activ	vity that is	not unrelated busir	ness incor	ne					5	
6	Expenses attributable to	o income e	entered on line 5							6	
7	Excess exempt expense	es. Subtra	ct line 5 from line 6,	but do no	ot enter more	than th	ne amount on li	ne			
	4. Enter here and on Pa	rt II, line 1	2							7	

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Schedule A (Form 990-T) 2021

123731 01-28-22

Part	ule A (Form 990-T) 2021				Page
<i>n</i>					
1	Name(s) of periodical(s). Check box if reporting	two or more periodicals on a	a consolidated ba	sis.	
	в 🛄		- u · · ·		
	c 🗌		4 [,] m a		
	D				
Enter a	mounts for each periodical listed above in the co	rresponding column.			
		A	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on Pa	art I, line 11, column (A)			» <u> </u>
а		· · · · · · · · · · · · · · · · · · ·	1		
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (B)			0.
,	Advertising rain (less) Subtract for Officer by		· · · · ·		
	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column in				
	line 4 showing a loss or zero, do not complete				
	lines 5 through 7, and enter zero on line 8				
	Readership costs				
	Circulation income				
	Excess readership costs. If line 6 is less than]		
	line 5, subtract line 6 from line 5. If line 5 is less				
	than líne 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain on				
	line 4, enter the lesser of line 4 or line 7				
	Add line 8, columns A through D. Enter the great	er of the line 8a, columns to	tal or zero here a	nd on	2
Part X	Part II. line 13 Compensation of Officers, Direc	tore and Tructope (>	· Ö.
raitz	C Compensation of Officers, Direc	stors, and mustees (s	ee Instructions)	2 Demonstran	A Composation
	1. Name	2. Title		3. Percentage of time devoted	 Compensation attributable to
		2. 1100		to business	unrelated business
(1)			· · · · · · · · · · · · · · · · · · ·	%	uniciated basiness
(2)				%	
(3)				%	
(4)			······	%	
	Enter here and on Part II, line 1			▶	0.
Part X	I Supplemental Information (see in	structions)			
	n na an				
					· ·
				99/9995/618442-88/2499944	
	· · · · · · · · · · · · · · · · · · ·			····	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·			····	
				····	
	· · · · · · · · · · · · · · · · · · ·				

Schedule A (Form 990-T) 2021

76 11580427 132974 01834.000 2021.05080 THE COMMUNITY FOUNDATION OF 01834_01

THE COMMUNITY FOUNDATION OF FREDERICK CO

52-1488711

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DESCRIPTION	NET INCOME OR (LOSS)
IRONSIDES CO-INVESTMENT FUND III, LP - ORDINARY BUSINESS	
INCOME (LOSS) IRONSIDES CO-INVESTMENT FUND III, LP - NET RENTAL REAL	-18,255.
ESTATE INCOME	-12.
IRONSIDES PARTNERSHIP FUND III, LP - ORDINARY BUSINESS INCOME (LOSS)	7,925.
IRONSIDES PARTNERSHIP FUND III, LP - INTEREST INCOME	31.
IRONSIDES PARTNERSHIP FUND III, LP - DIVIDEND INCOME IRONSIDES PARTNERSHIP FUND III, LP - ROYALTIES	13.
IRONSIDES PARIMERSHIP FOND III, EP - ROYALTIES IRONSIDES PARTMERSHIP FUND III, EP - OTHER PORTFOLIO	1.
INCOME (LOSS)	-2.
IRONSIDES PARTNERSHIP FUND III, LP - OTHER INCOME (LOSS) IRONSIDES OPPORTUNITIES FUND, L.P INTEREST INCOME	-66. 8,426.
IRONSIDES OPPORTUNITIES FUND, L.P DIVIDEND INCOME	0,420. 238.
IRONSIDES OPPORTUNITIES FUND, L.P OTHER PORTFOLIO	
INCOME (LOSS) IRONSIDES OPPORTUNITIES FUND, L.P OTHER INCOME (LOSS)	12. -1,024.
STEPSTONE VC OPPORTUNITIES V, LP - ORDINARY BUSINESS	-1,024.
INCOME (LOSS)	-21,414.
ACCOLADE PARTNERS GROWTH I, L.P ORDINARY BUSINESS INCOME (LOSS)	-1,366.
ACCOLADE PARTNERS GROWTH I, L.P DIVIDEND INCOME	-1,300. 53.
ACCOLADE PARTNERS GROWTH I, L.P OTHER PORTFOLIO INCOME	
(LOSS) ACCOLADE PARTNERS GROWTH I, L.P OTHER INCOME (LOSS)	6. -3,209.
ACCOLADE PARTNERS VI-C, L.P ORDINARY BUSINESS INCOME	-3,209.
(LOSS)	-1,530.
BASE10 ADVANCEMENT INITIATIVE I LP - OTHER INCOME (LOSS) IRONSIDES CO-INVESTMENT FUND VI, LP - ORDINARY BUSINESS	-34.
INCOME (LOSS)	-1,141,
IRONSIDES CO-INVESTMENT FUND VI, LP - DIVIDEND INCOME	134.
IRONSIDES CO-INVESTMENT FUND VI, LP - OTHER INCOME (LOSS) STEPSTONE VC SECONDARIES FUND V, LP - ORDINARY BUSINESS	-958.
INCOME (LOSS)	-750.
STEPSTONE VC SECONDARIES FUND IV, LP - ORDINARY BUSINESS	-900.
COTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-33,822.

SCHEDULE D		Capital	Gains and Losse	S		OMB No. 1545-0123
(Form 1120) Department of the Treasury	Attach 1 1120-ND, 1	to Form 1120, 1120-C, 11 120-PC, 1120-POL, 1120- ▶ Go to www.irs.gov/Form11	20-F, 1120-FSC, 1120- REIT_1120-RIC_1120-S	H, 1120-IC-DISC, 1120	-L,	2021
Internal Revenue Service		Go to www.irs.gov/Form11	20 for instructions and the	latest information.	···-1.	
Name					Empl	over identification number
		IDATION OF FRE	EDERICK			
COUNTY MA					52-	1488711
Did the corporation dispos	se of any investme	ent(s) in a qualified opport	unity fund during the tax	year?		Yes X No
If "Yes," attach Form 8949) and see its instru	uctions for additional requ	irements for reporting yo	ur gain or loss.		
Part Short-Ter	rm Capital Ga	ins and Losses - As	ssets Held One Yea	ar or Less		
See instructions for how to fi to enter on the lines below.	gure the amounts	(d)	(e)	(g) Adjustments to g	uain.	(h) Gain or (loss)
	molete if you	Proceeds	Cost	or loss from Form(s) 8	949,	Subtract column (e) from column (d) and combine the
This form may be easier to col round off cents to whole dolla	rs.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term tr reported on Form 1099-B						
was reported to the IRS a	nd for which you					
have no adjustments (see However, if you choose to	instructions).					
transactions on Form 894	9, leave this line		ŕ			
1b Totals for all transactions	•					
Form(s) 8949 with Box A						
2 Totals for all transactions	reported on					
Form(s) 8949 with Box B						
3 Totals for all transactions	reported on					
Form(s) 8949 with Box C						3,400.
4 Short-term capital gain fro	om installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or	(loss) from like-kind	d exchanges from Form 8824			5	
6 Unused capital loss carryo	iver (attach computa	ation)			6	()
7 Net short-term capital gain	n or (loss). Combine	e lines 1a through 6 in columr	1 h		7	3,400.
Part II Long-Terr	n Capital Gai	ns and Losses - Ass	sets Held More Tha	an One Year		
See instructions for how to fig to enter on the lines below.	ure the amounts	(d)	(e)	(g) Adjustments to g	ain	(h) Gain or (loss)
This form may be easier to com	nplete if you	Proceeds (sales price)	Cost	or loss from Form(s) 89	949	Subtract column (e) from column (d) and combine the
round off cents to whole dollars	S.		(or other basis)	Part II, line 2, column	(g)	result with column (g)
8a Totals for all long-term trai on Form 1099-B for which	nsactions reported				·	
reported to the IRS and for	which you have					
no adjustments (see instru	ctions). However,					
if you choose to report all t on Form 8949, leave this li						
	ne blank and go to					
	ne blank and go to					
8b Totals for all transactions r	ne blank and go to eported on		: 			
8b Totals for all transactions r Form(s) 8949 with Box D c	ne blank and go to eported on checked					
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r 	ne blank and go to eported on hecked eported on					
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 	ne blank and go to eported on hecked eported on hecked					
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions re 	ne blank and go to eported on eported on hecked hecked eported on					
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions re Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box F c 	ne blank and go to eported on thecked eported on hecked eported on hecked					14,204.
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions r Form(s) 8949 with Box E c 11 Enter gain from Form 4797 	ne blank and go to eported on eported on hecked eported on hecked hecked 7, line 7 or 9				11	<u>14,204.</u> 258.
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions r Form(s) 8949 with Box F c 11 Enter gain from Form 4797 12 Long-term capital gain from 	ne blank and go to eported on hecked eported on hecked hecked 7, line 7 or 9 m installment sales i	from Form 6252, line 26 or 37	7		<u> </u>	
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box F c 11 Enter gain from Form 4797 12 Long-term capital gain for 13 Long-term capital gain or (ne blank and go to eported on hecked eported on hecked hecked 7, line 7 or 9 m installment sales i	from Form 6252, line 26 or 37 exchanges from Form 8824	7			
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box F c 11 Enter gain from Form 4797 12 Long-term capital gain for 13 Long-term capital gain or (14 Capital gain distributions 	ne blank and go to eported on hecked eported on hecked 7, line 7 or 9 n installment sales 1 loss) from like-kind	from Form 6252, line 26 or 3 exchanges from Form 8824	·		12	
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box E c 11 Enter gain from Form 4797 12 Long-term capital gain for 13 Long-term capital gain or (14 Capital gain distributions 15 Net long-term capital gain 	ne blank and go to eported on hecked eported on hecked 7, line 7 or 9 m installment sales i loss) from like-kind	from Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column	·		12 13	
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totais for all transactions re Form(s) 8949 with Box E c 11 Enter gain from Form 4797 12 Long-term capital gain fror 13 Long-term capital gain or (14 Capital gain distributions 15 Net long-term capital gain or Part III Summary or 	ne blank and go to eported on thecked eported on hecked 7, line 7 or 9 m installment sales i loss) from like-kind or (loss), Combine of Parts I and	from Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column 11	7 1h		12 13 14	258. 14,462.
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box F c 11 Enter gain from Form 4797 12 Long-term capital gain from 13 Long-term capital gain or (14 Capital gain distributions 15 Net long-term capital gain of 16 Enter excess of net short-ter 	ne blank and go to eported on hecked eported on hecked 7, line 7 or 9 n installment sales to loss) from like-kind or (loss), Combine of Parts I and erm capital gain (line	from Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column II 9 7) over net long-term capita	7 1 h 1 loss (line 15)		12 13 14	258. 14,462. 3,400.
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box F c 11 Enter gain from Form 4797 12 Long-term capital gain fror 13 Long-term capital gain or (14 Capital gain distributions 15 Net long-term capital gain for 16 Enter excess of net short-ter 17 Net capital gain. Enter excest 	ne blank and go to eported on hecked eported on hecked r, line 7 or 9 n installment sales f loss) from like-kind or (loss). Combine of Parts I and erm capital gain (line ss of net long-term	from Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column 11 e 7) over net long-term capita capital gain (line 15) over net	7 1 h I loss (line 15) short-term capital loss (line	7)	12 13 14 15	258. 14,462. 3,400. 14,462.
 8b Totals for all transactions r Form(s) 8949 with Box D c 9 Totals for all transactions r Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box E c 10 Totals for all transactions re Form(s) 8949 with Box F c 11 Enter gain from Form 4797 12 Long-term capital gain fror 13 Long-term capital gain or (14 Capital gain distributions 15 Net long-term capital gain of 16 Enter excess of net short-ter 	ne blank and go to eported on hecked eported on hecked r, line 7 or 9 n installment sales f loss) from like-kind or (loss). Combine of Parts I and erm capital gain (line ss of net long-term	from Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column 11 e 7) over net long-term capita capital gain (line 15) over net	7 1 h I loss (line 15) short-term capital loss (line	7)	12 13 14 15 16	258. 14,462. 3,400.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2021

12**1**051 12-17-21

00/0	Sal	es and C	other Dis	positions	of Capital	Asset	S OMB	No. 1545-0074
Form 8949					-		2	2021
Department of the Treasury Internal Revenue Service	► File wi	ith your Schedule	.gov/Porm8949 9 D to list your trar	for instructions isactions for lines	and the latest info 1b, 2, 3, 8b, 9, and 1	ormation. 0 of Schedu	le D. Atta	chment uence No. 12A
Name(s) shown on return THE COMMU COUNTY MA	JNITY :		ON OF FR	EDERICK			taxpayer i	urity number or dentification no. 488711
Before you check Box A, statement will have the sa	B, or C belo ame informa	ow, see whether ition as Form 10	you received ar 199-B. Either will	ny Form(s) 1099-E show whether yo	3 or substitute state our basis (usually yo	ment(s) fro ur cost) wa	m your broker. A	substitute IRS by your
Part I Short-Tern	n. Transactio	ox to cneck.			jenerally short-term (s			
Note: You may codes are requir	e page 2, aggregate all ed, Enter the	short-term transa	ctions reported on Schedule D. line 1	Form(s) 1099-B sho	owing basis was reported to report these tran	ted to the IR	S and for which no	adjustments or ructions)
You must check Box A, B, o If you have more short-term transa	or C below, C actions than will	Check only one b I fit on this page for c	ox. If more than one i one or more of the box	box applies for your shi tes, complete as many	ort-term transactions, con forms with the same box	nplete a separa checked as yo	ate Form 8949, page 1, u need.	or each applicable box.
(A) Short-term trans	actions rep actions rep	orted on Form(orted on Form(s) 1099-B showir s) 1099-B showir	ng basis was repa ng basis wasn't r	orted to the IRS (se eported to the IRS	e Note abo	ove)	
X (C) Short-term trans								
1 (a) Description of prop (Example: 100 sh. XY	·	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis, See the	l loss, if yo in column (t, if any, to gain or u enter an amount (g), enter a code in , See instructions.	(h) Gain or (loss). Subtract column (e)
			(Mo., day, yr.)		Note below and see <i>Column</i> (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
IRONSIDES	ITTATE						adjustment	
PARTNERSHIP F III, LP							· · · ·	575.
IRONSIDES OPPORTUNITIES								
FUND, L.P.				······				2,791.
ACCOLADE PART	NERS		· · · · · · · · · · · · · · · · · · ·					
/I-C, L.P.								34.
······································								
· · · · · · · · · · · · · · · · · · ·								
								
				····				
· · · · · · · · · · · · · · · · · · ·								
•••••								
				······				
 Totals. Add the amount negative amounts). Enter 								
Schedule D, line 1b (if E	lox A above	e is checked), lir	ne 2 (if Box B					2 400
above is checked), or li				vas incorrect. ent	er in column (e) the	basis as re	enorted to the IB	3,400.
iote, il you checked bux r								

Form 8949 (2021)				Attachr	nent Sequen	CENO, IAA	Page 2
Vame(s) shown on return. Name an THE COMMUNITY	d SSN or taxpay FOUNDATT	er identification i	no, not required i	f shown on page 1			rity number or entification no.
COUNTY MARYLAN	D. INC.					52-1	488711
Before you check Box D, E, or F belo tatement will have the same inform	ow, see whether	you received an	y Form(s) 1099-B	or substitute state	ment(s) from	vour broker. A	substitute
tatement will have the same inform roker and may even tell you which i	ation as Form 10 box to check.	99-B. Either will	show whether yo	ur basis (usually yo	ur cost) was i	reported to the	IRS by your
Part II Long-Term. Transaction	ons involving capit	al assets you held	more than 1 year ar	e generally long-term	(see instruction	s). For short-term	transactions
Note: You may addredate al	Llong-term transac	tions reported on F	orm(s) 1099.B eboy	ving basis was report	od to the IDS a	and for which no a	diuctimonto or
codes are required. Enter the ou must check Box D, E, or F below.	e totals directly on	Schedule D. line 8.	a: vou aren't require	id to report these tran	isactions on Ec	rm 89/19 (see insi	tructions)
you have more long-term transactions than wil	l fit on this page for o	ne or more of the boxe	s, complete as many fi	orms with the same box o	hecked as you ne	ed.	or éach applicable box.
(D) Long-term transactions rep	oorted on Form(s	s) 1099-B showir	ig basis was repo	rted to the IRS (se	e Note above))	
(E) Long-term transactions rep				ported to the IRS			
K (F) Long-term transactions not		······		T	1 4 4 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		·/··· · · · · · · · · · · · · · · · · ·
(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you i	if any, to gain or enter an amount	(h) Gain or (loss).
(Example: 100 sh, XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column (g)), enter a code in lee instructions.	Subtract column (e)
		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &
				see <i>Column (e)</i> in the instructions	Code(s)	Amount of	combine the result with column (a)
RONSIDES			11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			adjustment	(3)
ARTNERSHIP FUND							
II, LP						· · · · · · · · · · · · · · · · · · ·	12,794.
RONSIDES							
PPORTUNITIES) 		
UND, L.P.						·	1,080.
CCOLADE PARTNERS							
ROWTH I, L.P.						·····	330.
							······································
					<u></u>		
							•
		(
Totals. Add the amounts in column							
negative amounts). Enter each tota		- 1					
Schedule D, line 8b (if Box D abov	•	· 1					11 201
	x r above is che	эскеа) 📂 📘					14,204.
above is checked), or line 10 (if Bo te: If you checked Box D above bu					, .		

-	4797	S	ales of Bu	isiness Pro	perty			OMB No. 1545-0184
F	orm A A 👐 A	(Also Inv		ersions and Reca ns 179 and 280F(2021
De	partment of the Treasury		> Attach	to your tax return	n.			
-	ernal Revenue Service ame(s) shown on return	Go to www.irs.g	ov/Form4797 fo	or instructions a	nd the latest info	mation.		Attachment Sequence No, 27
	HE COMMUNITY FO	UNDATION OF F	REDERICE	ζ			Ide	ntifying number
	OUNTY MARYLAND,							52-1488711
_	a Enter the gross proceeds fr	om sales or exchanges re	ported to you fo	or 2021 on Form(s	a) 1099-B or 1099-S	3	┯┹━╸	
	(or substitute statement) th	at you are including on lin	e 2, 10, or 20				1 a	
	b Enter the total amount of ga	ain that you are including o	on lines 2, 10, a	nd 24 due to the	partial dispositions	s of		
	MACRS assets						1b	
	c Enter the total amount of lo	ss that you are including c	on lines 2 and 10	0 due to the partie	al dispositions of N	ACRS		
Ē	assets Part I Sales or Exchar	nges of Property Us	od in a Trad		a and lovely d	<u> </u>	1c	- Frank Other
1	Than Casualty of	or Theft-Most Prope	eu in a Trad ertv Held Mo	re of busines: are Than 1 Ye	s and involuni	ary Conv	ersior	is From Other
		1			(e) Depreciation	(f) Cost or	other	
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr,)	(d) Gross sales price	allowed or	basis, p	us	(9) Gain or (loss) Subtract (f) from the
S	EE STATEMENT 2	1 0 00 00	(allowable since acquisition	improvemer expense o		sum of (d) and (e)
						1		
					1	1		
3	Gain, if any, from Form 4684	, line 39					3	
4	Section 1231 gain from insta	allment sales from Form 6/	252, line 26 or 3	7			4	
5	Section 1231 gain or (loss) f	rom like-kind exchanges fr	om Form 8824				5	
6	Gain, if any, from line 32, fro	m other than casualty or t	heft		•••••••••••••••••••••••••		6	
7	Combine lines 2 through 6. E	Enter the gain or (loss) her	e and on the ap	propriate line as t	follows		7	258.
	Partnerships and S corport line 10, or Form 1120-S, Sch	ations, Report the gain or edule K, line 9, Skin lines	(loss) following	the instructions f	or Form 1065, Sch	iedule K,		
	Individuals, partners, S cor from line 7 on line 11 below a	poration snareholders, a and skip lines 8 and 9. If li	ind all others. I ne 7 is a dain ar	i line / is zero or : nd you didn't boy	a loss, enter the ar	nount		
	1231 losses, or they were re	captured in an earlier year	, enter the gain	from line 7 as a k	ong-term capital g	ain on		•
	the Schedule D filed with you	ur return and skip lines 8, 1	9, 11, and 12 be	elow.	5 1 . 5		·	
8	Nonrecaptured net section 1	231 losses from prior yea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If							
	line 9 is more than zero, ente	r the amount from line 8 o	n line 12 below	and enter the ga	in from line 9 as a	long-term		
50-71 1.76	capital gain on the Schedule	D filed with your return. S	ee instructions				9	258.
P		s and Losses (see ins			and the second			
·			-	· · · · · · · · · · · · · · · · · · ·				
10	Ordinary gains and losses n	ot included on lines 11 th	rough 16 (incluc	le property held 1	year or less):			
		·				<u> </u>		
		<u> </u>				ļ		
·								
11	Loss, if any, from line 7	<u>_</u>			L	<u> </u>		1
11	Gain, if any, from line 7	ount from line 8, it applies	hla				11	()
13	Gain, if any, from line 31	ount non line o, ir applica				••••••	12	· · · · · · · · · · · · · · · · · · ·
14	Net gain or (loss) from Form 4	1684. lines 31 and 38a				••••••	13	
15	Ordinary gain from installmen	t sales from Form 6252. li	ne 25 or 36				15	
16	Ordinary gain or (loss) from li	e-kind exchanges from Fo	orm 8824		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	16	
17	Combine lines 10 through 16		·····		•••••		17	
18	For all except individual return	•••••••••••••••••••••••••••••••••	line 17 on the a	appropriate line o	f your return and s	kip lines	<u>`</u>	
	a and b below. For individual			• •	-			
а	If the loss on line 11 includes							
	loss from income-producing p	property on Schedule A (Fi	orm 1040), line	16. (Do not incluc	le any loss on proj	perty used		
	as an employee.) Identify as f	rom "Form 4797, line 18a.	" See instructio	ns	,		18a	
b	Redetermine the gain or (loss) on line 17 excluding the	loss, if any, on l	ine 18a. Enter hei	re and on Schedu	ie 1	T	
	(Form 1040), Part I. line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions. 118011 12-17-21

Form 4797 (2021)

18b

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81 2021.05080 THE COMMUNITY FOUNDATION OF 01834_01

THE COMMUNITY FOUNDATION OF FREDERICK Form 4797 (2021) COUNTY MARYLAND, INC.

52-1488711 Page 2

19	(a) Description of section 1245, 1250, 1252, 1254,	or 1258	5 property:			(b) Date acqu (mo., day, y	l. l.	(c) Date sol (mo., day, yr
A								
B								
C	÷							
D								
	These columns relate to the properties on lines 19A through 19D.		Property A	Property	B	Property	(C	Property
20	Gross sales price (Note: See line 1a before completing.)	20	. Topeng A	11000119	-	110pcity	<u> </u>	Troperty
21	Cost or other basis plus expense of sale	21						n
22	Depreciation (or depletion) allowed or allowable	22						
23	Adjusted basis. Subtract line 22 from line 21	22						
23 24	Total gain. Subtract line 23 from line 20	23						
25	If section 1245 property:	<u> </u>						
	Depreciation allowed or allowable from line 22	05-						
	Enter the smaller of line 24 or 25a	25a 25b						
		250						•)
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	_26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
с	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
	Enter the smaller of line 26c or 26d	26e						<u> </u>
f	Section 291 amount (corporations only)	261						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't	208						
	dispose of farmland or if this form is being completed for a partnership.				ĺ			
a	Soil, water, and land clearing expenses	27a		<u> </u>				
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b	Enter the smaller of line 24 or 28a	28b						
9	If section 1255 property:					1988-81-1988-1999-1999-1999-1999-1999-1		
а	Applicable percentage of payments excluded from income under section 126. See instructions	29a						
	Enter the smaller of line 24 or 29a. See instructions	29b						
	mary of Part III Gains. Complete property c		A through D through	l line 29b before	going t	:o line 30,		
}	Total gains for all properties. Add property columns	A throu	igh D, line 24				30	
	Add property columns A through D, lines 25b, 26g,						31	
	Subtract line 31 from line 30. Enter the portion from							
200	from other than casualty or theft on Form 4797, line	0	and contributor	When Duri	Acc 1	loo Dyers +	32	ou laca
a	t IV Recapture Amounts Under Sectio	115 17	e and 280F(b)(2)	when Busin	iess l	urops t	0 50%	or Less
	(see instructions)				·····-			
						(a) Section	۱ I	(b) Section
				F		179		280F(b)(2)
	Section 179 expense deduction or depreciation allo				33			
Ļ	Recomputed depreciation. See instructions				34			
	Recapture amount. Subtract line 34 from line 33. Se	e the in	structions for where	to report	35			
5	recapture amount, oubtract file 04 norm file 00, 06	0 11 10 11 1	structions for where				The second se	And and a second se

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

11580427 132974 01834.000

52-1488711

FORM 4797	PRO	PERTY HELD	MORE THAN	ONE YEAR	ST	ATEMENT
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
IRONSIDES CO-INVESTMENT FUND III, LP IRONSIDES						- 87
PARTNERSHIP FUND III, LP ACCOLADE PARTNER						346
GROWTH I, L.P.						-1
TOTAL TO 4797, P	ART I, LINE	2		·		258

SCHEDULE D	1	Capital (Gains and Losses			OMB No. 1545-0123
(Form 1120)	Attach t	o Form 1120, 1120-C, 112 20-PC, 1120-POL, 1120-I Go to www.irs.gov/Form112	20-F, 1120-FSC, 1120-	I, 1120-IC-DISC, 1120	·L,	2024
Department of the Treasury Internal Revenue Service	i 120-ND, 11	Go to www.irs.gov/Form112	to for instructions and the i	latest information.	0-1.	2021
Name					_	over identification number
THE COMMU	NITY FOUN	DATION OF FRE	DERICK		· ·	•
COUNTY MA	RYLAND, I	NC.			52-	1488711
Did the corporation dispos	se of any investme	nt(s) in a qualified opportu	nity fund during the tax	vear?		Yes X No
If "Yes," attach Form 8949	and see its instru	ictions for additional requir	ements for reporting you	ur gain or loss.		, r
		ins and Losses - As	sets Held One Yea	ir or Less		
See instructions for how to fi to enter on the lines below.	gure the amounts	(d)	(e)	(g) Adjustments to g	ain	(h) Gain or (loss)
This form may be easier to co	molete if you	Proceeds	Cost	or loss from Form(s) 8	949,	Subtract column (e) from column (d) and combine the
round off cents to whole dolla	rs.	(sales price)	(or other basis)	Part I, line 2, column	(g)	result with column (g)
1a Totals for all short-term to reported on Form 1099-E was reported to the IRS a have no adjustments (see However, if you choose to transactions on Form 894 blank and go to line 1b	B for which basis and for which you a instructions). The report all these					
1b Totals for all transactions	reported on					
Form(s) 8949 with Box A	checked					
2 Totals for all transactions	reported on					
Form(s) 8949 with Box B	checked					
3 Totals for all transactions	reported on					
Form(s) 8949 with Box C						3,400.
4 Short-term capital gain fro	om installment sales	from Form 6252, line 26 or 37	7		4	
5 Short-term capital gain or	(loss) from like-kind	exchanges from Form 8824			5	
 Unused capital loss carry 	over (attach computa	tion)			6	()
7 Net short-term capital gain	n or (loss), Combine	lines 1a through 6 in column	h		7	3,400.
		ns and Losses - Ass	ets Heid More Tha	an One Year		
See instructions for how to fig to enter on the lines below.	gure the amounts	(d)	(e)	(g) Adjustments to g	ain	(h) Gain or (loss)
This form may be easier to cor round off cents to whole dollar	nplete if you	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 8 Part II, line 2, column	949,	Subtract column (e) from column (d) and combine the
round off cents to whole dollar	s	(sales price)	(or other basis)	Pare II, line 2, column	(g)	result with column (g)
8a Totals for all long-term tra on Form 1099-B for which	nsactions reported			· · · ·		
reported to the IRS and fo	r which vou have					
no adjustments (see instru if you choose to report all	uctions). However,				· .	
on Form 8949, leave this !	ine blank and go to					
				- F		
8b Totals for all transactions						
	·			<u></u>		
Form(s) 8949 with Box D	, checked		n na sana ang sana an			
Form(s) 8949 with Box D 9 Totals for all transactions	checked					
Form(s) 8949 with Box D 9 Totals for all transactions Form(s) 8949 with Box E d	checked reported on checked					
Form(s) 8949 with Box D 9 Totals for all transactions Form(s) 8949 with Box E 10 Totals for all transactions	checked reported on checked reported on					14.204
Form(s) 8949 with Box D 9 Totals for all transactions Form(s) 8949 with Box E o 10 Totals for all transactions Form(s) 8949 with Box F o	checked					14,204.
Form(s) 8949 with Box D 9 Totals for all transactions Form(s) 8949 with Box E 10 Totals for all transactions Form(s) 8949 with Box F 11 Enter gain from Form 479	checked reported on checked reported on checked 7, line 7 or 9	From 6060, line 00			11	14,204. 258.
Form(s) 8949 with Box D (9 Totals for all transactions of Form(s) 8949 with Box E (10 Totals for all transactions of Form(s) 8949 with Box F (11 Enter gain from Form 479 12 Long-term capital gain from	checked reported on shecked reported on shecked 7, line 7 or 9 m installment sales i	rom Form 6252, line 26 or 37			12	<u>14,204.</u> 258.
Form(s) 8949 with Box D (9 Totals for all transactions of Form(s) 8949 with Box E (10 Totals for all transactions of Form(s) 8949 with Box F (11 Enter gain from Form 479 12 Long-term capital gain fro 13 Long-term capital gain or	checked reported on shecked reported on shecked 7, line 7 or 9 m installment sales t (loss) from like-kind	from Form 6252, line 26 or 37 exchanges from Form 8824			12 13	<u>14,204.</u> 258.
Form(s) 8949 with Box D (9 Totals for all transactions (Form(s) 8949 with Box E (10 Totals for all transactions (Form(s) 8949 with Box F (11 Enter gain from Form 479 12 Long-term capital gain fro 13 Long-term capital gain or 14 Capital gain distributions	checked reported on checked reported on checked 7, line 7 or 9 m installment sales i (loss) from like-kind	from Form 6252, line 26 or 37 exchanges from Form 8824			12 13 14	
Form(s) 8949 with Box D 9 Totals for all transactions of Form(s) 8949 with Box E of 10 Totals for all transactions of Form(s) 8949 with Box F of 11 Enter gain from Form 479 12 Long-term capital gain fro 13 Long-term capital gain or 14 Capital gain distributions 15 Net long-term capital gain	checked reported on checked reported on checked 7, line 7 or 9 m installment sales t (loss) from like-kind or (loss). Combine	rom Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column			12 13	14,204. 258. 14,462.
Form(s) 8949 with Box D 9 Totals for all transactions of Form(s) 8949 with Box E of 10 Totals for all transactions of Form(s) 8949 with Box F of 11 Enter gain from Form 479 12 Long-term capital gain of 13 Long-term capital gain of 14 Capital gain distributions 15 Net long-term capital gain Part III Summary	checked reported on checked reported on checked 7, line 7 or 9 m installment sales t (loss) from like-kind or (loss). Combine of Parts I and	rom Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column 11	<u>h</u>		12 13 14 15	14,462.
Form(s) 8949 with Box D 9 Totals for all transactions of Form(s) 8949 with Box E of 10 Totals for all transactions of Form(s) 8949 with Box F of 11 Enter gain from Form 479 12 Long-term capital gain fro 13 Long-term capital gain or 14 Capital gain distributions 15 Net long-term capital gain Part III Summary 16 Enter excess of net short-t	checked reported on checked reported on checked 7, line 7 or 9 m Installment sales 1 (loss) from like-kind or (loss). Combine of Parts I and rerm capital gain (line	rom Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column II 27) over net long-term capital	h loss (fine 15)		12 13 14 15 16	14,462.
Form(s) 8949 with Box D 9 Totals for all transactions of Form(s) 8949 with Box E of 10 Totals for all transactions of Form(s) 8949 with Box F of 11 Enter gain from Form 479 12 Long-term capital gain fro 13 Long-term capital gain or 14 Capital gain distributions 15 Net long-term capital gain Part III Summary	checked reported on checked reported on checked 7, line 7 or 9 m installment sales i (loss) from like-kind or (loss). Combine of Parts I and rem capital gain (line ass of net long-term	rom Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column 11 e 7) over net long-term capital capital gain (line 15) over net	h loss (line 15) short-term capital loss (line		12 13 14 15	14,462.
Form(s) 8949 with Box D 9 Totals for all transactions of Form(s) 8949 with Box E of 10 Totals for all transactions of Form(s) 8949 with Box F of 11 Enter gain from Form 479 12 Long-term capital gain or 13 Long-term capital gain or 14 Capital gain distributions 15 Net long-term capital gain Part III Summary 16 Enter excess of net short-t 17 Net capital gain. Enter exce	checked reported on checked reported on checked 7, line 7 or 9 m installment sales i (loss) from like-kind or (loss). Combine of Parts I and rem capital gain (line ass of net long-term	rom Form 6252, line 26 or 37 exchanges from Form 8824 lines 8a through 14 in column 11 e 7) over net long-term capital capital gain (line 15) over net	h loss (line 15) short-term capital loss (line		12 13 14 15 16 17	14,462. 3,400. 14,462.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

121051 12-17-21

84

Form	8949
Departn	nent of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown	n on re	turn				
THE	COI	IMUNITY	FO	JNDATION	OF	FREDERICK
COUN	γTγ	MARYLAN	JD,	INC.		

Social security number or taxpayer identification no.

52-1488711

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I | Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in	loss, lf y in column column (f (f)	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss), Subtract column (e) from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
IRONSIDES				l			
PARTNERSHIP FUND							
III, LP							575.
IRONSIDES							
OPPORTUNITIES		<u>[</u>		i			
FUND, L.P.							2,791.
ACCOLADE PARTNERS	[i					
VI-C, L.P.		<u> </u>					34.
	ļ		-				
	ļ						
······································							
	۱						
							· · · · · · · · · · · · · · · · · · ·
2 Totals. Add the amounts in colun	nns (d), (e), (g), ai	nd (h) (subtract					<u> </u>
negative amounts). Enter each to	tal here and inclu	ide on your			$k_{1}=k_{1}$		
Schedule D, line 1b (if Box A abo	ve is checked), li	ine 2 (if Box B					
above is checked), or line 3 (if Bo	ox C above is ch	ecked) 🕨					3,400.
Note: If you checked Box A above b			was incorrect, ente	er in column (e) the	basis as	reported to the IR	
adjustment in column (g) to correct t							
123011 12-14-21 LHA For Paperwor	k Reduction Ac	t Notice, see vo	ur tax return inst	ructions.		F	orm 8949 (2021)



Form 8949 (2021)					nent Sequ		Pag
Name(s) shown on return. Name an THE COMMUNITY				f shown on page 1			rity number or entification no.
COUNTY MARYLAN	ID. INC.					52-1	488711
Before you check Box D, E, or F bek statement will have the same inform	ow, see whether	you received any	y Form(s) 1099-B	or substitute state	ment(s) fro	a court brokent A	
proker and may even tell you which .	box to check.						
Part II Long-Term. Transaction	ons involving capit	al assets you held	more than 1 year ar	e generally long-term	(see instruct	tions), For short-term	transactions,
see page 1. Note: You may aggregate al	l long-term transad	tions reported on F	Form(s) 1099-B sho	wing basis was report	ed to the IR	S and for which no a	djustments or
codes are required. Enter the ou must check Box D, E, or F below. you have more long-term transactions than wi	e totals directly on Check only one b	Schedule D, line 8 ox. If more than one b	a; you aren't require ox applies for your lon	ed to report these tran	sactions on	Form 8949 (see inst te Form 8949, page 2, fe	ructions).
you have more long-term transactions than wil	I fit on this page for o	ne or more of the boxe	s, complete as many f	orms with the same box c	hecked as you	u need.	
(D) Long-term transactions rep					e Note abo	ove)	
(E) Long-term transactions rep				eported to the IRS			
(a)	(b)	(c)	, (d)	(e)	Adjustmen	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss, lf yo	ou enter an amount (g), enter a code in	Gain or floss
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis, See the	column (f)	(g), enter a code in . See instructions.	Subtract column from column (d
		(Mo., day, yr.)		Note below and see Column (e) in	(f)	(g)	combine the res
				the instructions	Code(s)	Amount of adjustment	with column (c
RONSIDES							<u> </u>
PARTNERSHIP FUND							
III, LP							12,794
RONSIDES							
DPPORTUNITIES							
UND, L.P.							1,08
CCOLADE PARTNERS							
ROWTH I, L.P.							33
				<u></u>			
				<u> </u>			
	1						
							10 I I
		·····					
							· · · · ·
	· · · · · · · · · · · · · · · · · · ·						
							, <u>, , , , , , , , , , , , , , , , </u>
		T					
				[
Totals. Add the amounts in colum							
negative amounts). Enter each tota							
Schedule D, line 8b (if Box D abov		,					a
	x E above is ch	ecked) 🕨					14,204
above is checked), or line 10 (if Bo ote: If you checked Box D above bu							-

86 11580427 132974 01834.000 2021.05080 THE COMMUNITY FOUNDATION OF 01834_01

Form **4797**

[

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

OMB No. 1545-0184

Attachment Sequence No.

Identifying number

27

Department of the Treasury Internal Revenue Service	Attach to your tax return. So to www.irs.gov/Form4797 for instructions and the latest information			
Name(s) shown on return				
THE COMMUNITY	FOUNDATION	OF	FREDERICK	
CONTINUES AND TAKE AS				

COUNTY MARILAND, INC.	1	52-1488711
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	1a	
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of		
MACRS assets	1b	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS		
assets	ic	

assets		1c		
Part I	Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conve	rsior	is From	Other
	Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)			

2 SE	(a) Description of property E STATEMENT 3	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pit improvement expense of	us Is and	(9) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<u></u>								
3	Gain, if any, from Form 4684, line 39	·····			<u>1</u>		3	
4	Section 1231 gain from installment s	ales from Form 62	252, line 26 or 3	7			4	
5	5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824							
6								
7	Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	ollows		7	258.
	Partnerships and S corporations. R line 10, or Form 1120-S, Schedule K,	leport the gain or line 9. Skip lines	(loss) following 8, 9, 11, and 12	the instructions fo below.	er Form 1065, Sche	edule K,		
	Individuals, partners, S corporation from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return	lines 8 and 9, If li I in an earlier year	ne 7 is a gain ar ; enter the gain	nd you didn't have from line 7 as a lo	any prior year sec	tion		
8	Nonrecaptured net section 1231 loss	es`from prior yea	rs. See instructi	ons			8	
9	Subtract line 8 from line 7. If zero or le line 9 is more than zero, enter the am capital gain on the Schedule D filed w	ess, enter -0 If lir ount from line 8 c	ne 9 is zero, ent In line 12 below	er the gain from lir and enter the gair	ne 7 on line 12 belo		9	258.

Ordinary Gains and Losses (see instructions) Part II

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):		
		······································
11 Loss, if any, from line 7	11	()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12	
13 Gain, if any, from line 31	13	
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17 Combine lines 10 through 16		
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip line	es	
a and b below. For individual returns, complete lines a and b below.		
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter	the	
loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property u		
as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1		
(Form 1040). Part I, line 4	18b	
LHA For Paperwork Reduction Act Notice, see separate instructions.		Form 4797 (2021)
118011 12-17-21		

87 2021.05080 THE COMMUNITY FOUNDATION OF 01834_01

THE COMMUNITY FOUNDATION OF FREDERICK Form 4797 (2021) COUNTY MARYLAND, INC.

52-1488711

Page 2

19 (a) Description of section 1245, 1250, 1252, 1254	9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., da						
Δ	Α						
B							
c							
These columns relate to the properties on							
lines 19A through 19D.	►	Property A	Property B	Property C	Property D		
20 Gross sales price (Note: See line 1a before completing.)	20						
21 Cost or other basis plus expense of sale	21		· _ · _ · _ · · · · · · · · · · · · · ·				
22 Depreciation (or depletion) allowed or allowable	22						
23 Adjusted basis. Subtract line 22 from line 21	23				• •• • •		
24 Total gain, Subtract line 23 from line 20	24						
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
${f a}$ Additional depreciation after 1975. See instructions \dots	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e			·			
f Section 291 amount (corporations only)	261						
q Add lines 26b, 26e, and 26f	26g						
27 If section 1252 property; Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		an an ann an Anna ann ann an Anna an A	99-29-20 (Add California)				
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27ь						
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property c	olumns A	A through D through	line 29b before going	to line 30.			
0 Total gains for all properties. Add property columns A through D, line 24							
1 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13							
2 Subtract line 31 from line 30. Enter the portion from	casualty	or theft on Form 46	84, line 33. Enter the	portion			
from other than casualty or theft on Form 4797, line	6	1.000-0111-1					
Part IV Recapture Amounts Under Sectio	ns 179	and 280F(b)(2)	When Business	Use Drops to 50%	or Less		

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

(a) Section (b) Section I 33 Section 179 expens

			179	280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	• •	
34	Recomputed depreciation. See instructions	34		
35	Recapture amount, Subtract line 34 from line 33. See the instructions for where to report	35		

Form 4797 (2021)

118012 12-17-21

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2021.05080 THE COMMUNITY FOUNDATION OF 01834_01

52-1488711

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FORM 4797	PRO	PERTY HEL	D MORE THA	N ONE YEAR	ST	ATEMENT 3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
IRONSIDES CO-INVESTMENT FUND III, LP IRONSIDES					2000 (4)	-87.
PARTNERSHIP FUND III, LP ACCOLADE PARTNERS	a					346.
GROWTH I, L.P.	J					-1.
TOTAL TO 4797, PA	ART I, LINE	2		· •		258.

Form (Rev, Dec	8621 Information Return by a Shareholde Investment Company or Qualif	er of a Passive Foreign ied Electing Fund	OMB No. 1545-1002
Internal R	evenue Service Go to www.irs.gov/Form8621 for instructions a	and the latest information.	Attachment Sequence No, 69
THE	shareholder COMMUNITY FOUNDATION OF FREDERICK	Identifying number (see instructions)	
	TY MARYLAND, INC.	52-1488711	
312	street, and room or suite no. If a P.O. box, see instructions. EAST CHURCH STREET		ier tax year beginning UN 30, 2022,
FRED	own, state, and ZIP code or country DERICK, MD 21701	<u> </u>	
	pe of shareholder filing the return: Individual 🚺 Corporation Partnersh	nip S Corporation Nongrantor `	Trust Estate
Check if	any Excepted Specified Foreign Financial Assets are reported on this form. See instructions	-	
Quantyn	g insurance Corporation Election-I, a shareholder of stock of a foreign corporation, elect to t	reat such stock as the stock of a Qualifying	
Name of fo	e Corporation under the alternative facts and circumstances test within the meaning of section reign corporation, passive foreign investment company (PFIC), or qualified electing fund (QEF)		
CRES	TLINE OFFSHORE RECOVERY FUND II, LP	Employer identification number (if any)	
Addroca	(Enter number, street, cify or town, and country.)	98-0680347	
Audiess	(criter humber, sireet, city of town, and country.)	Reference ID number (see instructions)	
201	MAIN STREET, SUITE 1900		- O-1
FORT	WORTH, CAYMAN ISLANDS 76102	Tax year of foreign corporation, PFIC, or QEF or other tax year beginning JAN 1	2021
10 - 1 1			31,2021.
Part			
Provide the	e following information with respect to all shares of the PFIC held by the shareholder:		
1 De	scription of each class of shares held by the shareholder: COMMON STOCK		
2 Dat	Check if shares jointly owned with spouse. te shares acquired during the tax year, if applicable:		
2 50	o one of addition during the tax year, it appleated.		
3 Nu	mber of shares held at the end of the tax year: 4 .		······································
(a)	ue of shares held at the end of the tax year (check the appropriate box, if applicable): \$0-50,000 (b) X \$50,001-100,000 (c) \$100,001-150,000 If more than \$200,000, list value:	(d) \$150,001-200,000	
5 Typ and (a)	e of PFIC and amount of any excess distribution or gain treated as an excess distribution un inclusion or deduction under section 1296 (check all boxes that apply): Section 1291 \$	der section 1291, inclusion under section 129	3,
(5)	Section 1293 (Qualified Electing Fund) \$		
(0)	Section 1296 (Mark to Market) \$	SEE STATEM	ENT 4
Part		ай ан сами — Түүүүүүүүүүүүүүүүүүүүүүүүүүүүүүүүүүү	
	Election To Treat the PFIC as a QEF. I, a shareholder of a PFIC, elect to treat the PFIC as a	a QEF. Complete lines 6a through 7c of Pa	urt ///.
B []	Election To Extend Time For Payment of Tax. I, a shareholder of a QEF, elect to extend th of the QEF until this election is terminated. <i>Complete lines 8a through 9c of Part III to</i> Note: If any portion of line 6a or line 7a of Part III is includible under section 951, you may 1294(c) and 1294(f) and the related regulations for events that terminate this election.	e time for payment of tax on the undistributed	earnings and profits
c 🗆	Election To Mark-to-Market PFIC Stock. I, a shareholder of a PFIC, elect to mark-to-market 1296(e). Complete Part IV.	et the PFIC stock that is marketable within the	meaning of section
D 🗌	Deemed Sale Election. I, a shareholder on the first day of a PFIC's first tax year as a QEF, PFIC. Enter gain or loss on line 15f of Part V.	elect to recognize gain on the deemed sale of	my interest in the
ε	Deemed Dividend Election. I, a shareholder on the first day of a PFIC's first tax year as a 6 amount equal to my share of the post-1986 earnings and profits of the CFC as an excess d excess distribution is greater than zero, also complete line 16 of Part V.	QEF that is a controlled foreign corporation (CF listribution, <i>Enter this amount on line 15e c</i>	^E C), elect to treat an of <i>Part V. If the</i>
F	Election To Recognize Gain on Deemed Sale of PFIC. I, a shareholder of a former PFIC o distribution the gain recognized on the deemed sale of my interest in the PFIC on the last d gain on line 15f of Part V.	r a PFIC to which section 1297(d) applies, elec ay of its last tax year as a PFIC under section 1	st to treat as an excess 1297(a). <i>Enter</i>
G 🗔	Deemed Dividend Election With Respect to a Section 1297(e) PFIC. I, a shareholder of a 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). En distribution is greater than zero, also complete line 16, Part V.	PEIC My bolding pariod in the steel, at the Ca	ation 1007/-1
н 🗔	Deemed Dividend Election With Respect to a Former PFIC. I, a shareholder of a former P elect to make a deemed dividend election with respect to the former PFIC. My holding period defined in Regulations section 1.1298-3(d). Enter the excess distribution on line 15e, complete line 16, Part V.	Vi in the stock of the termor DELC includes the	tornaination data -

Form 8621 (Rev. 12-2018)			Page 2
Part III Income From a Qualified Electing Fund (QEF). All QEF s Election B, also complete lines 8a through 9c. See instructions.	hareholders complete lines 6a throug	h 7c. If you are makin	g
6 a Enter your pro rata share of the ordinary earnings of the QEF	6a		
b Enter the portion of line 6a that is included in income under section 951 or that may be			
excluded under section 1293(g)	6 b		
c Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income	· · · · · · · · · · · · · · · · · · ·		
7 a Enter your pro rata share of the total net capital gain of the QEF	7a		· · · · · · · · · · · · · · · · · · ·
b Enter the portion of line 7a that is included in income under section 951 or that may be	··· 4		
excluded under section 1293(g)	76		
c Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amo	unt in Part II of the Schedule D		
used for your income tax return. See instructions	•	70	
Complete lines 8 and 9 only if you are making a section 1294 election (Election B) for	the current tax year.	· · · ·	
8 a Add lines 6c and 7c		8a (
b Enter the total amount of cash and the fair market value of other property distributed			
or deemed distributed to you during the tax year of the QEF. See instructions	85		
c Enter the portion of line 8a not already included in line 8b that is attributable to shares			
in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	80		
d Add lines 8b and 8c	· · · · · · · · · · · · · · · · · · ·	8d	
e Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in bra	ickets)	8e	
Important: If line 8e is greater than zero, and no portion of line 6a or 7a is includi	ible in income under section 951,		
you may make Election B with respect to the amount on line 8e.			
9 a Enter the total tax for the tax year. See instructions	9a		
b Enter the total tax for the tax year determined without regard to the amount entered			
on line 8e	90		
c Subtract line 9b from line 9a. This is the deferred tax, the time for payment of which is			
Election B		90	·
Part IV Gain or (Loss) From Mark-to-Market Election (see in	istructions)		
10a Enter the fair market value of your PFIC stock at the end of the tax year		10a	
b Enter your adjusted basis in the stock at the end of the tax year		10b	
c Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this am			
on your tax return. If a loss, go to line 11		10c	
11 Enter any unreversed inclusions (as defined in section 1296(d))	•••••	11	
12 Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Incl			
loss on your tax return		12	
13 If you sold or otherwise disposed of any section 1296 stock (see instructions) during the	e tax year:		
a Enter the fair market value of the stock on the date of sale or disposition		13a	
b Enter the adjusted basis of the stock on the date of sale or disposition		1 3 b	
c Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as o	irdinary income on your		
tax return. If a loss, go to line 14		130	
4a Enter any unreversed inclusions (as defined in section 1296(d))		14a	
b Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Inc	lude this amount as an ordinary		
loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, c	omplete line 14c	14b	
c Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a.	Include this amount on your tax		
return according to the rules generally applicable for losses provided elsewhere in the Code	and regulations	140	
Note: See instructions in case of multiple sales or dispositions.			

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Form 8621 (Rev. 12-2018) Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (and		Page 3
	e instructio	ons)
Complete a separate Part V for each excess distribution and disposition. See instructions.		
15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. I	fthe	
holding period of the stock began in the current tax year, see instructions	<u>15a</u>	
b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not		
included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 y	ears	
preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	15b	
c Divide line 15b by 3.0. (See instructions if the number of preceding tax years is less than 3.)	150	
d Multiply line 15c by 125% (1.25)	15d	
e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable st	ock.	
If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, do	not	
complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also,		
see instructions for rules for reporting a nonexcess distribution on your income tax return	15e	
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain,		
complete line 16. If a loss, show it in brackets and do not complete line 16	151	
16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition.		······································
Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each of	dav .	
in your holding period. Add all amounts that are allocated to days in each tax year.		
b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years		· ·
before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax		
return as other income	16b	
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period		
(other than the current tax year and pre-PFIC years). See instructions	160	
d Foreign tax credit (see instructions)	16d	
e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." See instructions	16a	
f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621.		
Enter the aggregate amount of interest here. See instructions	16f	
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Part VI Status of Pri	ior Year Sec	tion 1294 Elect	ions and Termina	tion of Section	1294 Election	IS
Complete lines 17 through 20 to report the status of outstanding prior year section 1294 elections.	arate column for	each outstanding el	ection.			
	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
Complete lines 21 through						
24 only if a section 1294 election is terminated in the current year.						
21 Event terminating election				E		
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
4 Accrued interest due with this return	999'Dà /à4				* 11 Par	
Complete línes 25 and 26 only if there is a partial termination of a section 1294 election in the					······································	
current tax year. 5 Deferred tax outstanding after partial termination of election. Subtract line 23 from line 19						
6 Interest accrued after partial termination of election. Subtract line 24 from line 20						

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FORM 8621	ADDITIONAL	INFORMATION	STATEMENT	4

NAME OF PASSIVE FOREIGN INVESTMENT COMPANY OR QUALIFIED ELECTING FUND

CRESTLINE OFFSHORE RECOVERY FUND II, LP

CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT END OF YEAR
COMMON STOCK		4.000		4.000	82,014.00

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926 Return by a U.S. Transferor of Property (Rev. November 2018) to a Foreign Corporation Department of the Treasury Go to www.irs.gov/Form926 for instructions and the latest information.				OMB No. 1545-0026	
Department of the Treasury Internal Revenue Service	 Attach to your income tax return for the year of the transf sferor Information (see instructions) 			Attachr Sequer	nent Ice No. 12
Name of transferor			{de	entifying num	her
	TY FOUNDATION OF FREDERICK		140	ananyang nam	See ins
COUNTY MARY	LAND, INC. specified 10%-owned foreign corporation that is not a controlled foreign			2-1488	
 2 If the transferor was a If the transfer was five or fewer domes b Did the transferor r 	as a corporation, complete questions 2a through 2d. a section 361(a) or (b) transfer, was the transferor controlled (under section	on 368(c)) by		Yes	
	Controlling shareholder		ldentifyi	ing number	
· · · · · · · · · · · · · · · · · · ·					
		·	····.		
c If the transferor was	s a member of an affiliated group filing a consolidated return, was it the pa	arent corporatio	n?	Yes	
c If the transferor was If not, list the name	s a member of an affiliated group filing a consolidated return, was it the pa and employer identification number (EIN) of the parent corporation.	arent corporatio	in?	Yes	
c If the transferor was If not, list the name	s a member of an affiliated group filing a consolidated return, was it the parant employer identification number (EIN) of the parent corporation. Name of parent corporation		in? EIN of pare		
c If the transferor was If not, list the name	and employer identification number (EIN) of the parent corporation.				
If not, list the name	and employer identification number (EIN) of the parent corporation. Name of parent corporation			nt corporat	
If not, list the name	and employer identification number (EIN) of the parent corporation.	E	EIN of pare		ion
If not, list the name d Have basis adjustm	and employer identification number (EIN) of the parent corporation. Name of parent corporation ents under section 367(a)(4) been made?	E	EIN of pare	nt corporat	ion
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Form 926 (Rev. 11-2018) THE COMMUNITY FOUNDATION OF FREDERICK COUNTY 52-1488711 Page 2 Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash					· · · · · · · · · · · · · · · · · · ·
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	<u> </u>		24,392.		

Was cash the only property transferred? 10

If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other P	roperty (other tha	n intangible proper	y subject to section 3	67(d))	· · · · · · · · · · · · · · · · · · ·
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory	_			· · · · · · · · · · · · · · · · · · ·	
Other property (not listed under another category)					
Property with built-in loss				······································	
Totals		· · · · · · · · · · · · · · · · · · ·			· · ·

11	Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain		
	recognition agreement was filed?	Yes	L No
12 a	Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a		
	foreign corporation?	Yes	No
	If "Yes," go to line 12b.		
b	Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch		
	(including a branch that is a foreign disregarded entity) to a specified 10% owned foreign corporation?	Yes	No
	If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.		
С	Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the		
	transferee foreign corporation?	Yes	No
	If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.		
d	Enter the transferred loss amount included in gross income as required under section 91 📂 \$		
	Did the transferor transfer property described in section 367(d)(4)?	Yes	No
	If "No," skip Section C and guestions 14a through 15.		

Section C - Intangible Property Subject to Section 367(d) Type of (a) Date of (b) (e) Cost or other (f) Income inclusion for (c) (d) Description of property Useful Arm's length price transfer property life on date of transfer basis year of transfer Property described in sec. 367(d)(4) Totais

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X Yes

No No

124532 04-01-21

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14 :	a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Ves	No No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	🛄 Yes	L No
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable	Ves	No
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	No
		, L Yes	L No
Su	oplemental Part III Information Required To Be Reported (see instructions)		
		<u> </u>	
<u> </u>			
	rt IV Additional Information Regarding Transfer of Property (see instructions)		
Pa	rt IV Additional Information Regarding Transfer of Property (see instructions)		
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.648 % (b) After 0.648 %		
16 17	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.648 % (b) After 0.648 % Type of nonrecognition transaction (see instructions) \ge IRC SECTION 351		
16 17 18	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.648 % (b) After 0.648 % Type of nonrecognition transaction (see instructions) \ge IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.		
16 17 18 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.648% (b) After 0.648% Type of nonrecognition transaction (see instructions) P IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes	XNo
16 17 18 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.648 % (b) After 0.648 % Type of nonrecognition transaction (see instructions) P IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
16 17 18 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes Yes	X No X No
16 17 18 a b c d	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
16 17 18 b c d 19	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes Yes Yes Yes	X No X No X No
16 17 18 b c d 19 20 a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c.	Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 6 4 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 6 4 19 20 a b	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes Yes Yes Yes	X No X No X No X No
16 17 18 6 0 19 20 a b c	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 904(f)(5)(F) Recapture under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes Yes ⊁es	X No X No X No X No
16 17 18 6 79 20a b c 21	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the comestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	Yes Yes Yes Yes Yes Yes ⊁es	X No X No X No X No X No X No
16 17 18 6 79 20a b c 21	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before <u>0.648</u> % (b) After <u>0.648</u> % Type of nonrecognition transaction (see instructions) IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 904(f)(5)(F) Recapture under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes Yes Yes Yes Yes Yes ⊁es	X No X No X No X No X No

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC.			Taxpayer identification number (TIN 52-1488711				
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 31.2 EAST CHURCH STREET	see instruc	otions.					
return. See instructions.	uctions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICK, MD 21701							
Enter the	Return Code for the return that this application is for (fil	le a separa	ate application for each return)			07		
Applicati		1	Application		· · · · · · · · · · · · · · · · · · ·	Return		
Is For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 1041-A			08		
Form 472	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	PF	04	Form 5227			10		
Form 990	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-	T (trust other than above)	06	Form 8870			12		
Form 990-	T (corporation)	07						
If this is box treq the c	uest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or	Group Exe and atta MAX anization's	emption Number (GEN) If the names and TINs of $\underline{Y \ 15, \ 2023}$, to file a return for: d ending JUN 30, 2022	this is fo all memb the exen	or the whole group, pers the extension npt organization re	is for.		
<u>any i</u> b If this <u>estin</u>	s application is for Forms 990-PF, 990-T, 4720, or 6069, nonrefundable credits. See instructions. s application is for Forms 990-PF, 990-T, 4720, or 6069, nated tax payments made. Include any prior year overp	, enter any ayment al	refundable credits and lowed as a credit.	3a 3b		7,201. 7,201.		
	nce due. Subtract line 3b from line 3a. Include your pay				ļ	0		
	<u> EFTPS (Electronic Federal Tax Payment System). See</u>			3c	\$	0.		
Caution: If Instruction:	you are going to make an electronic funds withdrawal (s.	(direct det	bit) with this Form 8868, see Form 84	153-TE ar	nd Form 8879-TE fo	or payment		
HA Fo	r Privacy Act and Paperwork Reduction Act Notice, s	see instru	ictíons.		Form 8868 (I	Rev. 1-2022)		
			ext e	filed 1	1.9.22			

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