

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2009 or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010

OMB No. 1545-0687

**2009**Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE COMMUNITY FOUNDATION HOLDING COMPANY INC.</b>		<b>D</b> Employer identification number (Employees' trust, see instructions for Block D on page 9.) <b>52-2028247</b>	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see page 8 of instructions. <b>312 EAST CHURCH STREET</b> City or town, state, and ZIP code <b>FREDERICK, MD 21701</b>		<b>E</b> Unrelated business activity codes (See instructions for Block E on page 9.) <b>541900</b>	
<b>C</b> Book value of all assets at end of year <b>265,413.</b>		<b>F</b> Group exemption number (See instructions for Block F.) <b>▶</b> <b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Describe the organization's primary unrelated business activity. **▶ SEE STATEMENT 10**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶ THE ORGANIZATION** Telephone number **▶ 301-695-7660**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule.) <b>STATEMENT 11</b>	12	9,904.	9,904.
13	<b>Total.</b> Combine lines 3 through 12	13	9,904.	9,904.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	151.
20	Charitable contributions (See instructions for limitation rules.)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <b>SEE STATEMENT 12</b>	28	7,074.
29	<b>Total deductions.</b> Add lines 14 through 28	29	7,225.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	2,679.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	2,679.
33	Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	1,679.

## THE COMMUNITY FOUNDATION HOLDING COMPANY

Form 990-T (2009)

INC.

52-2028247

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**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☐ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34 35c 252.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:☐ Tax rate schedule or ☐ Schedule D (Form 1041) 36**37 Proxy tax.** See instructions 37**38 Alternative minimum tax** 38**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies 39 252.**Part IV Tax and Payments****40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a**b** Other credits (see instructions) 40b**c** General business credit. Attach Form 3800 40c**d** Credit for prior year minimum tax (attach Form 8801 or 8827) 40d**e** Total credits. Add lines 40a through 40d 40e**41** Subtract line 40e from line 39 41 252.**42** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) 42**43** Total tax. Add lines 41 and 42 43 252.**44a** Payments: A 2008 overpayment credited to 2009 44a**b** 2009 estimated tax payments 44b**c** Tax deposited with Form 8868 44c**d** Foreign organizations: Tax paid or withheld at source (see instructions) 44d**e** Backup withholding (see instructions) 44e**f** Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total 44f**45** Total payments. Add lines 44a through 44f 45**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ 46**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 252.**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48**49** Enter the amount of line 48 you want: Credited to 2010 estimated tax Refunded 49**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 17)**1** At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No X**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. X**3** Enter the amount of tax-exempt interest received or accrued during the tax year \$**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs	<b>4a</b>				X
<b>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

**Sign Here**

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

Signature of officer *Susan P. Keller* Date *2/10/11* Title *President*May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer's Use Only**Preparer's signature *Susan P. Keller* Date *2/2/11*  
Firm's name (or yours if self-employed), address, and ZIP code **ELLIN & TUCKER, CHARTERED**  
**100 S CHARLES ST SUITE 1300**  
**BALTIMORE, MD 21201**Check if self-employed ☐ Preparer's SSN or PTIN **P00245169**  
EIN **52-0959934**  
Phone no. **410-727-5735**

Form 990-T (2009)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see Instr. on pg 18)**1. Description of property**

(1)	
(2)	
(3)	
(4)	

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6; column (A)(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B)

0. 0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

  

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

  

Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

  

Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.
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**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions on page 21)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

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

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete **Part I** only ☒

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

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

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>THE COMMUNITY FOUNDATION HOLDING COMPANY INC.</b>	Employer identification number <b>52-2028247</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>312 EAST CHURCH STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FREDERICK, MD 21701</b>	

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

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

### THE ORGANIZATION

- The books are in the care of ► **312 EAST CHURCH ST - FREDERICK, MD 21701**  
Telephone No. ► **301-695-7660** FAX No. ► ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 10
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TRUSTEE FOR CHARITABLE TRUSTS OF WHICH THE COMMUNITY FOUNDATION OF  
FREDERICK COUNTY, MD, INC A RELATED EXEMPT ORGANIZATION IS BENEFICIARY.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 11
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DESCRIPTION	AMOUNT
TRUSTEE FEES	9,904.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	9,904.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 12
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DESCRIPTION	AMOUNT
PROFESSIONAL FEES	7,074.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	7,074.

## Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>THE COMMUNITY FOUNDATION HOLDING COMPANY INC.</b>		D Employer identification number <b>52-2028247</b>
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>312 EAST CHURCH STREET</b>		E Telephone number <b>301-695-7660</b>
		City or town, state or country, and ZIP + 4 <b>FREDERICK, MD 21701</b>		F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual  
Other (specify) ▶

I Website: ▶ WWW.CFFREDCO.ORG

J Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 68,813.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	9,904.
	3	Membership dues and assessments	3	
	4	Investment income	4	10,237.
	5a	Gross amount from sale of assets other than inventory STMT 3	5a	48,672.
	b	Less: cost or other basis and sales expenses	5b	104,649.
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-55,977.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-35,836.	
Expenses	10	Grants and similar amounts paid (attach schedule) STMT 5	10	263,787.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	4,924.
	13	Professional fees and other payments to independent contractors	13	2,150.
	14	Occupancy, rent, utilities, and maintenance	14	2,459.
	15	Printing, publications, postage, and shipping	15	54.
	16	Other expenses (describe ▶ MANAGEMENT FEES)	16	3,925.
	17	Total expenses. Add lines 10 through 16	17	277,299.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-313,135.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	233,891.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	74,563.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-4,681.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	19,987.	15,256.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 1)	238,920.	250,157.
25 Total assets	258,907.	265,413.
26 Total liabilities (describe ▶ SEE STATEMENT 2)	25,016.	270,094.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	233,891.	-4,681.

## Form 990-EZ (2009)

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## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 8

(Grants \$ 263,787. ) If this amount includes foreign grants, check here ☐

28a	268.711.
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(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐ 

29a

(Grants \$ ) If this amount includes foreign grants, check here ☐

30a

31 Other program services (attach schedule)

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here ☐

31a

**32 Total program service expenses** (add lines 28a through 31a)

32

268,711.

[illegible]



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 0.; section 4912 0.; section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. MD		
42a The organization's books are in care of THE ORGANIZATION Telephone no. 301-695-7660		
Located at 312 EAST CHURCH ST, FREDERICK, MD ZIP + 4 21701		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I **Yes No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **46 47 48 49a 49b**
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **X**
- 49a Did the organization make any transfers to an exempt non-charitable related organization? **X**
- b If "Yes," was the related organization a section 527 organization? **X**
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000 **0**
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000 **0**

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

**Signature of officer** *Elizabeth Y. Day, President* **Date** *2/10/11*

**Type or print name and title** *Elizabeth Y. Day, President*

**Paid Preparer's Use Only** Preparer's signature *Susan P. Keller* **Date** *2/2/11* Check if self-employed ☐ Preparer's identifying number (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 **ELLIN & TUCKER, CHARTERED**  
**100 S CHARLES ST SUITE 1300**  
**BALTIMORE, MD 21201**

EIN **410-727-5735**

Phone no. **410-727-5735**

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

Form 990-EZ (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **THE COMMUNITY FOUNDATION HOLDING COMPANY INC.**

Employer identification number  
**52-2028247**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
- (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		X
11g(iii)		X
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(ii)		X
11g(iii)		X
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
THE COMMUNITY FO	52-1488711	7	X		X		X		4,924.
<b>Total</b>									<b>4,924.</b>

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 <b>Total.</b> Add lines 1 through 3 .....						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15		%
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
b <b>33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

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

OMB No. 1545-1709

▶ File a separate application for each return.

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

Do not complete **Part II** unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

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

Type or print	Name of Exempt Organization	Employer identification number
	THE COMMUNITY FOUNDATION HOLDING COMPANY INC.	52-2028247
	Number, street, and room or suite no. If a P.O. box, see instructions. 312 EAST CHURCH STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FREDERICK, MD 21701	

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

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

**THE ORGANIZATION**

- The books are in the care of ▶ **312 EAST CHURCH ST - FREDERICK, MD 21701**

Telephone No. ▶ **301-695-7660**

FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ☐ or▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

FORM 990-EZ	OTHER ASSETS	STATEMENT	1
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS - PUBLICLY TRADED SECURITIES	238,920.	250,157.
TOTAL TO FORM 990-EZ, LINE 24	238,920.	250,157.

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
FUNDS DUE TO CFFC	25,016.	19,937.
FUNDS HELD FOR OTHERS	0.	250,157.
TOTAL TO FORM 990-EZ, LINE 26	25,016.	270,094.

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
-------------	---	-----------	---

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	48,672.	104,649.	0.	-55,977.
TO FORM 990-EZ, LINE 5	48,672.	104,649.	0.	-55,977.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	74,563.
TOTAL TO FORM 990-EZ, LINE 20	74,563.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 5

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
GENERAL SUPPORT THE HISTORICAL SOCIETY OF FREDERICK COUNTY, I 24 EAST CHURCH STREET FREDERICK, MD 21701	NONE	263,787.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

263,787.



FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ANDREW CARPEL	CHAIRMAN OF THE BOARD 2.00	0.	0.	0.
CATHARINE FAIRLEY	TRUSTEE 1.00	0.	0.	0.
DENNIS E. BLACK	TRUSTEE 1.00	0.	0.	0.
DOUGLAS W. SELBY	TREASURER 2.00	0.	0.	0.
ELIZABETH DAY	PRESIDENT 60.00	0.	0.	0.
GEORGE E. LEWIS, JR.	TRUSTEE 1.00	0.	0.	0.
HUMBERTO BENITEZ	TRUSTEE 1.00	0.	0.	0.
JOHN QUINN	TRUSTEE 1.00	0.	0.	0.
JOHN E. TRITT	SECRETARY 2.00	0.	0.	0.
JOHN R. RATNAVALE	TRUSTEE 1.00	0.	0.	0.
JOSEPH S. WELTY	TRUSTEE 1.00	0.	0.	0.
KARLYS KLINE	TRUSTEE 1.00	0.	0.	0.
KATHLEEN A. COSTLOW	PAST CHAIRMAN OF THE BOARD 2.00	0.	0.	0.
KATHLEEN M. DAVIS	FIRST VICE CHAIRMAN 2.00	0.	0.	0.

## THE COMMUNITY FOUNDATION HOLDING COMPANY

52-2028247

META NASH	TRUSTEE	1.00	0.	0.	0.
PATRICIA HURWITZ	TRUSTEE	1.00	0.	0.	0.
ROBERT C. MOUNT	TRUSTEE	1.00	0.	0.	0.
ROBERT E. KALLSTROM	TRUSTEE	1.00	0.	0.	0.
SCOTT R GROVE	TRUSTEE	1.00	0.	0.	0.
GAIL FITZGERALD	CHIEF FINANCIAL OFFICER	60.00	4,191.	436.	0.
ROBERT BROADRUP	TRUSTEE	1.00	0.	0.	0.
DANIEL LAJEWSKI	TRUSTEE	1.00	0.	0.	0.
BRENDA MAIN	TRUSTEE	1.00	0.	0.	0.
JANET MCCURDY	SECOND VICE CHAIRMAN	2.00	0.	0.	0.
JOY ONLEY	TRUSTEE	1.00	0.	0.	0.
LISA COBLENTZ	TRUSTEE	1.00	0.	0.	0.
DAVID HOFFMAN	TRUSTEE	1.00	0.	0.	0.
J. RAY RAMSBURG, III	TRUSTEE	1.00	0.	0.	0.
SHIRLEY SHORES	TRUSTEE	1.00	0.	0.	0.
JAMES R SHOEMAKER	TRUSTEE	1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV			4,191.	436.	0.

990-EZ PG 2

STATEMENT 8

HISTORICAL - GRANTS TO FREDERICK HISTORICAL SOCIETY WHOSE MISSION IS TO PRESERVE AND HONOR THE HISTORY OF THE LOCAL AREA, AS WELL AS TO PROVIDE SUPPORT TO THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC, A RELATED ENTITY.

990-EZ PG 2

STATEMENT 9

TO PROVIDE FINANCIAL SUPPORT TO THE COMMUNITY FOUNDATION OF FREDERICK COUNTY MARYLAND, INC. A RELATED EXEMPT ORGANIZATION (CFFC) BY HOLDING AND INVESTING ASSETS FOR AND IN SUPPORT OF CFFC, AND TO ACT AS TRUSTEE FOR CHARITABLE TRUSTS OF WHICH CFFC IS A BENEFICIARY.

MARYLAND  
CORPORATION INCOME TAX RETURN

2009

OR FISCAL YEAR BEGINNING JUL 1, 2009, ENDING JUN 30 2010

Name <b>THE COMMUNITY FOUNDATION INC.</b>	
Number and street <b>312 EAST CHURCH STREET</b>	
City or town <b>FREDERICK</b>	State ZIP Code <b>MD 21701</b>
Federal Employer Identification No. (9 digits) <b>522028247</b>	Do not write in this space ME ▶ <b>06</b>
FEIN Applied for date <b>04/02/97</b>	YE ▶ <b>10</b>
Date of Organization or Incorporation (MMDDYY) <b>04/02/97</b>	Business Activity Code No. (6 digits) <b>813000</b>



CHECK HERE IF: ☐ NAME OR ADDRESS HAS CHANGED ☐ INACTIVE CORPORATION ☐ FIRST FILING OF THE CORPORATION ☐ FINAL RETURN  
☒ THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION.

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2

1. Taxable income based on attached federal return from the Taxable Income Worksheet. (Check applicable box:  
☒ 1120/1120A, ☒ 990T, ☐ 1120-REIT, ☐ Other IF 1120S, FILE ON FORM 510) ▶ **1** **1679**

## ADDITION MODIFICATIONS (All entries must be positive amounts)

2. a. State and local income tax **STATEMENT 1** ▶ **2a** **151**  
 b. Dividends and interest from another state, local or federal tax-exempt obligations ▶ **b**  
 c. Net operating loss modification (Do not enter NOL carryover. See Instructions.) ▶ **c**  
 d. Section 10-306.1 related party transactions ▶ **d**  
 e. Domestic Production Activities Deduction ▶ **e**  
 f. Deduction for Dividends paid by a captive REIT ▶ **f**  
 g. Other additions (Enter code letter(s) from instructions and attach sch.)    ▶ **g**  
 h. Total additions (Add lines 2a through 2g) ▶ **2h** **151**  
 3. Total (Add lines 1 and 2h) ▶ **3** **1830**

## SUBTRACTION MODIFICATIONS (All entries must be positive amounts)

4. a. Dividends for domestic corporations claiming foreign tax credits ▶ **4a**  
 b. Dividends from related foreign corporations ▶ **b**  
 c. Income from U.S. obligations ▶ **c**  
 d. Section 10-306.1 related party transactions ▶ **d**  
 e. Other subtractions (Enter code letter(s) from instructions and attach schedule.)    ▶ **e**  
 f. Total subtractions (Add lines 4a through 4e) ▶ **4f**  
 5. Maryland modified income (Subtract line 4f from line 3) ▶ **5** **1830**

## APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 8)

6. Maryland apportionment factor (from page 2 of this form) (If factor is zero, enter 000001) ▶ **6**  
 7. Maryland apportioned income (Multiply line 5 by line 6) ▶ **7**  
 8. Maryland taxable income (from line 5 or line 7, whichever is applicable) ▶ **8** **1830**  
 9. TAX (Multiply line 8 by 8.25%) ▶ **9** **151**  
 10. a. Estimated tax paid with Form 5000P, Form 500D, Form MW506NRS and/or credited from 2008 overpayment ▶ **10a** **5**  
 b. Tax paid with an extension request (Form 500E) ▶ **b**  
 c. Nonrefundable business income tax credits from Part T, In 26 of Form 500CR (Att Form 500CR) ▶ **c**  
 d. Refundable business income tax credits from Part V, line 3 of Form 500CR (Attach Form 500CR) ▶ **d**  
 e. Heritage Structure Rehabilitation tax credit (Attach Form 502H) ☐ Check here if non-profit ▶ **e**  
 f. Nonresident tax paid on behalf of the corp by pass-through entities (Att Sch K-1 or statement) ▶ **f**  
 g. Total payments and credits (Add lines 10a through 10f) ▶ **10g** **5**  
 11. Balance of tax due (If line 9 exceeds line 10g, enter the difference) ▶ **11** **146**  
 12. Overpayment (If line 10g exceeds line 9, enter the difference) ▶ **12**  
 13. Interest and/or penalty from Form 500UP or late payment interest Total ▶ **13**  
 14. Total balance due (Add lines 11 and 13, or if line 13 exceeds line 12 enter the difference) ▶ **14** **146**  
 15. Amt of overpayment to be applied to estimated tax for 2010 (not to exceed the net of ln 12 less ln 13) ▶ **15**  
 16. Amount of overpayment TO BE REFUNDED (Add lines 13 and 15, and subtract the total from line 12) ▶ **16**

## DIRECT DEPOSIT OF REFUND (See instructions.) Please be sure the account information is correct.

In order to comply with new banking rules, please, check ☐ here if this refund will go to an account outside the United States. If checked, see instructions.

17. For the direct deposit option, complete the following information clearly and legibly. 17a. Type of account: ☐ Checking ☐ Savings

17b. Routing number  17c. Account number

## FORM 500 MARYLAND CORPORATION INCOME TAX RETURN



PAGE 2

NAME

FEIN

**SCHEDULE A -  
COMPUTATION OF APPORTIONMENT FACTOR**

(Applies only to multistate corporations - see instructions)

NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. See instructions. Multistate manufacturer with more than 25 employees must complete Form 500MC; See instructions.

Column 1  
TOTALS  
WITHIN  
MARYLANDColumn 2  
TOTALS  
WITHIN AND  
WITHOUT  
MARYLANDColumn 3  
DECIMAL FACTOR  
Column 1 ÷ Column 2  
(rounded to six places)**1A. Receipts** a. Gross receipts or sales less returns and allowances ▶

b. Dividends .....

c. Interest .....

d. Gross rents .....

e. Gross royalties .....

f. Capital gain net income .....

g. Other income (Attach schedule) .....

h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2) ▶

**1B. Receipts** Enter the same factor shown on line 1A, Column 3.

Disregard this line if special apportionment formula used ...

**2. Property**

a. Inventory .....

b. Machinery and equipment .....

c. Buildings .....

d. Land .....

e. Other tangible assets (Attach schedule) .....

f. Rent expense capitalized (multiplied by eight) .....

g. Total property (Add lines 2a through 2f, for Columns 1 and 2) ▶

**3. Payroll**

a. Compensation of officers .....

b. Other salaries and wages .....

c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2) ▶

**4. Total of factors** (Add entries in Column 3)**5. Maryland apportionment factor** Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required.  
(If factor is zero, enter 000001 on line 6 page 1.)**SCHEDULE B - ADDITIONAL INFORMATION REQUIRED** (Attach a separate schedule if more space is necessary)1. Telephone number of corporation tax department: 301-695-7660

If a multistate operation, provide the following:

2. Address of principal place of business in Maryland (if other than indicated on page 1):

3. Brief description of operations in Maryland:

4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required)

that were not previously reported to the Maryland Revenue Administration Division? ☐ Yes ☒ No

If "yes," indicate tax year(s) here: and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.

5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☐ Yes ☒ No6. Is this entity part of a federal consolidated filing? ▶ ☐ Yes ☒ No7. Is this entity a multistate corporation that is a member of a unitary group? ▶ ☐ Yes ☒ No8. Is this entity a multistate manufacturer with more than 25 employees? If so, complete and attach Form 500MC to your Form 500. ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here ☒ if you authorize your tax preparer to discuss this return with us.

Officer's signature

Date

P00245169

Preparer's SSN or PTIN  
(required by law)

Preparer's signature

Title

ELLIN &amp; TUCKER, CHARTERED

Preparer's name, address and telephone number

100 S CHARLES ST SUITE 1300  
BALTIMORE, MD 21201Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division,  
Annapolis, Maryland 21411-0001  
Write federal employer identification number on check using blue or black ink.

410-727-5735

FORM **MARYLAND**  
**500E APPLICATION FOR EXTENSION**  
**TO FILE CORPORATION**  
**INCOME TAX RETURN**



2009

OR FISCAL

YEAR BEGINNING JUL 1 2009, ENDING JUN 30 2010



Please Print Using Blue or Black Ink

Federal employer identification number (9 digits)		
▶ 522028247		
Name		
THE COMMUNITY FOUNDATION HOLDING COMPANY INC.		
Number and street		
312 EAST CHURCH STREET		
City or town	State	ZIP code
FREDERICK	MD	21701

For Office Use Only

ME	YE	EC	EC
06	10		

**STOP**

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM, INSTEAD FILE THE EXTENSION AT: [www.marylandtaxes.com](http://www.marylandtaxes.com)  
 OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

**INSTRUCTIONS FOR TAX PAYMENT WORKSHEET**

- Line 1 - **Tax liability** Enter the total amount of income tax the corporation is expected to owe. Use Form 500 as a worksheet.
- Line 2 - **Estimated tax payments** Enter the total amount of Maryland estimated tax paid with Form 500D or 500DP for the tax year.  
 Include any overpayment from the prior period that was credited to the current tax year.
- Line 3 - **Allowable tax credits** Enter the allowable tax credits from Form 500CR, 502H or tax paid on the corporation's behalf by a pass-through entity.
- Line 4 - **Total payments and credits** Add lines 2 and 3 and enter the total on line 4.
- Line 5 - **Tax due** Subtract line 4 from line 1 and enter the result on line 5. This is the tax to be paid with the application for extension.

**TAX PAYMENT WORKSHEET**

1. Tax liability expected for the current tax year .....	1. _____	5
2. Estimated tax payments and amount credited from the prior period .....	2. _____	5
3. Allowable tax credits .....	3. _____	
4. Total payments and credits. Add lines 2 and 3 and enter here .....	4. _____	5
5. Tax due - Subtract line 4 from line 1 .....	5. _____	0

**TAX PAID WITH THIS EXTENSION**

(If filing and paying electronically do not submit this form)

\$ 0

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM, UNLESS IT IS THE FIRST FILING OF THE ENTITY INSTEAD FILE THE EXTENSION AT:  
[www.marylandtaxes.com](http://www.marylandtaxes.com) OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

#3910315000004

Make checks payable to and mail to:  
**COMPTROLLER OF MARYLAND**  
 REVENUE ADMINISTRATION DIVISION  
 Annapolis, Maryland 21411-0001

(Write federal employer identification number on check using blue or black ink)



MD 500 ADDITION MODIFICATION: STATE AND LOCAL INCOME TAXES STATEMENT 1

## DESCRIPTION

## AMOUNT

MARYLAND TAXES - BASED ON INCOME

151.

TOTAL TO FORM 500, PAGE 1, LINE 2A

151.