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	Shor <u>t</u> Form 07 02	2010	OMB No. 1545-1150
For	n 990-EZ Return of Organization Exempt From Income Ta Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit to Diverse foundation)	runt or	2009
Dep	n 990-EZ Internent of the Treasury Internent	orm 990 A	Den to Public
	The organization may have to use a copy of this return to satisfy state reporting requirem	<u>nents.</u>	Inspection
	For the 2009 calendar year, or tax year beginning NOV 20, 2009 and ending JAN		2010
в 	pplicable Please V hane of organization generation generation	ployer id	entification number
Ļ	Linange labet or		
	Johange Junit COMBINED FEDERAL CAMPAIGN FOUNDATION INC [2		19703
		lephone n	33~030 4
		oup Exem	
		imber 🕨	μιστι
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting r		X Cash Accrual
	Schedule A (Form 990 or 990-EZ). Other (specific		
E 1		<u></u>	e organization is not
J			le B (Form 990, 990-EZ, or 990-PF)
ĸ	Check Ch		
	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.		
	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	\$	16,001.
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction	s for Part	· · · · · ·
	1 Contributions, grifts, grants, and similar amounts received		16,000.
	Program service revenue including government fees and contracts	2	
ZUNA	Membership dues and assessments Investment income	3	
	5a Gross amount from sale of assets other than inventory		
1	b Less: cost or other basis and sales expenses 5b	1	Received
=1	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
AUG	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		1111 10 0 0011
	a Gross revenue (not including \$ of contributions	1 1	JUL 10 3 2014
<u> </u>	reported on line 1)		
Z	b Less: direct expenses other than fundraising expenses	л ,	
Z	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	Cierk # 10
SCANNED Rev	7a Gross sales of inventory, less returns and allowances 7a		
Š	b Less: cost of goods sold		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe INTEREST)	70	1
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8	16,001.
	10 Grants and similar amounts paid (attach schedule)	10	10,001.
	11 Benefits paid to or for members	11	
ŝ	12 Salaries, other compensation, and employee benefits	12	
Expenses	13 Professional fees and other payments to independent contractors	13	1,000.
xpe	14 Occupancy, rent, utilities, and maintenance	14	
ш	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe TRAVEL)	16	2,468.
	17 Total expenses. Add lines 10 through 16	17	3,468.
2	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,533.
sse	19 Net assets or fund balances at beginning of year (from line 27, column (A))		-
Net Assets	(must agree with end-of-year figure reported on prior year's return)	19	0.
Ne	 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 	20	59,234.
P	It II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 99	21	71,767.
<u> </u>	(See the instructions for Part II.) (A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments	. 22	71,767.
23	Land and buildings	23	
24	Other assets (describe	24	
25	Total assets	• 25	71,767.
26	Total liabilities (describe 🕨)	. 26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	. 27	71,767.
932 ⁻ 02-0	⁷¹ LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

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9**U-EZ** (2009)

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	m 990-EZ (2009) COMBINED FEDERAL CAMPAIG			26-	43197	VO3 Page 2
_	art III Statement of Program Service Accomplishme		Part III.)		E	xpenses
Wh	at is the organization's primary exempt purpose? <u>SEE STATEMEN</u>	<u>T 3</u>				or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt p			ibe		4) organizations and 17(a)(1) trusts, optional
	services provided, the number of persons benefited, and other releva				for others)	
28	AN ANNUAL TRAINING CONFERENCE FOR	CFC ADMINISTRA	TORS			
	AND FEDERAL VOLUNTEERS.					
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		28a	2,468.
29						
			. <u>.</u>			
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>		29a	
30						
		· · · · · · · · · · · · · · · · · · ·				
	(Grants \$) If this amount includes foreign	grants, check here			30a	
31	Other program services (attach schedule)	 				
	(Grants \$) If this amount includes foreign				31a	
32	Total program service expenses (add lines 28a through 31a)			. 🕨	32	2,468.
P	art IV List of Officers, Directors, Trustees, and Key	Employees. List each one en	ven if not compensated,	(See the	Instructions	for Part IV)
				(d) Co	ontributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to position	(If not paid, enter -0)		fit plans &	account and other allowances
		position	-0;		eferred pensation	Uner anowances
KZ	ALMAN STEIN, 7735 OLD GEORGETOWN	CHAIR			ponounon	
	DAD $\#900$, BETHESDA, MD 20814	1.00	ο.		0.	ο.
	INCE MICONE, 7735 OLD GEORGETOWN	VICE CHAIR	· · · ·			<u> </u>
	AD #900, BETHESDA, MD 20814	1.00	0.		ο.	0
	AM HABERSTOH, 7735 OLD GEORGETOWN	DIRECTOR	<u>v</u> .			0.
	DAD #900, BETHESDA, MD 20814				0	
	INDA SIEGEL, 7735 OLD GEORGETOWN		0.		0.	0.
		DIRECTOR			~	
	DAD #900, BETHESDA, MD 20814	1.00	0.		0.	0.
_	INDA YOUNG, 7735 OLD GEORGETOWN	TREASURER			•	
-	DAD #900, BETHESDA, MD 20814	1.00	0.		0.	0.
	ROLINE CRAIG, 7735 OLD GEORGETOWN	SECRETARY			•	
	DAD #900, BETHESDA, MD 20814	1.00	0.		0.	0.
	ARSHALL STRAUSS, 7735 OLD	DIRECTOR			_	_
GI	CORGETOWN ROAD #900, BETHESDA, MD	1.00	0.		0.	0.
_		-				
	<u></u>					
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932	1/2					

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Form 990-EZ (2009)

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Forn		-4319	703	I	Page 3
Pa	art V Other Information (Note the statement requirements in the instructions for Part V.)				
		r		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		33		<u>X</u>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	.	34		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,	1			
	and proxy tax requirements?	.	35a		<u>X</u>
þ	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	<u>N/</u>	A
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		36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the Instructions.	0.			
b	Did the organization file Form 1120-POL for this year?		37b		X
38 a	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		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	ſ			
39	Section 501(c)(7) organizations. Enter:		1		
a	Initiation fees and capital contributions included on line 9 39a N/A		ļ		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A				
	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		х
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				
-		ο.			
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		х
41	List the states with which a copy of this return is filed. NONE	L	-100	l	
	The organization's books are in care of THE ORGANIZATION Telephone no. 24	0-333	3-0	304	
		4 ▶ 20			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority		. U Т .	<u>عد</u>	
5	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Г	Yes	No
	account)?	Г	42b	103	X
	If "Yes," enter the name of the foreign country:	• •	420		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			1	
~	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		40-		v
v	If "Yes," enter the name of the foreign country:	L	42c	l	<u>X</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	<u> </u>			
-10		 	J/A		۱ <u> </u> ۱
	and enter the amount of fax-exempt interest received or accrued during the fax year	<u>۲</u>	V/A		···
			Г	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ſ		192	110
		1			v
45	Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	·· ·· -	44		<u>x</u>
75	and the distribution of Fourier 000 F7		4		v
			45 orm 99	0.57/	<u>X</u>

	EZ (2009) COMBINED FEDERAL CAMPAI			26-43197	
Part V	1 Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitab and 51.	4947(a)(1) nonexempt le trusts must answer questro	charitable tru ns 46-49b and cor	sts only. All s	ection 501(c 6 for lines 50
46 Did t	he organization engage in direct or indirect political campaign activitie	s on behalt of or in opposition to (candidates for public		Yes
		· ····· · · · · · · · · · · · · · · ·		. [46
47 Did t	the organization engage in lobbying activities? If "Yes," complete Se				47
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "Y	es," complete Schedule E		[48
	the organization make any transfers to an exempt non-charitable relate	d organization?		🖵	49a
				• • •	49b
	plete this table for the organization's five highest compensated emplo \$100,000 of compensation from the organization. If there is none, en		s, trustees and key er	mployees) who ead	ch received m
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expens account ar other allowa
	number of other employees paid over \$100,000			<u> </u>	
51 Com	I number of other employees paid over \$100,000 plete this table for the organization's five highest compensated indepe nization. If there is none, enter "None." NONE	ndent contractors who each recei	ved more than \$100,	, 000 of compensat	ion from the
51 Com	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None."		ved more than \$100, (b) Type of ser	· · · · · · · · · · · · · · · · · · ·	ion from the Compensatio
51 Comj	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None." NONE		·	· · · · · · · · · · · · · · · · · · ·	
51 Comj	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None." NONE		·	· · · · · · · · · · · · · · · · · · ·	
51 Com organ	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid models and address	e than \$100,000	·	· · · · · · · · · · · · · · · · · · ·	
51 Com organ	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None." NONE	e than \$100,000	·	· · · · · · · · · · · · · · · · · · ·	
51 Com organ	plete this table for the organization's five highest compensated indepenization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid models and address	re than \$100,000	(b) Type of ser		Compensatio
51 Com organ	plete this table for the organization's five highest compensated independent nization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid models (a) Name and address of each independent contractor paid models (a) Name and address of each independent contractor paid models (a) Name and address of each independent contractor paid models (a) Name and address of each independent contractor paid models (a) Name and address of each independent contractor paid models (a) Name and address of each independent contractor paid models (b) Name and address of each independent contractors each receiving over \$100,0 Under penalties of perform, Reclars that I have examined this return, including correct, and complete Declaration of prepare (other than officer) is based on a	re than \$100,000	(b) Type of ser		Compensatio
51 Com organ	plete this table for the organization's five highest compensated independent NONE (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractors each receiving over \$100,0 Under penalties of pertury, including correct, and complete Destantion of preparer (other than officer) is based on a Signature concer MARSHALL STRAUSS, TREASURER Type or print name and lute Preparer's signature STUART I. GOLDMAN C:	e than \$100,000	(b) Type of ser	VICE (C)	Compensatio
51 Com organ	plete this table for the organization's five highest compensated independent NONE (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractor paid mon (a) Name and address of each independent contractors each receiving over \$100,0 Under penalties of perior, Receiver that I have examined this return, including correct, and complete Declaration of preparer (other than officer) is based on a Signature Concer MARSHALL STRAUSS, TREASURER Type or print name and title Preparer's signature	e than \$100,000 e than \$100,000 00 accompanying schedules and statemen i mformation of which preparer has any Date PA 06/27/14 emp LD PKWY #108	(b) Type of ser	VICE (C)	Compensatio

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SCHEDULE A	_			_		_		1	OMB No. 1545-0047
(Form 990 or 990-EZ)	Public Charity Status and Public Support								2000
		Complete if the organization is a section 501(c)(3) organization or a section						2009	
Department of the Treasury Internal Revenue Service		4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.						Open to Public Inspection	
Name of the organizat			0/11/ 330-L		separati			l	identification number
		D FEDERAL CA		N FOI	יידארואו.				6-4319703
Part I Reason	for Public Cha	rity Status (All organi	zations mi	ust comple	ete this pa	rt.) See in	structions.		<u> </u>
The organization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box.)			
1 🛄 A church, co	nvention of churche	s, or association of chu	rches desc	rnbed in s	ection 17	O(b)(1)(A)(i).		
		70(b)(1)(A)(ii). (Attach So							
		ital service organization							
		operated in conjunction	with a hos	spital desc	mbed in s	ection 17	0(b)(1)(A)(i	ii). Enter f	the hospital's name,
city, and sta		benefit of a college or u		wood or o	norotod b		montel		
	(b)(1)(A)(iv). (Compl		inversity o		heisten n	y a goven	imeritai uri	it describ	ea m
		ient or governmental un	it describe	d in secti	n 170/b)	(1)(Δ)(γ)			
		ceives a substantial part					or from the	e deneral i	public described in
	(b)(1)(A)(vi). (Comple				5			3	
8 A community	v trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)					
		elves [.] (1) more than 33							
		nctions - subject to certa							
		axable income (less sec	tion 511 ta	x) from bu	Isinesses	acquired I	by the orga	anization a	after June 30, 1975.
	509(a)(2). (Completion	-	at far at bi		0				
		perated exclusively to te perated exclusively for t							
		ations described in secti							
		organization and compl				2). 000 38	COM 303(CK ING DOX INAL
а 🗔 Туре			с 🔲 Тур			tegrated		d	Type III - Other
e 🔄 By checking	this box, I certify tha	at the organization is not					r more dis	qualified p	
foundation n	nanagers and other t	han one or more public	y supporte	d organiz:	ations des	cribed in s	section 509	∋(a)(1) or s	section 509(a)(2)
		tten determination from	the IRS tha	atitisa Ty	и <mark>ре I,</mark> Туре	e II, or Typ	e III		
	rganization, check ti								
		organization accepted a			-				
		lirectly controls, either al upported organization?	ione or tog	ether with	persons	described	in (ii) and (III) Delow,	
-		n described in (i) above?	• • • • •		•		••••••	·· ··· ·	. <u>11g(i)</u> 11g(ii)
• • •	-	person described in (i) a		 ө?	••••••	••	•	•	11g(iii)
		about the supported on			• • •		••••••		
(i) Name of supported	(ii) ElN	(iii) Type of organization				u notify the	(vi) Is organizatio	the	(vii) Amount of
organization		(described on lines 1-9	in col. (i) listed in your organization in col. governing document? (i) of your support?		(i) organiz U.S	ed in the	support		
		above or IRC section (see instructions))	Yes	No	Yes				
			103		165	No	Yes	No	
			ĺ						
			<u> </u>			<u> </u>	† · · · · · · · · · · · · · · · · · · ·	<u>├</u> ──┤	
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Form 990 or 990-EZ.

le A (Form 990 or 990

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932021 02-08-10

	(Complete only if you checke	d the box on line §	5, 7, or 8 of Part I.)				-
Se	ction A. Public Support						
Cal	endar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	ļ					
	furnished by a governmental unit to						
	the organization without charge	ļ					
4	Total. 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,					ł	
	column (f)				<u></u>		
	Public support. Subtract line 5 from line 4			L	1		0.
	ction B. Total Support				T		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties				ļ		
	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.)	ļ		1			
	Total support. Add lines 7 through 10		l	<u> </u>			0.
	Gross receipts from related activities,						
13	First five years. If the Form 990 is for	-	s first, second, thir	a, τουπη, or τιπη τ	ax year as a section	n 501(c)(3)	►X
Se	organization, check this box and stor ction C. Computation of Publ		rcentage		<u></u>	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2009 (column (fi)		14	%
	Public support percentage from 2008						%
	1 33 1/3% support test - 2009. If the o						
100	stop here. The organization qualifies	*				-	
F	33 1/3% support test - 2008. If the o						
	and stop here. The organization qual						
17=	1 10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				•	-	
ł	10% -facts-and-circumstances tes						
-	more, and if the organization meets th	-					
	organization meets the "facts-and-cire				•		
18	Private foundation. If the organization		-			• • • •	s i i i i i i i i i i i i i i i i i i i

Schedule A (Form 990 or 990 EZ) 2009 COMBINED FEDERAL CAMPAIGN FOUNDATION INC26-4319703 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Schedule A (Form 990 or 990-EZ) 2009

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m	dule A (Form 990 or 990-EZ) 2009						Page 3
	t III Support Schedule for C	rganizations	Described in	Section 509(a)	(2) (Complete only	If you checked the bo	ix on line 9 of Part I.)
Sec	tion A. Public Support						
Caler	ndar 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						
i	nclude any "unusual grants.")				· · · ·		· · · · · · · · · · · · · · · · · · ·
1 1	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
1	are not an unrelated trade or bus-						
i	ness under section 513						
4	Tax revenues levied for the organ-						
I	zation's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
1	fumished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	Amounts included on illnes 2 and 3 received						
1	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)				.		
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9.	Amounts from line 6						
	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						·····
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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.)	L				1	
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
14						· · · · · · · · · · · · · · · · · · ·	
	check this box and stop here	<u></u>					
	check this box and stop here tion C. Computation of Publ	ic Support Pe	rcentage				
Sec				column (f))		15	%
Sec 15 16	tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008	line 8, column (f) d Schedule A, Part	ivided by line 13, a	<u></u>		15 16	% %
Sec 15 16	tion C. Computation of Publ Public support percentage for 2009 (line 8, column (f) d Schedule A, Part	ivided by line 13, a	<u></u>		h	
Sec 15 16 Sec	tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008	ine 8, column (f) d I Schedule A, Part stment Incom	ivided by line 13, o III, line 15 e Percentage	<u></u>		h	
Sec 15 16 Sec 17	tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 tion D. Computation of Inve	ine 8, column (f) d <u>8 Schedule A, Part</u> stment Incom 109 (line 10c, colur	ivided by line 13, d III, line 15 e Percentage nn (f) divided by li	<u></u>	·····	16	%
Sec 15 16 Sec 17 18	tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 tion D. Computation of Investment income percentage for 20	ine 8, column (f) d Schedule A, Part stment Incom 109 (line 10c, colur 2008 Schedule A,	ivided by line 13, d III, line 15 e Percentage nn (f) divided by lin Part III, line 17	ne 13, column (f)	····· · · · · · · · · · · · · · · · ·	16 17 18	% %
Sec 15 16 Sec 17 18 19a	tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 tion D. Computation of Inve Investment income percentage for 20 Investment income percentage from	line 8, column (f) d <u>Schedule A, Part</u> <u>stment Incom</u> 109 (line 10c, colur 2008 Schedule A, organization did r	ivided by line 13, d III, line 15 e Percentage nn (f) divided by lu Part III, line 17 not check the box	ne 13, column (f) on line 14, and line	15 is more than	16 17 18 33 1/3%, and line 1	% %
Sec 15 16 Sec 17 18 19a	tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2009. If the	line 8, column (f) d <u>3 Schedule A, Part</u> <u>stment Incom</u> 109 (line 10c, colur 2008 Schedule A, organization did r nd stop here. The	ivided by line 13, o III, line 15 e Percentage nn (f) divided by lin Part III, line 17 not check the box organization quali	ne 13, column (f)) on line 14, and line fies as a publicly s	9 15 is more than supported organiz	16 17 18 33 1/3%, and line 1 ation	% % 7 is not
Sec 15 16 Sec 17 18 19a b	tion C. Computation of Publ Public support percentage for 2009 (Public support percentage from 2008 tion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a	Ine 8, column (f) d Schedule A, Part stment Incom 109 (line 10c, colur 2008 Schedule A, organization did r nd stop here. The organization did r	wided by line 13, o III, line 15 e Percentage nn (f) divided by lu Part III, line 17 not check the box organization quali not check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s o line 14 or line 19a	9 15 is more than supported organiz a, and line 16 is m	16 17 18 33 1/3%, and line 1 ation wore than 33 1/3%, i	% % 7 is not

Schedule A (Form 990 or 990-EZ) 2009

COMBINED FEDERAL CAMPAIGN FOUNDATION INC

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FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
TRANSFER FROM	COMMITTEE	59,23	34.
TOTAL TO FORM	990-EZ, LINE 20	59,23	34.

COMBINED FEDERAL CAMPAIGN FOUNDATION INC

26-4319703

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT	2
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, NINDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] YES [X] :	NO
-	ANIZATION, DURING THE YEAR, PAY PREMIUMS, NDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES [X]	NO

STATEMENT(S) 2

COMBINED FEDERAL CAMPAIGN FOUNDATION INC

26-4319703

990-EZ PG 2

STATEMENT 3

THE CFC FOUNDATION OPERATES IN SUPPORT OF THE US GOVERNMENT COMBINED FEDERAL CAMPAIGN. WE ASSIST IN TRAINING THOSE AROUND THE COUNTRY WHO ADMINISTER THE CFC AND HELP TO PROMOTE THE CFC TO POTENTIAL FEDERAL DONORS. IN COOPERATION WITH THE US OFFICE OF PERSONNEL MANAGMENT, WE SPONSOR AN ANNUAL TRAINING CONFERENCE ATTENDED BY HUNDREDS OF CFC ADMINISTRATORS AND FEDERAL VOLUNTEERS. WE ALSO OPERATE A WEBSITE, WWW.CFCTODAY.ORG, THAT IS A KEY SOURCE OF INFORMATION ABOUT THE FEDERAL FUNDRAISING PROGRAM.