• For	" 9 9	90-EZ	Sh Return of Organizatio	ort Form n Exempt From	ncome	Tax	OMB No 1545-1150
			Under section 501(c), 527, or 4947(a)(1) of th	-			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Dep	artment	of the Treasury	Do not enter Social Security nu	-			Open to Public
		enue Service	► Information about Form 990-EZ				Inspection
	For the Check if		year, or tax year beginning OCT 1	<u>, 2013</u> and end			2014
	applicat	ble C N	me of organization			D Employer	r identification number
		ess change	MBINED FEDERAL CAMPAIGN			26-1	1319703
			ber and street (or P.O. box, if mail is not delivered to		Room/suite		
		return	35 OLD GEORGETOWN ROAD		900	•	-333-0304
Ē			or town, state or province, country, and ZIP or foreign			F Group Ex	
	Applic	ation pending B]	THESDA, MD 20814-6230			Number	
		nting Method:	🗶 Cash 🗌 Accrual Other (specify) 🕨			H Check 🕨	► X if the organization is not
			CFCTODAY.ORG			required	to attach Schedule B
			eck only one) 🗶 501(c)(3) 501(c) () <(insert no.) 4947(a)(1)	or 527	(Form 99	0, 990-EZ, or 990-PF).
		-		ociation Other			
			b, to line 9 to determine gross receipts. If gross recei		ii assets (Part I		57,550.
	art I	Revenue	\$500,000 or more, file Form 990 instead of Form 990 , Expenses, and Changes in Net As	sets or Fund Balances	(see the instru	ctions for Pa	art I)
	<u>un e n</u>		organization used Schedule O to respond to any ques		(x
	1		gifts, grants, and similar amounts received			1	
	2		e revenue including government fees and contracts			2	57,550.
	3	Membership d	ues and assessments			3	
	4	Investment inc	ome			4	
	5a		from sale of assets other than inventory	5a			
	b		ther basis and sales expenses	<u>5b</u>			
	C		rom sale of assets other than inventory (Subtract line	5b from line 5a)		50	
	6	-	ndraising events				
Jue	a	\$15,000)	rom gaming (attach Schedule G if greater than	6a			
Revenue	Ь		rom fundraising events (not including \$	of contribution:	s		
å			g events reported on line 1) (attach Schedule G if the		5		
			ind contributions exceeds \$15,000)	6b			
	c	Less: direct ex	penses from gaming and fundraising events	6c			
	d	Net income or	(loss) from gaming and fundraising events (add lines	6a and 6b and subtract line 6c)		6d	
- La	7a	Gross sales of	inventory, less returns and allowances	7a			
2016	b	Less: cost of g		5-15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
	C		(loss) from sales of inventory (Subtract line 7b from	line 7a)		70	
ເຈ 🔿	8		(describe in Schedule O)			8	
	9 10		Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	1 3 2014		▶ 9 10	57,550.
DEC	11		o or for members			10	
	12	-	compensation, and employee benefits			12	
USe I	13		es and other payments to independent contractors	and the second s		13	900.
xpe	14	Occupancy, re	it, utilities, and maintenance 🛛 👌 🖕			14	
SCAN WE	15	Printing, public	ations, postage, and shipping			15	
10	16		(describe in Schedule O)	SEE SCHED	ULE O	16	51,596.
	17		s. Add lines 10 through 16			► <u>17</u>	52,496.
ts	18		cit) for the year (Subtract line 17 from line 9)			18	5,054.
Net Assets	19		and balances at beginning of year (from line 27, colur	nn (A))			125 012
et A	20	•	th end-of-year figure reported on prior year's return) in net assets or fund balances (explain in Schedule O)		<u>19</u> 20	125,813.
ž	20	-	and balances at end of year. Combine lines 18 throug	•		▶ 21	130,867.
 LH			luction Act Notice, see the separate instructions.				Form 990-EZ (2013)
							L N

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_	m 990-EZ (2013) COMBINED FEDERAL CAM art II Balance Sheets (see the instructions for Check if the organization used Schedule	Part II)	ion in this Part I		<u>.</u>	9703	
			(A) Beginning of year		-	(B) End of ye	_
22			125,813		1	129,	2
23	.			23		<u> </u>	
24). 24		1 20	2
25			125,813		1	130,	, と
26	,). 26		120	_
27	<u>Net assets or fund balances (line 27 of column (B) must agree wit</u> art III Statement of Program Service Accomp	th line 21)	125,813			130,	<u> </u>
P	Check if the organization used Schedule				(Regu	Expenses Jired for secti	on
Wh-	at is the organization's primary exempt purpose?SEE SCHED				501(c	:)(3) and 501	(C)
	· · · · · · · · · · · · · · · · · · ·					uzations and : (a)(1) trusts;	
	cribe the organization's program service accomplishments for each of its three larg iner, describe the services provided, the number of persons benefited, and other re		ises in a clear and concise		for ot		
28	AN ANNUAL TRAINING CONFERENCE	FOR CFC ADMINISTE	ATORS AND		+		
20	FEDERAL VOLUNTEERS.						
	(Grants \$) If this amount includes	s foreign grants, check here	•		28a	48,	2
29			£.,				
	(Grants \$) If this amount includes	s foreign grants, check here	►		29a		
30		X X					
	(Grants \$) If this amount includes	s foreign grants, check here	►		30a		
31	Other program services (describe in Schedule O)	-					
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes	s foreign grants, check here			31a		
32	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31	a)	►		32	48,	
32		a)	e even if not compensated	• see the	32		
32	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31	a) d Key Employees (list each ond			32		
32	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 art IV List of Officers, Directors, Trustees, and	a) d Key Employees (list each oni O to respond to any quest (b) Average hours	ion in this Part I (c) Reportable	∨ (d) на	a instructi	efits, (e) Es	tır
32	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 art IV List of Officers, Directors, Trustees, and	a) d Key Employees (list each oni O to respond to any quest (b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	V (d) не cont empl	e instructi ealth bene tributions loyee ben	efits, (e) Es	tin t o
32	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule	a) d Key Employees (list each oni O to respond to any quest (b) Average hours	(c) Reportable compensation (Forms	(d) He cont empl plans,	alth bene	efits, (e) Es to efit arred compe	tin t o
32 P	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule	a) d Key Employees (hist each one O to respond to any quest (b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	e instructi ealth bene tributions loyee ben and defe npensatio	efits, to hefit arred compe	tin t o
32 P	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 Part IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title	a) d Key Employees (list each oni O to respond to any quest (b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) He cont empl plans,	e instructi ealth bene tributions loyee ben and defe npensatio	efits, (e) Es to efit arred compe	tin t o
32 P	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 eart IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title ALMAN STEIN	a) d Key Employees (list each oni O to respond to any quest (b) Average hours per week devoted to position 1.00	ion in this Part I (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He cont empl plans,	32 e instructions instructions loyee ben and defe inpensation	efits, (e) Es to fefit amount compe 0.	tin t o
32 P KZ CH V	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 Part IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title ALMAN STEIN HAIR	a) d Key Employees (hist each one O to respond to any quest (b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He cont empl plans,	32 e instructions instructions loyee ben and defe inpensation	efits, to hefit arred compe	tin t o
	(Grants \$) If this amount includes Total program service expenses (add lines 28a through 31 eart IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title ALMAN STEIN HAIR INCE MICONE	a) d Key Employees (list each oni O to respond to any quest (b) Average hours per week devoted to position 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He cont empl plans,	32 e instructi instructions loyee ben and defe npensatio	efits, (e) Es to effit amouni erred compe 0.	tin t o
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	(Grants \$)) If this amount includes Total program service expenses (add lines 28a through 31 'art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title ALMAN STEIN HAIR INCE MICONE ICE CHAIR IMBERLY AINSWORTH	a) d Key Employees (hist each oni O to respond to any quest (b) Average hours per week devoted to position 1.00 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He cont empl plans,	32 e instructi instructions loyee ben and defe npensatio	efits, (e) Es to effit amouni erred compe 0.	tin t o
32 R C H V V K S H MZ	(Grants \$)) If this amount includes Total program service expenses (add lines 28a through 31) 'art IV List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title ALMAN STEIN HAIR INCE MICONE ICE CHAIR IMBERLY AINSWORTH ECRETARY	a) d Key Employees (hist each oni O to respond to any quest (b) Average hours per week devoted to position 1.00 1.00	ion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He cont empl plans,	a instructions ealth benefitions obyee ben and defe npensation	efits, (e) Es to effit amouni erred compe 0.	tin t o
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Form 990-EZ (2013)

 Form 990-EZ (2013)
 COMBINED FEDERAL CAMPAIGN FOUNDATION, INC
 26-4319703

 Part V
 Other Information (Note the Schedule A and personal benefit contract statement requirements in the

3 Ord the organization engage in any significant activity not previously reported to the HSP If Yes, "provide a dialied description of each activity in Schedule 0. 33 X 40 Were any significant changes made to the organization same. Otherwise, explain this change on Schedule 0. (see instructions). 34 X 35 In the cignization have a change to the organization same. Otherwise, explain this change on Schedule 0. (see instructions). 35 X 36 In the cignization is active. Store (see instructions). 36 X/A 37 X 36 A any on otherwise, explain this change on Schedule 0. (see instructions). 36 38 D dit the organization is active. Store (see instructions). 37 X 39 D dit to organization actives of the (see instructions). 37 X 39 D dit to organization actives of the (see instructions). 37 X 39 D dit to organization. Store of the tax year covered by the return? 38 N/A 39 D dit to organization. Store of the tax year covered by the return? 38 N/A 39 D dit to organization. Store of the tax year covered by the return? 38 N/A 39 D dit to organization. Store of the tax year covered by the returin field. 39	L <u>. </u>	instructions for Part V) Check if the organization used Sch. O to respond to any question in th	is Pa	rt V	X
activity in Schedule 0 33 X 4 Wore any quantization charges made to the organization or gonoverning documents? II Yes, "attach a conformed cupy of the amended documents for the year for the usage on Schedule 0 (see natructions) 34 X 55 a Df the organization have uncleade business gross income of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as those reported to the state of \$1,000 or more during the year for the usarts activities (such as they are provide an explanation in Schedule \$1,000 or more during the year for the year \$1 "Yes," complete applicable parts of Schedule \$1,000 or male any lotanes to, any officer, director, turkler, or key employee or were any such thans made in the organization or the value addition deschedue to the state of \$1,000 or more during the year of \$1,000 or more during the year of \$1,000 or more during the year of \$1,000 or more during the the organization and the set of the to the admonet of \$1,000 or more during the year of \$1,000 or more during the the organization and \$1,000 or more during the text and \$1,000 or more during the text and \$1,000 or more during the text and the to the year ord \$1,000 or more during the set of \$1,000 or more d				Yes	No
activity in Schedule 0 33 X 4 Wore any quantization charges made to the organization of parse, palae that change on Schedule 0 (see instructions) 34 X 51 D of the organization have uncleaded business gross income of \$1,000 or more during the year form business activities (such as those reported on lines 2.6, and 1.2, among others)? 35 X 52 D of the organization have uncleaded business gross income of \$1,000 or more during the year form business activities (such as those reported on lines 2.6, and 1.2, among others)? 35 X 53 D of the organization is activities (sock of 35.0, 000 or more during the year form business activities (such as those reported as policities) and social objectivity (sock (s), 50 (s)	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
44 Ware any significant changes made to the organization of powering documents? If Yes, "tatch a conformed copy of the anended document of the regretation of the organization of the organization and. Otherwes, explain the change on Scheluk 0 (get extrustions) 34 X 55 Dot the organization have winetided business gross mome of \$1,000 or more during the year firm business activities (such as those reported on ine 2, 6a, and 7a, among others)? 34 X 56 Did the organization have winetided business gross mome of \$1,000 or more during the year firm, business activities (such as those reported on the activities, discontering the year)? If Yes, 'complete Schedule (), Part III 35 X 35 X 37 Enter amoent of policia dependitures, direct or indirect, as described in the instructions \$71 C + 35 32 X 38 Did the organization is form 1120-010 for this year? If Yes, 'complete Schedule (), Part II and enter the total amount involved \$32 \$32 X/A 35 X 39 Section 501(c)(7) organizations. Finter amount of tax way encoreed by the reduring the year of the sign strate of 356		• • • • • •	33		X
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on mes 2, 6a, and 7a, among othersi? 35 38 X b If Yes's towel 35, has the organization teld a form 990-1 for the year? If Yes, form 990 in the year 10 in Yes, complete schedule 0, perform 900-1 for the year? If Yes, complete schedule 0, perform 900-1 for the year? If Yes, complete schedule 10 in the capaciton diverse of the organization and period will be capaciton with a capaciton in the capacitors, direct or indirect, as described in the instructions 374 386 X 39 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete schedule 10, point of year of the year? 386 X 39 Did the organization indergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes, complete schedule 1, Part I and enter the total amount movied 386 N/A 39 Did the organization. Effer around of tax imposed on the organization during the year under: section 4912 0, ; section 4915 0, ; 40 Section 501(c)(2) organizations. Enter amount of tax imposed on the organization managers or display display of the programization schedule 10, part 10, ; section 4912 0, ; 380 N/A 39 Did the organizations. Enter amount of tax imposed on reganization amagers or display display of the programization aparty to a prohibited tax shell regiones in the schedule 10, regiones regioned on any of the proform 590 or 90-E27 1 Ye + 4 2081 - 2233 - 030 dit			34		X
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b If Yes' to line 35a, has the organization test a form 990-T for the year? If Yes, provide an explanation in Schedule 0 b Was the organization asciento 501(c)(4), 501(c)(5) (c)(5) (c		-	35a		Х
Wess the organization assection 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6032(e) notice, reporting, and proxy tax requirements during the year // 11 Yes; complete Schedule P, Part III Det the organization undergo a liquidation, desolution, termination, or significant disposition of net assets during the year // 11 Yes; Text around or policial expenditives, direct or indirect, as described in the instructions Det the organization tife Form 1120+P0L to this year? Text around or policial expenditives, direct or indirect, as described in the instructions Det the organization the Form 1120+P0L to this year? Text around or make any donas to, any officer, director, trustee, or key employee or were any such loans made ma prox year and sill outstanding at the end of the tax year covered by this return? Det the organization instructed or inte tax year covered by this return? Det the organization instructed on line 9 Section 501(c)(2) organizations. Enter anount of tax imposed on the organization during the year under: section 501(c)(2) organizations. Enter anount of tax imposed on the organization during the year under: section 501(c)(2) and 501(c)(4) organizations. Enter anount of tax imposed on organization managers or disqualated persons during the tax year, was the organization engage in any resection 4956 webset the states with which a copy of this return is thed NONE Section 501(c)(3) and 501(c)(4) organizations. Enter anound to tax imposed on organization managers or disqualated persons during the tax year, was the organization any arbitis or of signature or the PTHE ORGANIZ LATTON Telephone no. > 240–333–0304 the organization and the organization have an interest in or a signature or other suthourly ver's inter the name of the foreign country; > Section 501(c)(3) and 501(c)(4) organizations. Enter anound to tax with experimes and oreline autonery If Yes', formet Beine managers or disputa	b		35b	N/	A
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If Yes,* complete Schedule L, Part 1 40b X If Yes,* complete Schedule L, Part 1 9 9 If Yes,* complete Schedule L, Part 1 9 9 If Schedule D errors of urganizations. Enter amount of tax imposed on organization managers or disgualitied persons during the star verse in use of the organizations. Enter amount of tax on line 40c reimbursed by the organizations. Enter amount of tax on line 40c reimbursed by the organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8866-T 0. 40e X 11 List the states with which a copy of this return is filed > <u>NONE</u> 5240-333-0304 718 40e X 122 The organization's books are in care of > <u>THE ORGANIZATION</u> Telephone no. > <u>240-333-0304</u> 718 218 42b X 122 The organization's books are in care of > <u>THE ORGANIZATION</u> Telephone no. > <u>240-333-0304</u> 718 42b X 123 The organization books are in care of > <u>THE ORGANIZATION</u> Telephone no. > <u>240-333-0304</u> 718 42b X 124 List states with which a copy of this return is file Organization have an interest in or a signature or other authority over a financeial account in a foreign country (such as a bank account, securites account, or other financeial accounts. 718 + 4 > 20814 - 6230					1
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	400	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2013)

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	2013)	COMBINED	FEDERA	L CAMPAI	SN FOUNDA	TION,	INC	26-43197		_
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	•	engage, directly or it hedule C, Part I	nairecuy, in po	inical campaign acti	vities on behalf of c	ar in oppositio	on to candidates for p		46	
		501(c)(3) orga	anizations	only						
				•			te the tables for lin	es 50 and 51.		
	Check if t	he organization us	ed Schedule	O to respond to	any question in th	nis Part VI		<u>.</u>		e
47 Did the o	proanization	engage in lobbying a	activities or hav	/e a section 501(h)	election in effect du	ring the tax v	/ear? If "Yes," comple	te Sch. C. Part II	47	C :
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	-	make any transfers t			l organization?				49a	
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		mpensation from the	-				רא, עטאנפטא מוע אפע פ	mpioyees) who ea	CITTELEN	161
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Form 990-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)		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.	OMB No 1545-0047	
Internal Reve		Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/f	orm990.	Inspection
Name of t	the organizati			identification number
		COMBINED FEDERAL CAMPAIGN FOUNDATION, INC		6-4319703
Part I	Reason	for Public Charity Status (All organizations must complete this part.) See instruction		<u> </u>
		private foundation because it is: (For lines 1 through 11, check only one box.)		
1		nvention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2		cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)		
3		a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
▲ □	•	search organization operated in conjunction with a hospital described in section 170(b)(1)(A	.)(iii). Enter f	the hospital's name.
• 🗆	city, and stat	-	~ /	•
5		on operated for the benefit of a college or university owned or operated by a governmental	unit describ	ed in
•	-	(b)(1)(A)(iv). (Complete Part II.)		
6		te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7 X		on that normally receives a substantial part of its support from a governmental unit or from	the general	public described in
	-	b)(1)(A)(vi). (Complete Part II.)		
8		trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	-	on that normally receives: (1) more than 33 1/3% of its support from contributions, member	ship fees, ai	nd gross receipts from
	Ģ	ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	-	•
		inrelated business taxable income (less section 511 tax) from businesses acquired by the o		
	See section	509(a)(2). (Complete Part III.)	-	
10		on organized and operated exclusively to test for public safety See section 509(a)(4).		
11		on organized and operated exclusively for the benefit of, to perform the functions of, or to c	arry out the	purposes of one or
	more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section 50)9(a)(3). Che	eck the box that
	describes the	type of supporting organization and complete lines 11e through 11h		
	а 🛄 Туре	b Type II c Type III · Functionally integrated d 1	ype III · Nor	n-functionally integrated
e 🗔	By checking	this box, I certify that the organization is not controlled directly or indirectly by one or more of	disqualified	persons other than
	foundation m	anagers and other than one or more publicly supported organizations described in section	509(a)(1) or	section 509(a)(2)
f	If the organiz	ation received a written determination from the IRS that it is a Type I, Type II, or Type III		
	supporting o	rganization, check this box		
g	Since Augus	t 17, 2006, has the organization accepted any gift or contribution from any of the following p	ersons?	
-	-	n who directly or indirectly controls, either alone or together with persons described in (ii) an		Yes No
	••	eming body of the supported organization?		11g(i)
	-	member of a person described in (i) above?		11g(ii)
	(iii) A 35%	controlled entity of a person described in (i) or (ii) above?	-	11g(iii)
h		ollowing information about the supported organization(s)		
		(\mathbf{w}) is the organization (w) Did you patify the (\mathbf{v})	i) is the	

(I) Name of supported organization	(ii) EIN	above or IRC section	(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 monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
- <u></u>					_					
Total										

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

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990 EZ) 2013 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)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					_	<u> </u>
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	Include any "unusual grants.")	42,120.	2,500.	2,500.			47,120.
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				····		
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	42,120.	2,500.	2,500.			47,120.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						47,120.
	ction B. Total Support	·				- 4	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	42,120.	2,500.	2,500.	• •		47,120.
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	Total support. Add lines 7 through 10						47,120.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	456,181.
	First five years. If the Form 990 is for	•		, I, fourth, or fifth ta	x year as a section	on 501(c)(3)	
	organization, check this box and stor	o here			•		▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (line 6, column (f) di	wided by line 11, c	olumn (f))		14	100.00 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14 🚬			15	100.00 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or i	more, check this	box and
	stop here. The organization qualifies	as a publicly supp	orted organization		-		►X
t	33 1/3% support test - 2012. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	% or more, check	this box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion _			\blacktriangleright
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not cl	heck a box on line	13, 16a, or 16b,	and line 14 is 104	% or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	art IV how the org	anization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		
t	9 10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15	is 10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, ch	eck this box and s	stop here. Explai	n in Part IV how t	he
	organization meets the "facts-and-cire	cumstances" test	The organization q	ualifies as a public	ly supported org	anization	\blacktriangleright
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	<u>, 16b, 17a, or 17b</u>	, check this box	and see instruction	ons

Schedule A (Form 990 or 990-EZ) 2013

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Schedule A (Form 990 or 990 EZ) 2013 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3 (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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ-					1	
•	ization'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						
e	Total. Add lines 1 through 5				1	1	
	Amounts included on lines 1, 2, and						
7 a	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						
	Public support (Subtract line 7c from line 6)		l				
Sec	ction B. Total Support		L		- <u>1 </u>	·····	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3 (f) Total
-	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)						
	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) c	rganization,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2013 (line 8, column (f) c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2012	2 Schedule A, Parl	t III, line 15			16	%
	ction D. Computation of Inve			!			
17	Investment income percentage for 20)13 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from	•				18	%
	a 33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than :	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2012. If the	•					/3%, and
-	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization		-				

Page 3

edule A	(Form 990 or 990 EZ) 2013 COMBINED FEDERAL CAMPAIGN FOUNDATION, INC26-4319703
art IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).
	Also complete this part for any auditional information. (See instructions).
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/		OMB No 1545-0047 2013 Open to Public Inspection
Internal Revenue Service Name of the organization		Employe	r identification number
	COMBINED FEDERAL CAMPAIGN FOUNDATION, INC	20-4	1319703
<u>FORM 990-EZ,</u>	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT :
CONFERENCE E	XPENSES		48,230.
INSURANCE			2,013.
EDUCATION			1,353.
TOTAL TO FOR	<u>M 990-EZ, LINE 16</u>		51,596.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
DUE FROM EAR	THSHARE	0.	900.
FORM 990-EZ,			
	SUPPORT OF THE US GOVERNMENT COMBINED FEDERAL		
ASSIST IN TR	AINING THOSE AROUND THE COUNTRY WHO ADMINISTE		
HELP TO PROM	OTE THE CFC TO POTENTIAL FEDERAL DONORS.IN CO	OPERAT	TION WITH
THE U.S. OFF	ICE OF PERSONNEL MANAGEMENT, WE SPONSOR AN AN	NUAL 1	TRAINING
CONFERENCE,	ATTENDED BY HUNDREDS OF CFC ADMINISTRATORS AN	D FEDI	ERAL
VOLUNTEERS.	WE ALSO OPERATE A WEBSITE, WWW.CFCTODAY.ORG,	THAT 1	IS A KEY
SOURCE OF IN	FORMATION ABOUT THE FEDERAL FUNDRAISING PROGR	AM.	
FORM 990-EZ,	PART V, INFORMATION REGARDING PERSONAL BENEF		ITRACTS :
THE ORGANIZA	TION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, I	DIRECTLY,
	Y, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT		
	TION, DID NOT, DURING THE YEAR, PAY ANY PREMI		
		JED 1	
OR INDIRECTL	Y, ON A PERSONAL BENEFIT CONTRACT.		

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