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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service

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 \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C

THE MARYLAND 4H FOUNDATION INC
8020 GREENMEAD DRIVE
COLLEGE PARK, MD 20740-4004

D Employer identification number

52-6056016

E Telephone number

(301) 314-7835

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.MYMARYLAND4HFOUNDATION.COM**J** Organization type (check only one) — ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ► \$ 856,029.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	640,708.
2	Program service revenue including government fees and contracts	2	53,106.
3	Membership dues and assessments	3	
4	Investment income	4	14,330.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less: cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	114,472.
6b	Less: direct expenses other than fundraising expenses	6b	54,842.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	59,630.
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less: cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ► <u>SEE STATEMENT 1</u>)	8	33,413.
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	801,187.
10	Grants and similar amounts paid (attach schedule)	10	260,054.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	14,721.
13	Professional fees and other payments to independent contractors	13	41,886.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	20,587.
16	Other expenses (describe ► <u>SEE STATEMENT 3</u>)	16	342,539.
17	Total expenses (add lines 10 through 16)	17	679,787.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	121,400.
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	2,450,051.
20	Other changes in net assets or fund balances (attach explanation) <u>SEE STATEMENT 4</u>	20	-601,109.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,970,342.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

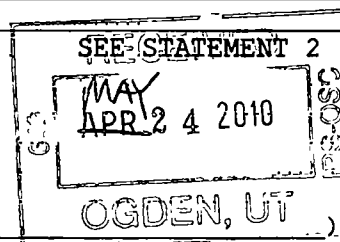
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,201,045.	22 1,718,399.
23 Land and buildings		23
24 Other assets (describe ► <u>SEE STATEMENT 5</u>)	414,674.	24 321,064.
25 Total assets	2,615,719.	25 2,039,463.
26 Total liabilities (describe ► <u>SEE STATEMENT 6</u>)	165,668.	26 69,121.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,450,051.	27 1,970,342.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

SCANNED JUL 20 2010



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21

Expenses

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

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

28 a	554,802.
------	----------

28 a	554,802.
------	----------

29 a

29 a

30 a

30 a

31 a

31 a

32	554,802.
----	----------

(e) Expense account and other allowances

0.

Part V Other Information (Note the statement requirement in General Instruction 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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 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?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule 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?		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 unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(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 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 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d 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		X
41 List the states with which a copy of this return is filed ▶ MD		

42a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (301) 314-7835
 Located at ▶ 8020 GREENMEAD DRIVE COLLEGE PARK MD ZIP + 4 ▶ 20740-4004

	Yes	No
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)? If 'Yes,' enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ▶		X

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 ▶ ☐ N/A
 ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		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		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 10

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
46		X
47		X
48		X
49a		X
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the 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		
Total number of other independent contractors receiving over \$100,000		

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

Sign Here

Signature of officer: Amanda B. Clougherty Date: 5/12/10

Type or print name and title: Amanda B. Clougherty

Paid Preparer's Use Only

Preparer's signature: Courtney G. Springirth Date: 5/12/10

Firm's name (or yours if self-employed): COURTNEY G. SPRINGIRTH, CHARTERED

Address: 17830 NEW HAMPSHIRE AVE STE 301

City, state, and ZIP + 4: ASHTON, MD 20861-3648

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

EIN: N/A

Phone no: (301) 260-2820

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA Form 990-EZ (2008)

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	227,721.	361,580.	281,704.	308,290.	625,987.	1,805,282.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1-3	227,721.	361,580.	281,704.	308,290.	625,987.	1,805,282.
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)						0.
6 Public support. Subtract line 5 from line 4						1,805,282.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	227,721.	361,580.	281,704.	308,290.	625,987.	1,805,282.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,762.	26,869.	26,634.	58,628.	14,330.	152,223.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	15,835.	23,291.	14,187.	52,945.	33,413.	139,671.
11 Total support. Add lines 7 through 10						2,097,176.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 **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 ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	86.1 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	83.1 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b **33-1/3 support test – 2007.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b **10%-facts-and-circumstances test – 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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 yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 lns 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 ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests – 2008. 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 – 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Department of the Treasury
Internal Revenue Service

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE MARYLAND 4H FOUNDATION INC

Employer identification number

52-6056016

Part I	Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
---------------	---

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| ☐ Mail solicitations | ☐ Solicitation of non-government grants |
| ☐ Email solicitations | ☐ Solicitation of government grants |
| ☐ Phone solicitations | ☐ Special fundraising events |
| ☐ In-person solicitations | |

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule G (Form 990 or 990-EZ) 2008

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		LIVESTOCK AUCTION (event type)	(event type)	(total number)	(Add col. (a) through col. (c))
	1 Gross receipts	114,472.			114,472.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	114,472.			114,472.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	54,842.			54,842.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				54,842.
	9 Net income summary. Combine lines 3 and 8 in column (d)				59,630.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility

13a	%
13b	%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address:

Name: ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided: ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

YES NO

15a

17a

THE MARYLAND 4H FOUNDATION INC

52-6056016

**STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE**

OTHER INCOME

	\$	33,413.
TOTAL	\$	<u>33,413.</u>

**STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	HARFORD COUNTY EAC	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 72,500.
DONEE'S NAME:	PATUXENT RIVER 4H CENTER	
RELATIONSHIP OF DONEE:	NONE	
CASH AMOUNT GIVEN:		\$ 26,000.
DONEE'S NAME:	AMOUNTS PAID LESS THAN \$5000	
CASH AMOUNT GIVEN:		\$ 161,554.

**STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

AWARDS AND RECOGNITION	\$ 5,077.
BAD DEBTS	326.
BANK CHARGES	3,202.
DEPRECIATION	12,031.
HONORARIA	1,485.
INSTRUCTIONAL MATERIALS	2,984.
INSURANCE	4,923.
MEALS AND ENTERTAINMENT	39,088.
MEMBERSHIPS	545.
OTHER EXPENSES	37,442.
PHOTOGRAPHY	1,091.
PROMOTIONAL ITEMS	31,834.
REGISTRATION FEES	29,777.
RIBBONS AND TROPHIES	154.
SUBSCRIPTIONS AND PUBLICATIONS	64.
SUPPLIES	38,418.
TELEPHONE	963.
TRAVEL	133,135.
TOTAL	\$ <u>342,539.</u>

THE MARYLAND 4H FOUNDATION INC

52-6056016

STATEMENT 4
FORM 990-EZ, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED LOSSES ON INVESTMENTS			
		TOTAL	\$ -601,109.
			<u>\$ -601,109.</u>

STATEMENT 5
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 8,422.	\$ 8,175.
BENEFICIAL INTERESTS IN TRUSTS	272,282.	190,028.
MACHINERY AND EQUIPMENT	130,818.	118,787.
PREPAID EXPENSES AND DEFERRED CHARGES	3,152.	4,074.
TOTAL	<u>\$ 414,674.</u>	<u>\$ 321,064.</u>

STATEMENT 6
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 2,752.	\$ 11,571.
AGENCY LIABILITIES	162,916.	57,550.
TOTAL	<u>\$ 165,668.</u>	<u>\$ 69,121.</u>

STATEMENT 7
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THE MARYLAND 4-H FOUNDATION INC IS TO BUILD AND MANAGE THE FINANCIAL RESOURCES TO SUPPORT MARYLAND YOUTH IN REACHING THEIR FULLEST POTENTIAL AS COMPETENT, CARING, RESPONSIBLE INDIVIDUALS THROUGH 4-H.

STATEMENT 8
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE MARYLAND 4-H FOUNDATION, INC. PROVIDES CRITICAL SUPPORT FOR 4-H PROGRAMS, 4-H ACADEMIC SCHOLARSHIP, AND FACILITIES SUCH AS THE MARYLAND 4-H CENTER AND THE THENDARA 4-H CENTER (CAMP). THROUGH OUR PARTNERSHIP WITH THE MARYLAND 4-H YOUTH DEVELOPMENT PROGRAM OF THE UNIVERSITY OF MARYLAND WE SERVE OVER 43,000 CHILDREN AND YOUTH IN THE STATE OF MARYLAND IN PROGRAM AREAS SUCH AS THE HUMAN SCIENCES, ANIMAL SCIENCES, MULTI CURRICULA PROGRAMS, ENVIRONMENTAL SCIENCES AND CAMPING.

THE MARYLAND 4H FOUNDATION INC

52-6056016

STATEMENT 9
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
BRUCE L BERLAGE 8020 GREENMEAD DR COLLEGE PARK, MD 20740	CHAIRMAN 2.00	\$ 0.	\$ 0.	\$ 0.
J. ROBERT FRAZEE 8020 GREENMEAD DR COLLEGE PARK, MD 20740	VICE CHAIRMAN 2.00	0.	0.	0.
PAUL ROCK 8020 GREENMEAD DR COLLEGE PARK, MD 20740	TREASURER 2.00	0.	0.	0.
IRENE HARPER 8020 GREENMEAD DR COLLEGE PARK, MD 20740	SECRETARY 2.00	0.	0.	0.
F. GROVE MILLER 8020 GREENMEAD DR COLLEGE PARK, MD 20740	CHAIRMAN EMERIT 2.00	0.	0.	0.
DONALD E. BOWMAN 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
ANDY CASHMAN 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
WILL GODWIN 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
HENRY HOLLOWAY SR 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
ROBBIE MILLER 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
CLAUDIA PAYNE 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
BEAMAN SMITH 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.

THE MARYLAND 4H FOUNDATION INC

52-6056016

STATEMENT 9 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
GAGE THOMAS 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR \$ 2.00	0. \$	0. \$	0.
AUBREY WALKER 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
JOAN TOMS DERRICK 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
CHARLES E. IAGER 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
JACK KING 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
WILLIAM F.C. MARLOW JR 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
NONA SCHWARTZBECK 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 2.00	0.	0.	0.
AMANDA BROWN CLOUGHERTY 8020 GREENMEAD DR COLLEGE PARK, MD 20740	DIRECTOR 40.00	14,721.	0.	0.
CHENG-I WEI 8020 GREENMEAD DR COLLEGE PARK, MD 20740	EX-OFFICIO 2.00	0.	0.	0.
NICK PLACE 8020 GREENMEAD DR COLLEGE PARK, MD 20740	EX-OFFICIO 2.00	0.	0.	0.
JEFF HOWARD 8020 GREENMEAD DR COLLEGE PARK, MD 20740	PROGRAM MANAGER 2.00	0.	0.	0.
CYNTHIA WARNER 8020 GREENMEAD DR COLLEGE PARK, MD 20740	EX-OFFICIO 2.00	0.	0.	0.
	TOTAL	\$ 14,721.	\$ 0.	\$ 0.

2008

FEDERAL STATEMENTS

PAGE 5

THE MARYLAND 4H FOUNDATION INC

52-6056016

STATEMENT 10
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

THE MARYLAND 4H FOUNDATION INC

52-6056016

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER INCOME	33,413.	52,945.	14,187.	23,291.	15,835.
TOTAL	<u>\$ 33,413.</u>	<u>\$ 52,945.</u>	<u>\$ 14,187.</u>	<u>\$ 23,291.</u>	<u>\$ 15,835.</u>

**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 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	Employer identification number
	THE MARYLAND 4H FOUNDATION INC	52-6056016
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	8020 GREENMEAD DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	COLLEGE PARK, MD 20740-4004	

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

- | | | |
|---|--|------------------------------------|
| ☐ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► THE ORGANIZATION

Telephone No ► (301) 314-7835

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 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

- 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**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number 52-6056016 For IRS use only
	THE MARYLAND 4H FOUNDATION INC	
	Number, street, and room or suite number. If a P.O. box, see instructions	
	COURTNEY G. SPRINGIRTH, CHARTERED 17830 NEW HAMPSHIRE AVE STE 301	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ASHTON, MD 20861-3648	

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

- | | | | |
|---|--|--------------------------------------|------------------------------------|
| ☐ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (section 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☒ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ☒ **THE ORGANIZATION**
Telephone No. ☒ (301) 314-7835 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 is for

- 4 I request an additional 3-month extension of time until 5/15, 20 10.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09.
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a 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.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. 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 instrs.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date