

ANNUAL REPORT

MARYLAND DEPARTMENT OF ASSESSMENTS AND TAXATION
Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

**2025
Form 1**

Due April 15
Date Received
by Department
04/13/2025

Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic Stock Corporation	(D)	\$300	<input type="checkbox"/> Domestic Limited Liability Company	(W)	\$300
<input type="checkbox"/> Foreign Stock Corporation	(F)	\$300	<input type="checkbox"/> Foreign Limited Liability Company	(Z)	\$300
<input checked="" type="checkbox"/> Domestic Non-Stock Corporation	(D)	-0-	<input type="checkbox"/> Domestic Limited Partnership	(M)	\$300
<input type="checkbox"/> Foreign Non-Stock Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Partnership	(P)	\$300
<input type="checkbox"/> Foreign Insurance Corporation	(F)	\$300	<input type="checkbox"/> Domestic Limited Liability Partnership	(A)	\$300
<input type="checkbox"/> Foreign Interstate Corporation	(F)	-0-	<input type="checkbox"/> Foreign Limited Liability Partnership	(E)	\$300
<input type="checkbox"/> SDAT Certified Family Farm	(A,D,M,W)	\$100	<input type="checkbox"/> Domestic Statutory Trust	(B)	\$300
<input type="checkbox"/> Real Estate Investment Trust	(D)	\$300	<input type="checkbox"/> Foreign Statutory Trust	(S)	\$300

SECTION I

Name of Business: **THE COMMUNITY SALON CORPORATION**

Mailing Address: **2004 WOLF STREET, FORT WASHINGTON, MD 20744**
☐ Address has been changed

Department ID Number: **D22312995**

Federal Employee Identification Number:

State of Incorporation/Formation: **MD**

Date of Incorporation/Formation: **10/28/2021**

NAICS/Federal Principal Business Code: **812112** Email: **THECOMMUNITYSALON@YAHOO.COM**

Nature of Business: **N/A**

Trading As Name: **THE COMMUNITY SALON CORPORATION**

Total Gross Sales: **\$585**

Workers affiliated with business:

Employer Information: **Reviewed**

SECTION II

A. Corporate Officers

President:

**CLAUDE TOMPKINS
FT WASHINGTON MD
20744**

Vice President:

**KENNETH TAYLOR
WASHINGTON DC 20019**

Secretary:

**TRENISE WELLS
WASHINGTON DC 20019**

Treasurer:

**WILLIAM MILLER
FT WASHINGTON MD
20716**

B. Directors

CLAUDE TOMPKINS

Total Number of Directors: **1**

Total Number of Female Directors: **0**

SECTION III

- A. Is this business a ☒ YES ☐ NO
1. commercial enterprise or business that is formed in Maryland or does business in Maryland; or
 2. a corporation, foundation, school, hospital, or other legal entity for which none of the earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?
-
- B. Is this business a limited liability company (LLC) owned by a single member? ☒ YES ☐ NO
-
- C. Is this business a privately held company with at least 75% of the company's shareholders who are family members? ☐ YES ☒ NO
-
- D. Is this business an entity that ☐ YES ☒ NO
1. Is this business an entity that (1) has an annual operating budget or annual sales less than \$5,000,000 and
 2. has neither qualified for nor applied for, and does not intend to apply for, a State benefit*?

*A "State benefit" means

1. a State capital grant funding totaling \$1.00 million or more in a single fiscal year;
2. State tax credits totaling \$1.00 million or in a single fiscal year; or
3. the receipt of a State contract with a total value of \$1.00 million or more. "State contract" means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.

SECTION IV

- A. Does the business own, lease, or use personal property, including inventory and excluding licensed vehicles, located in Maryland with a total original cost of \$20,000 or more? ☐ YES ☒ NO
-
- B. Did the entity dispose, sell or transfer ANY of its business personal property prior to January 1? ☐ YES ☒ NO

SECTION V

By signing this form below, you declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

A. Corporate Officer or Principal of Entity

Name: **CLAUDE TOMPKINS**

Mailing Address:

Email: **THECOMMUNITYSALON@YAHOO.COM**

Phone: **2404131367**

Date: **04/13/2025**

B. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return

Name:

Mailing Address:

Email:

Phone:

Date:

CORPORATE DIVERSITY ADDENDUM

1. Are you an entity that is required to be in good standing with the State Department of Assessments and Taxation ("SDAT"), and meets the following definition: ☒ YES ☐ NO

1. A commercial enterprise or business that is formed in the State or registered with SDAT to do business in the State; or
2. A corporation, foundation, school, hospital, or other legal entity for which none of the net earnings inure to the benefit of any private shareholder or individual holding an interest in the entity?

2. Check the appropriate box if you are any of the following types of entities:

- ☒ Limited Liability Company (LLC) owned by a single member
- ☐ Privately held company if at least 75% of the company's shareholders are family members
- ☐ Entity that:
1. has an annual operating budget or annual sales less than \$5,000,000; and
 2. has not qualified for or applied for, and does not intend to apply for, a State benefit
- ☐ None of the above

CORPORATE DIVERSITY ADDENDUM

I. Select below the underrepresented communities which are represented on this entity's board or in executive leadership. Select all that apply.

- ☐ Alaska Native
- ☐ Asian-Pacific Islander
- ☐ Black or African-American
- ☐ Hispanic or Latino
- ☐ Native American
- ☐ Native Hawaiian
- ☐ One or more of the racial or ethnic groups listed above
- ☐ None of the above

II. Check the box next to the following Corporate Diversity indicators that pertain to this entity. Note that references to underrepresented communities refer to communities listed in the question above. The examples provided are intended to be representative, not exclusive. Select all that apply.

- ☐ Entity maintains written workforce diversity, equity, and inclusion (DEI) policies.
- ☐ Entity offers DEI training to its workforce.

CORPORATE DIVERSITY ADDENDUM

- ☐ Entity assigns a senior-level employee as responsible for oversight and direction of the entity's DEI efforts.
- ☐ Entity reports performance of its workforce DEI programs on its website.
- ☐ Entity includes DEI objectives in performance plans of its managers.
- ☐ Entity publishes information on its website about its DEI commitments and efforts.
- ☐ Entity provides career advancement training/opportunities for employees, including members of underrepresented communities.
- ☐ Entity collaborates with educational institutions, or is an educational institution, serving significant or predominant student populations or affinity groups from underrepresented communities (e.g., career fairs, scholarships, internships, apprenticeships).
- ☐ Entity has a supplier diversity policy that provides business opportunities to diverse suppliers, including businesses owned by members of underrepresented communities, such as State-certified Minority Business Enterprises (MBEs).
- ☐ Entity publicizes its procurement opportunities to encourage participation from businesses owned by members of underrepresented communities.
- ☐ Entity measures percentage of contract dollars awarded to businesses owned by members of underrepresented communities, including MBEs.
- ☐ Entity provides support and outreach to underrepresented communities and/or organizations that represent underrepresented communities.

AFFIDAVIT

UNDER PENALTIES OF PERJURY, I declare that I have examined this Corporate Diversity Addendum, and to the best of my knowledge and belief, it is true, correct, and complete.

Entity/Business Name: **THE COMMUNITY SALON CORPORATION**

Federal Employer ID Number (FEIN):

SDAT ID Number: **D22312995**

Entity's representative completing this Affidavit

Name: **CLAUDE TOMPKINS**

Title: **EXECUTIVE DIRECTOR**

Signature: **CLAUDE TOMPKINS**

Date: **4/13/2025 6:16:05 PM**

Copy of filing information.

Form 990-N

Department of the Treasury
Internal Revenue Service

Electronic Notice (e-Postcard)

for Tax-Exempt Organizations not Required to File Form 990 or 990-EZ

OMB No.1545-2085

2024

Open to Public Inspection

A For the 2024 Calendar year, or tax year beginning January 01, 2024 and ending December 31, 2024

B Check if applicable.

☐ Terminated for Business

☒ Gross receipts are normally \$50,000 or less

C Name of Organization: COMMUNITY SALON

2004 Wolf Street

Ft Washington, MD 20744 US

D Employer Identification Number

87-3068514

E Website:

www.thecommunitysalon.org

F Name of Principal Officer: Claude Tompkins

2004 Wolf Street

Ft Washington, MD 20744 US

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

This document is provided for your records only. Your Form 990-N (e-Postcard) has been submitted electronically. No further action is needed.