

PUBLIC DISCLOSURE COPY

Form **990-T**

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

OMB No. 1545-0087

2008

Department of the Treasury
Internal Revenue Service

For calendar year 2008 or other tax year beginning 04/01, 2008, and ending 03/31, 2009. See separate instructions.

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C)(3)</td> <td><input type="checkbox"/> 220(a)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td><input type="checkbox"/> 529(a)</td> </tr> </table> <p>C Book value of all assets at end of year <u>275,605,608.</u></p>	<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(a)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. <u>1201 15TH STREET, NW</u> 420</p> <p>City or town, state, and ZIP code <u>WASHINGTON, DC 20005</u></p> <p>D Employer identification number <u>23-7343119</u></p> <p>E Unrelated business activity codes (See instructions for Block E on page 9.) <u>90000 531390</u></p> <p>F Group exemption number (See instructions for Block F on page 9.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	
<input checked="" type="checkbox"/> 501(C)(3)	<input type="checkbox"/> 220(a)							
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)							
<input type="checkbox"/> 408A	<input type="checkbox"/> 529(a)							

H Describe the organization's primary unrelated business activity. ▶ SEE STATEMENT 1

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

J The books are in care of ▶ MARK. B. HANSEN Telephone number ▶ 202-263-4777

		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Schedule A, line 7)	1 c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D)	3			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 a	6,845.		6,845.
c Capital loss deduction for trusts	4 b			
5 Income (loss) from partnerships and S corporations (attach statement)	4 c			
6 Rent income (Schedule C)	5	-88,267.		-88,267.
7 Unrelated debt-financed income (Schedule E)	6			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	7			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8			
10 Exploited exempt activity income (Schedule I)	9			
11 Advertising income (Schedule J)	10			
12 Other income (See page 11 of the instructions; attach schedule.)	11			
13 Total. Combine lines 3 through 12.	12	-81,422.		-81,422.

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See page 13 of the instructions for limitation rules.)	20		125.
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a		
23 Depletion	22 b		
24 Contributions to deferred compensation plans	23		
25 Employee benefit programs	24		
26 Excess exempt expenses (Schedule I)	25		
27 Excess readership costs (Schedule J)	26		
28 Other deductions (attach schedule)	27		
29 Total deductions. Add lines 14 through 28	28	<u>SEE STATEMENT 3</u>	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29		2,330.
31 Net operating loss deduction (limited to the amount on line 30)	30		-83,752.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	31		
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	32		-83,752.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32.	33		1,000.
	34		-83,752.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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	Name of Exempt Organization THE COMMUNITY FDN FOR THE NATIONAL NATIONAL CAPITAL REGION	Employer identification number 23-7343119
	Number, street, and room or suite no. If a P.O. box, see instructions. 1201 15TH STREET, NW, NO. 420	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20005	

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

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

• The books are in the care of ▶ MARK. B. HANSEN

Telephone No. ▶ 202 263-4777

FAX No. ▶ 202 955-8084

- 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 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
▶ tax year beginning 04/01, 2008, and ending 03/31, 2009

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	\$	NONE
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	\$	4,873.
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	\$	NONE

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.

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

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750), <input type="checkbox"/> (2) Additional 3% tax (not more than \$100,000) <input type="checkbox"/> c Income tax on the amount on line 34 <input type="checkbox"/> 35c	
36 Trusts Taxable at Trust Rates. See instructions for tax computation on page 16. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) <input type="checkbox"/> 36	
37 Proxy tax. See page 16 of the instructions <input type="checkbox"/> 37	
38 Alternative minimum tax <input type="checkbox"/> 38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies. <input type="checkbox"/> 39	

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) <input type="checkbox"/> 40a	
b Other credits (see page 17 of the instructions) <input type="checkbox"/> 40b	
c General business credit. Attached Form 3800 <input type="checkbox"/> 40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) <input type="checkbox"/> 40d	
e Total credits. Add lines 40a through 40d <input type="checkbox"/> 40e	
41 Subtract line 40e from line 39. <input type="checkbox"/> 41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule). <input type="checkbox"/> 42	
43 Total tax. Add lines 41 and 42 <input type="checkbox"/> 43	
44a Payments: A 2007 overpayment credited to 2008 <input type="checkbox"/> 44a 4,873.	
b 2008 estimated tax payments <input type="checkbox"/> 44b	
c Tax deposited with Form 8868 <input type="checkbox"/> 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) <input type="checkbox"/> 44d	
e Backup withholding (see instructions) <input type="checkbox"/> 44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total <input type="checkbox"/> 44f	
45 Total payments. Add lines 44a through 44f <input type="checkbox"/> 45 4,873.	
46 Estimated tax penalty (see page 4 of the instructions). Check if Form 2220 is attached <input type="checkbox"/> 46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed <input type="checkbox"/> 47 NONE	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <input type="checkbox"/> 48 4,873.	
49 Enter the amount of line 48 you want: Credited to 2009 estimated tax <input type="checkbox"/> 4,873. Refunded <input type="checkbox"/> 49	

Part V Statements Regarding Certain Activities and Other Information (see instructions on page 18)

1 At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <input type="checkbox"/>	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. <input type="checkbox"/>		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

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

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

Sign Here Signature of officer Date Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only Preparer's signature Date 2-15-2010 Check if self-employed Preparer's SSN or PTIN P00444822
Firm's name (or yours if self-employed), address, and ZIP code ARGY, WILTSE & ROBINSON, P.C. EIN 54-1586993
8405 GREENSBORO DRIVE, 7TH FLOOR Phone no. 703-893-0600

MCLEAN, VA 22102

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions on page 19)

1 Description of property

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

2 Rent received or accrued

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B).

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

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

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

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

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions on page 21)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

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

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) . . . ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 22)

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

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

=====

INVESTMENT IN PARTNERSHIP THAT RECEIVES INCOME FROM DEBT-FINANCED
PROPERTY

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS
=====

DEBT FINANCED INCOME FROM PARTNERSHIP

-88,267.

INCOME (LOSS) FROM PARTNERSHIPS

-88,267.
=====

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS
=====

ACCOUNTING FEES

2,205.

PART II - LINE 28 - OTHER DEDUCTIONS

2,205.
=====

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ See separate instructions.

OMB No. 1545-0123

2008

Name **THE COMMUNITY FOUNDATION FOR THE NATIONAL
CAPITAL REGION**

Employer identification number
23-7343119

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares of Z Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) Gain or (loss) (Subtract (e) from (d))
1 SEE STATEMENT 1					-21.
2 Short-term capital gain from installment sales from Form 6252, line 26 or 37				2	
3 Short-term gain or (loss) from like-kind exchanges from Form 8824				3	
4 Unused capital loss carryover (attach computation)				4	()
5 Net short-term capital gain or (loss). Combine lines 1 through 4				5	-21.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

6 SEE STATEMENT 2					6,866.
7 Enter gain from Form 4797, line 7 or 9				7	
8 Long-term capital gain from installment sales from Form 6252, line 26 or 37				8	
9 Long-term gain or (loss) from like-kind exchanges from Form 8824				9	
10 Capital gain distributions (see instructions)				10	
11 Net long-term capital gain or (loss). Combine lines 6 through 10				11	6,866.

Part III Summary of Parts I and II

12 Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11)	12	
13 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5)	13	6,845.
14 Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV	14	6,845.

Note. If losses exceed gains, see Capital losses in the instructions.

Part IV Alternative Tax for Corporations with Qualified Timber Gains. Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

15 Enter qualified timber gain (as defined in section 1201(b)(2))	15	
16 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	16	
17 Enter the smallest of: (a) the amount on line 15; (b) the amount on line 16; or (c) the amount on Part III, line 13	17	
18 Multiply line 17 by 15%	18	
19 Subtract line 13 from line 16. If zero or less, enter -0-	19	
20 Enter the tax on line 19, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	20	
21 Add lines 17 and 19	21	
22 Subtract line 21 from line 16. If zero or less, enter -0-	22	
23 Multiply line 22 by 35%	23	
24 Add lines 18, 20, and 23	24	
25 Enter the tax on line 16, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	25	
26 Enter the smaller of line 24 or line 25. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	26	

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) (2008)

