PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 04/01, 2007, and ending 03/31/2008

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 Name of organization THE COMMUNITY FDN FOR THE NATIONAL NATIONAL CAPITAL REGION

Number and street (or P.O. box if mail is not delivered to street address) 1201 15TH STREET, NW, NO.420

Room/suite 420

City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005

D Employer identification number 23-7343119

E Telephone number (202)955-5890

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

G Website: ▶ WWW.CFNCR.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 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.

M Check ▶ ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 248,987,387.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds		1a	89,832,422.		
	b	Direct public support (not included on line 1a)		1b	26,576,188.		
	c	Indirect public support (not included on line 1a)		1c			
	d	Government contributions (grants) (not included on line 1a)		1d			
	e	Total (add lines 1a through 1d) (cash $ 41,158,028. noncash $ 75,250,582.)				1e	116,408,610.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	
	5	Dividends and interest from securities				5	11,661,547.
	6 a	Gross rents		6a			
	b	Less: rental expenses		6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a				6c	
	7	Other investment income (describe ▶ STMT 4)				7	67,340.
	8 a	Gross amount from sales of assets other than inventory	(A) Securities 117,785,472.	8a	(B) Other		
	b	Less: cost or other basis and sales expenses	160,565,121.	8b			
	c	Gain or (loss) (attach schedule)	-42,779,649.	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	-42,779,649.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐					
	a	Gross revenue (not including $ 3,190,939. of STMT 5 contributions reported on line 1b) STMT 6		9a	2,411,688.		
	b	Less: direct expenses other than fundraising expenses		9b	2,216,974.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c	194,714.
	10 a	Gross sales of inventory, less returns and allowances		10a			
	b	Less: cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	
	11	Other revenue (from Part VII, line 103)				11	652,730.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	86,205,292.
Expenses	13	Program services (from line 44, column (B))				13	83,872,794.
	14	Management and general (from line 44, column (C))				14	2,086,027.
	15	Fundraising (from line 44, column (D))				15	867,493.
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses.** Add lines 16 and 44, column (A)				17	86,826,314.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18	-621,022.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	286,786,244.
	20	Other changes in net assets or fund balances (attach explanation) STMT 7				20	27,176,037.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	313,341,259.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2007, or tax year beginning 04/01, 2007, and ending 03/31, 20 08

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

OMB No. 1545-1879

2007

Name of exempt organization: THE COMMUNITY FOUNDATION FOR THE

Employer identification number: 23-7343119

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return, if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ ☒ b Total revenue, if any (Form 990, line 12) . . . . 1b 86205292.

2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9) 2b

3a Form 1120-POL check here ▶ ☐ b Total tax (Form 1120-POL, line 22) 3b

4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b

5a Form 8868 check here ▶ ☐ b Balance due (Form 8868, line 3c) 5b

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Signature of officer — Date 12/13/09 ▶ Title CFO

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized *e-File* (MeF) Information for Authorized *e-file* Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ — Date 2/13/2009 — Check if also paid preparer ☒ — Check if self-employed ☐ — ERO's SSN or PTIN P00444822

Firm's name (or yours if self-employed), address, and ZIP code ▶

ARGY, WILTSE & ROBINSON, P.C.
8405 GREENSBORO DRIVE, 7TH FLOOR
MCLEAN VA 22102

EIN 54-1586993

Phone no. 703-893-0600

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only

Preparer's signature ▶ — Date — Check if self-employed ☐ — Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP code ▶

EIN

Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2007)

JSA
7E1675 1.000

- 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. You must file original and one copy.

Type or print

File by the extended due date for filing the return. See instructions.

Name of Exempt Organization THE COMMUNITY FOUNDATION FOR T 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

For IRS use only

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):

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 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 the care of ▶ THE ORGANIZATION

Telephone No. ▶ 202 955-5890 FAX No. ▶ 202 955-4541

- 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 02/16/2009 .

5 For calendar year ______ , or other tax year beginning 04/01/2007 and ending 03/31/2008 .

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 ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE 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	$ NONE
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	$ NONE
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 instructions.	8c	$ NONE

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 ▶ TAX PREPARER Date ▶ 11/15/2008

DAVID TRIMNER C/O ARGY
8405 GREENSBORO DRIVE, 7TH FLOOR
MCLEAN, VA 22102

Form **8868**
(Rev. April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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 From 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 THE COMMUNITY FOUNDATION FOR THE 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

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):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 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. ▶ 202 955-5890 FAX No. ▶ 202 955-4541

- 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 11/17 , 2008 , 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 , 2007 , and ending 03/31 , 2008 .

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	$ NONE
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 II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 61,211,198. noncash $ NONE) If this amount includes foreign grants, check here ▶ ☐	22a	61,211,198.	61,211,198.		
22b Other grants and allocations (attach schedule) (cash $ 21,481,785. noncash $ NONE) If this amount includes foreign grants, check here ▶ ☐	22b	21,481,785.	21,481,785.	STMT 8	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	613,254.	197,472.	263,202.	152,580.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	962,629.	458,429.	286,351.	217,849.
27 Pension plan contributions not included on lines 25a, b, and c	27	169,293.	76,672.	57,616.	35,005.
28 Employee benefits not included on lines 25a - 27	28	50,309.	21,612.	15,857.	12,840.
29 Payroll taxes	29	103,391.	45,145.	33,922.	24,324.
30 Professional fundraising fees	30				
31 Accounting fees	31	48,746.		48,746.	
32 Legal fees	32	434.	217.	130.	87.
33 Supplies	33	93,160.	46,549.	27,670.	18,941.
34 Telephone	34	43,600.	21,700.	12,179.	9,721.
35 Postage and shipping	35	41,526.	20,753.	12,368.	8,405.
36 Occupancy	36	203,477.	47,034.	103,012.	53,431.
37 Equipment rental and maintenance	37	17,234.	8,248.	1,850.	7,136.
38 Printing and publications	38	71,363.	28,545.	21,409.	21,409.
39 Travel	39				
40 Conferences, conventions, and meetings	40	58,430.	14,892.	18,659.	24,879.
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	18,397.	9,199.	5,519.	3,679.
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	22,632.	11,282.	6,482.	4,868.
b CONSULTANTS & TEMPS	43b	134,964.	67,482.	40,489.	26,993.
c DEVELOPMENT	43c	157,484.			157,484.
d MISCELLANEOUS	43d	261,720.	104,580.	69,278.	87,862.
e INVESTMENT FEES	43e	1,061,288.		1,061,288.	
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	86,826,314.	83,872,794.	2,086,027.	867,493.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______; (ii) the amount allocated to Program services $ ______;

(iii) the amount allocated to Management and general $ ______; and (iv) the amount allocated to Fundraising $ ______

Part III **Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 639 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a THE FOUNDATION SOLICITS CONTRIBUTIONS, AWARDS, GRANTS, AND ASSETS WITH PROGRAM EXPENSES TO HELP MEET THE CHARITABLE, CIVIC, AND CULTURAL NEEDS OF THE GREATER WASHINGTON DC AREA. (Grants and allocations $ 82,692,983.) If this amount includes foreign grants, check here ▶ ☐	83,872,794.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	83,872,794.

Part IV Balance Sheets *(See the instructions.)*

		Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing				45	
	46	Savings and temporary cash investments			60,657,601.	46	26,398,467.
	47a	Accounts receivable	47a	1,635,035.			
	b	Less: allowance for doubtful accounts	47b		2,173,126.	47c	1,635,035.
	48a	Pledges receivable	48a	1,256,331.			
	b	Less: allowance for doubtful accounts	48b		2,177,568.	48c	1,256,331.
	49	Grants receivable				49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
	51a	Other notes and loans receivable (attach schedule) STMT 640	51a	17,053,521.			
	b	Less: allowance for doubtful accounts	51b			51c	17,053,521.
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			30,872.	53	147,714.
	54a	Investments - publicly-traded securities STMT 641 ▶ ☐ Cost ☒ FMV			202,963,973.	54a	224,803,192.
	b	Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
	55a	Investments - land, buildings, and equipment: basis	55a	2,228,341.			
	b	Less: accumulated depreciation (attach schedule)	55b		9,824,467.	55c	2,228,341.
	56	Investments - other (attach schedule) STMT. 642			17,791,034.	56	54,688,956.
	57a	Land, buildings, and equipment: basis	57a	258,512.			
	b	Less: accumulated depreciation (attach schedule)	57b	226,931.	51,178.	57c	31,581.
	58	Other assets, including program-related investments (describe ▶)				58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58			295,669,819.	59	328,243,138.
Liabilities	60	Accounts payable and accrued expenses			1,207,623.	60	1,918,812.
	61	Grants payable			4,682,265.	61	10,075,603.
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶ STMT 643			2,993,687.	65	2,907,464.
	66	**Total liabilities.** Add lines 60 through 65			8,883,575.	66	14,901,879.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			281,608,164.	67	308,347,903.
	68	Temporarily restricted			5,178,080.	68	4,993,356.
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			286,786,244.	73	313,341,259.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			295,669,819.	74	328,243,138.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	114,537,015.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	26,989,244.		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 644	b4	186,793.		
	Add lines **b1** through **b4**			b	27,176,037.
c	Subtract line **b** from line **a**			c	87,360,978.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1	1,061,288.		
2	Other (specify): SEE STATEMENT 645	d2	-2,216,974.		
	Add lines **d1** and **d2**			d	-1,155,686.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d**. ▶			e	86,205,292.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	87,982,000.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 646	b4	2,216,974.		
	Add lines **b1** through **b4**			b	2,216,974.
c	Subtract line **b** from line **a**			c	85,765,026.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1	1,061,288.		
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	1,061,288.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	86,826,314.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 647		557,503.	55,750.	NONE

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

				Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . ▶	24			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	STMT . 651	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization.". . . . . ▶ If "Yes," attach a statement that includes the information described in the instructions.		75c		X
d	Does the organization have a written conflict of interest policy?		75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

				Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.		77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		80a	X	
b	If "Yes," enter the name of the organization ▶ STMT 652 and check whether it is ☒ exempt or ☐ nonexempt				
81a	Enter direct and indirect political expenditures. (See line 81 instructions.).	81a NONE			
b	Did the organization file Form 1120-POL for this year?		81b		X

Part VI Other Information *(continued)*

				Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	11,000.			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?			83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?			84a	N/A	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			84b	N/A	
85a *501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?			85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?			85b	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
c Dues, assessments, and similar amounts from members	85c	N/A			
d Section 162(e) lobbying and political expenditures	85d	N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			85h	N/A	
86 *501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12	86a	N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87 *501(c)(12) orgs.* Enter: a Gross income from members or shareholders	87a	N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			88a	X	
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			88b		X
89a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE					
b *501(c)(3) and 501(c)(4) orgs.* 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," attach a statement explaining each transaction			89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		NONE			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		NONE			
e *All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f *All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g		X

90a List the states with which a copy of this return is filed ▶ N/A

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 33

91a The books are in care of ▶ MARK. B. HANSEN Telephone no. ▶ 202-263-4777

Located at ▶ 1201 15TH STREET, NW SUITE 420 WASHINGTON, DC ZIP + 4 ▶ 20005

		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)?	91b		X
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . If "Yes," enter the name of the foreign country ▶	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here . . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments .					
96 Dividends and interest from securities . .			14	11,661,547.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income	900000	67,340.			
100 Gain or (loss) from sales of assets other than inventory			18	-42,779,649.	
101 Net income or (loss) from special events .			01	194,714.	
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue: a					
b MANAGEMENT FEE					64,278.
c OTHER INCOME			01	588,452.	
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .		67,340.		-30,334,936.	64,278.

105 **Total** (add line 104, columns (B), (D), and (E)) . . . . ▶ -30,203,318.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103B	PROGRAMMATIC CONSULTING SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 653	%		223,089.	774,269.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

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.

▶ Signature of officer — Date 2/17/09

▶ MARK B HANSEN — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶		Date 2-13-2008	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	ARGY, WILTSE & ROBINSON, P.C. 8405 GREENSBORO DRIVE, 7TH FLOOR MCLEAN, VA 22102		EIN ▶	Phone no. ▶ 703-893-0600

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization THE COMMUNITY FDN FOR THE NATIONAL
NATIONAL CAPITAL REGION

Employer identification number 23-7343119

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 654				
Total number of other employees paid over $50,000 . . ▶	6			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 655		
Total number of others receiving over $50,000 for professional services . . . . ▶	NONE	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services . . . . ▶	NONE	

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

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______________ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? . .FORM .990, . PART. V . .	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) STMT.656	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X	
b	Did the organization make any taxable distributions under section 4966?	4b		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		X

d Enter the total number or donor advised funds owned at the end of the tax year ▶ 536.

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ 213598505.

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Employer identification number (EIN)	**(c)** Type of organization (described in lines 5 through 12 above or IRC section)	**(d)** Is the supported organization listed in the supporting organization's governing documents?		**(e)** Amount of support
			Yes	**No**	
Total ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Compl only if you checked a box on line 10, 11, o 2.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	88,921,123.	76,564,126.	60,016,035.	101189933.	326691217.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,796,064.	224,405.			3,020,469.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,513,129.	8,228,641.	4,964,176.	3,411,233.	26,117,179.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 657 103,392.		289,999.	315,336.	708,727.
23 Total of lines 15 through 22	101333708.	85,017,172.	65,270,210.	104916502.	356537592.
24 Line 23 minus line 17	98,537,644.	84,792,767.	65,270,210.	104916502.	353517123.
25 Enter 1% of line 23	1,013,337.	850,172.	652,702.	1,049,165.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a 7,070,342.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 73,221,630.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 353517123.

d Add: Amounts from column (e) for lines: 18 26,117,179. 19 ______

22 708,727. 26b 73,221,630. ▶ 26d 100047536.

e Public support (line 26c minus line 26d total) ▶ 26e 253469587.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 71.6994 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

NOT APPLICABLE

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______

17 ______ 20 ______ 21 ______ ▶ 27c ______

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d ______

e Public support (line 27c total minus line 27d total) ▶ 27e ______

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f ______

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g ______ %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h ______ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - **The lobbying nontaxable amount is -**			
Not over $500,000 . . . 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 . . . $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 . . $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 . . $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 . . . $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII **Information Regardi ransfers To and Transactions and Relati hips With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

THE COMMUNITY FDN FOR THE NATIONAL
NATIONAL CAPITAL REGION

Employer identification number

23-7343119

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.** (**Note:** *Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)*

General Rule -

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules -

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ▶ $ ____________

Caution: *Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).*

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Name of organization	Employer identification number
THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION	23-7343119

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		$ 4,891,860.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		$ 4,600,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		$ 25,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		$ 15,580,000.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		$ 11,761,824.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		$ 8,400,000.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)

Name of organization THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION

Employer identification number 23-7343119

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		$ 5,570,805.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
8		$ 5,000,000.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
9		$ 2,961,000.	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION	23-7343119

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	82% OWNERSHIP INTEREST IN WALKER FLP LIMITED PARTNERSHIP	$ 15,580,000.	08/01/2007
5	810,043 SHARES OF RAO GAZPROM OIL	$ 11,761,824.	01/10/2008
6	TRAILSEND VENTURES	$ 8,400,000.	03/31/2008
7	PUBLIC SECURITIES	$ 5,570,805.	09/19/2007
8	THOMAS POINT VENTURES	$ 5,000,000.	03/31/2008
9	100,000 SHARES OF ALLIED CAPITAL CORP.	$ 2,961,000.	09/11/2007

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT #1
FORM 990- DEPRECIATION (LINE 42) AND FIXED ASSETS (LINE 57)

FURNITURE AND FIXTURES	184,733
COMPUTER EQUIPMENT	65,046
LEASEHOLD IMPROVEMENTS	8,733
EQUALS: TOTAL FIXED ASSETS	258,512
LESS: ACCUMULATED DEPRECIATION	(226,931)
EQUALS: NET PROPERTY AND EQUIPMENT	31,581

CURRENT YEAR DEPRECIATION AND AMORTIZATION EXPENSE: 18,397

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT #2
PART I, LINE 8 - GAIN OR (LOSS) ON SALE OF ASSETS OTHER THAN INVENTORY

SECURITIES:

PROCEEDS FROM SALE OF PUBLIC SECURITIES AND ALTERNATIVE INVESTMENTS	$117,785,472
LESS: BASIS	(160,565,121)
NET GAIN OR (LOSS) ON SALE OF PUBLIC SECURITIES	($42,779,649)

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GENERAL EXPLANATION ATTACHMENT #3
FORM 990- INVESTMENTS IN LAND, BUILDINGS, AND EQUIPMENT - LINE 55

HEIGHTS COMMERCIAL & TRINITY COMMERCIAL LLC'S	1,622,606
NATIONAL CAPITAL BANK BUILDING	605,735

EQUALS: TOTAL INVESTMENTS IN LAND, BUILDINGS, AND EQUIPMENT	2,228,341
LESS: ACCUMULATED DEPRECIATION	NONE

EQUALS: NET INVESTMENTS IN LAND, BUILDINGS, AND EQUIPMENT	2,228,341

FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION	AMOUNT
UNRELATED BUSINESS INCOME FROM ALTERNATIVE INVEST.	67,340.
TOTAL	67,340.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
CHARITY WORKS DREAM BALL	872,375.
CHARITY WORKS WINE	463,410.
BARBARA BUSH LITERACY FUND	729,068.
OTHER EVENTS	1,126,086.
TOTAL	3,190,939.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
CHARITY WORKS DREAM BALL	581,583.	518,261.	63,322.
CHARITY WORKS WINE	308,940.	305,823.	3,117.
BARBARA BUSH LITERACY FUND	312,458.	170,211.	142,247.
OTHER EVENTS	1,208,707.	1,222,679.	-13,972.
TOTALS	2,411,688.	2,216,974.	194,714.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION		AMOUNT
UNREALIZED APPRECIATION IN FMV OF INVESTMENTS		26,989,244.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS		186,793.
	TOTAL	27,176,037.

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

THE MISSION OF THE COMMUNITY FOUNDATION FOR THE NATIONAL CAPITAL REGION IS TO STRENGTHEN THE WASHINGTON METROPOLITAN REGION BY ENCOURAGING AND SUPPORTING EFFECTIVE GIVING AND BY PROVIDING LEADERSHIP ON CRITICAL ISSUES IN OUR COMMUNITY. THROUGH OUR DEEP KNOWLEDGE OF THE REGION AND PRUDENT FINANCIAL MANAGEMENT, WE PROVIDE AN EFFECTIVE AND EFFICIENT MEANS FOR CHARITABLE DOLLARS TO REACH THE PEOPLE AND ORGANIZATIONS THAT NEED THEM. WE ARE A COMMUNITY OF GIVERS WHO WANT TO MAKE A DIFFERENCE IN THE GREATER WASHINGTON REGION AND BEYOND.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER:	PARKRIDGE 6 LLC
ORIGINAL AMOUNT:	15,580,000.
INTEREST RATE:	5.000000
DATE OF NOTE:	08/15/2007
MATURITY DATE:	08/31/2014
REPAYMENT TERMS:	6 ANNUAL INTEREST PAYMENTS, 1 BALLOON PAYMENT

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	16,066,875.

BORROWER:	CONGREGATION HAR SHALOM
ORIGINAL AMOUNT:	1,500,000.
DATE OF NOTE:	08/31/2002
MATURITY DATE:	08/31/2022
REPAYMENT TERMS:	QUARTERLY PAYMENTS OF $18,987.34

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	986,646.

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	NONE
TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	17,053,521.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MARKETABLE SECURITIES	112,763,847.	FMV
FIXED INCOME SECURITIES	66,229,362.	FMV
TREASURY NOTES	1,601,382.	FMV
MONEY MARKET	44,208,601.	FMV
TOTALS	224,803,192.	

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	ENDING BOOK VALUE
CHARITABLE REMAINDER TRUST REC	2,581,570.
N.E.W. CUSTOMER SERVICE CO.	NONE
THOMAS POINT VENTURES	NONE
COMMOM SENSE PARTNERS	NONE
RAFFLES LP	515,300.
TPREF FUNDING III LTD.	125,000.
BAUPOST GROUP LLC	4,362,482.
HARTFORD LIFE	903,195.
SELECTINVEST PLUS 1.25X LP	8,454,609.
MYTA PARTNERSHIP	127,768.
CAMPUS DIRECT	1,000,000.
THOMAS POINT VENTURES	5,000,000.
TRAILSEND VENTURES	8,400,000.
ALLEN ARTBITRAGE LP	17,391,445.
NEW CORP	4,200,000.
ENDOWMENT OFFSHORE TEI FUND LP	1,627,587.
TOTALS	54,688,956.

FORM 990, PART IV - OTHER L ILITIES

DESCRIPTION		ENDING BOOK VALUE
FUNDS HELD IN TRUST FOR OTHERS		2,907,464.
	TOTALS	2,907,464.

FORM 990, PART IV-A - [illegible]HER REVENUE ON BOOKS BUT [illegible] ON RETURN

DESCRIPTION	AMOUNT
CHANGE IN FMV OF CHARITABLE REMAINDER TRUST	186,793.
TOTAL	186,793.

FORM 990, PART IV-A - HER REVENUE ON RETURN BUT T ON BOOKS

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	-2,216,974.
TOTAL	-2,216,974.

FORM 990, PART IV-B - HER EXPENSES ON BOOKS BUT T ON RETURN

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	2,216,974.
TOTAL	2,216,974.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
TERRI FREEMAN 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	PRESIDENT 40.00	233,494.	23,349.	NONE
KENNY EMSON 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	SVP 40.00	168,240.	16,824.	NONE
M CHARITO KRUVANT 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	CHAIR 1.00	NONE	NONE	NONE
DANIEL K MAYERS 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	VICE CHAIR 1.00	NONE	NONE	NONE
DAVID M BRADT JR 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TREASURER 1.00	NONE	NONE	NONE
ALEX ORFINGER 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	SECRETARY 1.00	NONE	NONE	NONE
R ROBERT LINOWES 1201 15TH STREET, NE, SUITE 420 WASHINGTON, DC 20005	EMERITI 1.00	NONE	NONE	NONE
VICTORIA P SANT 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	EMERITI 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LARRY D BAILEY 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
CAROL THOMPSON COLE 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
ALLISON CRYOR DINARDO 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
NANCY FOLGER 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
ARTIS HAMPSHIRE-COWAN 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
DR CHARLENE DREW JARVIS 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
MARIE C JOHNS 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
GARY F JONAS 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARK D ROTHMAN 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
JONATHAN SILVER 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
NEAL J B SIMON 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
SAMUEL A SCHREIBER 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
PETE SMITH 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
RICHARD W SNOWDON 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
EUGENE STEUERLE 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
CLARICE DIBBLE WALKER 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ANNE WEXLER 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	TRUSTEE 1.00	NONE	NONE	NONE
MARK HANSEN 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	CFO 40.00	155,769.	15,577.	NONE
	GRAND TOTALS	557,503.	55,750.	NONE

FORM 990, PART V-A REL[illegible]IONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC: TERRI FREEMAN
NAME OF RELATED ENTITY: KRISTIN & DAVID STEINBERG FDTN.
TITLE OR ROLE: DIRECTOR
RELATIONSHIP: OFFICER

NAME OF OFFICER, DIRECTOR, ETC: KENNY EMSON
NAME OF RELATED ENTITY: KRISTIN & DAVID STEINBERG FDTN.
TITLE OR ROLE: DIRECTOR
RELATIONSHIP: OFFICER

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: THE SUMMIT FUND OF WASHINGTON

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: THE KRISTIN & DAVID STEINBERG FOUNDATION

EXEMPT: X NONEXEMPT:

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
SURVIVOR'S FUND DISREGARDED ENTITY WASHINGTON, DC 20005 01-0580119	100.000000		223,089.	774,269.
TOTAL INCOME			223,089.	774,269.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KATHY WHELPLEY 1201 15TH STREET, NW, STE 420 WASHINGTON, DC 20008	SVP OF OPERATIONS 40.00	120,788.	12,079.	NONE
SILVANA STRAW 1201 15TH STREET, NW, STE 420 WASHINGTON, DC 20005	SR. PROGRAM OFFICER 40.00	84,395.	8,440.	NONE
KRISTIN SCOTCHMER 1201 15TH STREET, NW, STE 420 WASHINGTON, DC 20005	SR. PROGRAM OFFICER 40.00	76,842.	7,684.	NONE
ANGELA JONES HACKLEY 1201 15TH STREET, NW, STE 420 WASHINGTON, DC 20005	VP PROGRAMS 40.00	106,154.	10,616.	NONE
LEE PARKER 1201 15TH STREET, NW, STE 420 WASHINGTON, DC 20005	PROGRAM OFFICER 40.00	73,508.	7,351.	NONE
	TOTAL COMPENSATION	461,687.	46,170.	NONE

SCH. A, PART II-A COMP SATION OF THE 5 HIGHEST PA FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
BENITA SOMERFIELD 1201 15TH STREET, NW, SUITE 420 WASHINGTON, DC 20005	CONSULTANT	184,615.
SAMUEL F HARAHAN 1201 15TH STREET, NW SUITE 420 WASHINGTON, DC 20005	CONSULTANT	71,460.
OMNISTUDIO INC 1140 NINETEENTH STREET NW, STE 320 WASHINGTON, DC 20036	CONSULTANT	65,129.
MIRIAM POLLIN 1201 15TH STREET, NW STE 420 WASHINGTON, DC 20005	CONSULTANT	83,333.
BOOZ ALLEN HAMILTON P.O. BOX 8500 (S-2725) PHILADELPHIA, PA 19178-2725	CONSULTANT	105,241.
TOTAL COMPENSATION		509,778.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

NO INDIVIDUAL GRANTS ARE GIVEN OTHER THAN SCHOLARSHIPS. THE FOUNDATION ENCOURAGES PROJECTS THAT EXPLORE AND DEVELOP SOLUTIONS TO CRITICAL PROBLEMS FACING THE METROPOLITAN AREA AND THAT LAUNCH AN ORGANIZATION OR PROGRAM IN A NEW OR CREATIVE DIRECTION. SIX MONTHLY AND ONE YEARLY REPORTS ARE REQUESTED TO MONITOR HOW CONTRIBUTIONS HAVE BEEN APPLIED BY CHARITABLE ORGANIZATIONS. FOR DETAILS REGARDING SCHOLARSHIP FUNDS, CONTACT THE COMMUNITY FOUNDATION AT (202) 955-8590.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2006	2005	2004	2003	TOTAL
OTHER RELATED INCOME	103,392.		289,999.	315,336.	708,727.
TOTALS	103,392.		289,999.	315,336.	708,727.